MRA4/20041359

NATIONAL Assessment Centre Services. [wef 1 Jan'06]

	Job description	Date &Time Completed	Done by
Date In: 09/04/2020 10:47	SAS e-filing		
Ref No: NBA/INC20005110/4	E-mail (Within 6hrs, AIC 2hrs)		
Veh No: SJS 5330Y	I-Motor Claim Form	MT/10944TF001	09/04/2020 11:53
D.O.A: 08/04/2020 16:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:)

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SKF6962Y INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( ).

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Reminders:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks / INC Additional Services		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost> $3000] ( )		

Injury :

Date/Time	Remarks

XA2002626

Customer Info:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Call: R

Invoicing			Tick Above
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40) $40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 19 Jan 2007) For claiming against INC Only	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services-			
OD:	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$3		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

2/2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	09/04/2020 10:47
Date Of Accident	08/04/2020 16:05
Exact Location Of Accident	JUNCTION OF LOYANG AVENUE AND TPE (CTE/SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5330Y
Insured/Policyholder	
Name Of Registered Owner	PERFECTKOH LIMO
Co Reg No	5XXXX949B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90044770
Alternative Phone No	OFFICE-90044770
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116828673
Cover Note Number	
Driver	
Name of Driver	LIM BEE HWA
NRIC No	SXXXX515I
Date Of Birth	28/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90044770
Fax Number	
Contact Number	OTHERS-90044770
EMail Address	NOEMAIL

Address	BLK 493C TAMPINES STREET 43 #04-300
Postcode	522493
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF6962Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM BEE HWA
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SLS5330Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A = SLS5330Y
B = SKF6962Y

Junction of Loyang Ave and TPE (CTE/SLE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I/We declare that the foregoing particulars are true in every respect.

PERFECT TOUCH LIMO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

09/04/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

PERFECT AUTO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

09/04/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

On 08.04.20 at about 16:05 hours at the junction of Loyang Ave and TPE (CTE/SLE) . While I was travelling on the lane 2 of Loyang Ave turning right to TPE.

When coming towards the traffic light I saw the traffic light turn amber ,I slow down and stop my vehicle.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have two passengers inside the vehicle.

Vehicle (A) : SLS5330Y

Vehicle (B) : SKF6962Y

SINGAPORE ACCIDENT STATEMENT

Accident Date: 06/04/20	Time: 16:05 (hh:mm) 24 hr format
Location Junction of Loyang Ave and TPE (CTE/SLE)	
Vehicle Number SLS 5330T	
Insured Name Perfect Tech Link	
NRIC /FIN S3260749B	Contact Number –
Make Toyota	Model CHR
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No,Pls select: (✓) Third Party	( ) Reporting
Insurance Company NTUC	
Type of Policy (✓) Comphensive ( ) Third Party Fire & Theft	( ) TP Only
Policy Number C1168266737	
Name of Driver Lim Bee Hwa	( )Same as Insured
NRIC / FIN S1787515I	Contact Number 90044770
Date of Birth 28/07/1967	
Driving Pass Date 04/12/1990	
Occupation ( ) Indoor (✓) Outdoor	
Gender ( ) Male (✓) Female	
Email Address – No e-mail –	( )NO EMAIL
Address of Driver Blk 493C Tampines Street 43 #04-300 S(S)522493J	
Was driver an employee of the Insured's Company? ( ) Yes	(✓) No Hirer
If No, Relationship of the Driver with the Insured	
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling	
Does the Driver Own Any Other Vehicle ? ( ) Yes	(✓) No
If Yes , Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (✓) Clear ( ) Raining ( ) Others	
Road Surface (✓) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes	(✓) No
Was anybody injured in the accident? ( ) Yes	( ) No
If yes , injured detail Lim Bee Hwa (Body Pain)	
Was there any video captured by Car Camera? ( ) Yes	(✓) No
Was the Accident reported to the Police? ( ) Yes	(✓) No If yes attach police report

DETAILS OF 3rd party	Name / Nric	Contact
Veh B	SKF C9627	
Veh C		
Veh D		
Veh E		
Veh F		

Croget passenger – 1 male
1 Female

Claim Handling

· Exit

Accident MT/1091171

Policy No.	S116828673	Vehicle No.	SLS5330Y	GST Registration No.	
* Certificate No.					
Policyholder Name	PERFECTROH LIMO			Policyholder NRIC	S3260949B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90244770	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▾
NPS	· No Yes	TCA	· No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	08/04/2020 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/04/2020	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		EOR No.	
Accident Location	JUNCTION OF LOYANG AVENUE AND TPE (CTE/SLE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/04/2020 11:42:27 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	19 BEDOK RESERVOIR VIEW	Address 2	#14-01 AQUARIUS BY THE PARK	Address 3	SINGAPORE 478935
Address 4		Address Type	Singapore address	Post Code	478935
Unit No.	14-01	Related Policy Number	S079183560-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM BEE HWA	Driver NRIC	SXXXX515I	Driver DOB	28/07/1967
Register Date of Driver License	04/11/1991	Driver Age	52	Driving Experience	28
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 493C #04-300	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 522493
Address 4		Address Type	Foreign address	Post Code	522493
Unit No.	04-300				
Does he own a Singapore Registered car?	Yes · No	Driver Vehicle No.	SLS5330Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes · No

Modification History

Claim 001 New

Claim Type *	OD-MX ▾	Insured Name	PERFECTROH LIMO	Insured NRIC	S3260949B
Contact No.(Mobile)	98779475	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLS5330Y	TP Vehicle Number	SKF6982Y
Claim Description	SLS5330Y / SKF6982Y ON 8 Apr 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault ▾		
Estimate No. Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop, Name unknown ▾	GIA Report	Received ▾
Date Registered	09/04/2020 11:51	Claim Close Date		Date Received	09/04/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1091171	Claim No.	001
Last Doc. Received	· Yes No	Upload Date	09/04/2020 11:53

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent?	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:53	Photos		Normal	Photos 2020-4-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:53	Photos		Normal	Photos 2020-4-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:53	Photos		Normal	Photos 2020-4-9		Edit

	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:53	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	Photos		Normal	Photos 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9	Edit
	NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2020 11:52	SAS		Normal	SAS 2020-4-9	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

income
made different

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116828673 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SL5331OY**
   Chassis Number : ZYX102071708
2. Name of Policyholder : PERFECTKOH LIMO
3. Effective Date of Insurance : 18 Mar 2020
4. Expiry Date of Insurance : 26 Mar 2021
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other person who is driving on the Policyholder's order or with his/her permission.
   Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
   (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S$2,000
EXCESS (SECTION 2)	: S$1,500
WINDSCREEN EXCESS	: S$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 18 Mar 2020 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive