

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

NA 2000 7/106

Date In: 28/08/2000 17:54	Job description	Date & Time Completed	Done by
Ref No: NA 2000 91804	SAS e-Milling		
Veh No: ST 436K	E-mail (Ljuba Stas, AIC Stas)		
O.O.A: 27/08/2000 18:20	I-Motor Claims Form	28/11/01 5/9-00	28/08/2000 18:09
OD: TP / Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Yr: () Fax: ()

TP Particulars: Vch No: SMP 6505H 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% P: 80-100%]

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

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

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date: ()

NA 2000 91806

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey (\$10)	
	5) PF: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Re-inspection (\$75)	
	7) NI: Idea DA + EMRT Survey (\$160)	
	8) NTUC Additional Services	
	ON:	
	*N5: Courtesy Car / Tpl Allowance (\$5)	
	*N6: Repair Coordination (\$10)	
	*N7: Post Repair Inspection (\$25)	
	*N8: DV / Collect Excess Coordination (\$3)	
	TP (NI) / TP (NA INC) up to 10 hrs (\$10)	
	2) NI2: Idea Mobile (\$0)	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	28/08/2020 17:54
Date Of Accident	27/08/2020 18:20
Exact Location Of Accident	CTE TOWARDS ANG MO KIO B/F ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4326K
Insured/Policyholder	
Name Of Registered Owner	TEH KIAP KANG (ZHENG JIAKANG)
NRIC No	SXXXX901H
Email Address	DON5428@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96503963
Alternative Phone No	OFFICE-96503963
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114373415
Cover Note Number	
Driver	
Name of Driver	TEH KIAP KANG (ZHENG JIAKANG)
NRIC No	SXXXX901H
Date Of Birth	15/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2004
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96503963
Fax Number	
Contact Number	OFFICE-96503963
Email Address	DON5428@GMAIL.COM

Address	BLK 335 SEMBAWANG CLOSE #09-461
Postcode	750335
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
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)	1

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	SMP6505H
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG FOONG CHUEN
NRIC/Passport Number	SXXXX047C
Contact Number	96454648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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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.

Policyholder's Signature
Date & Time:

5.00 pm
28/8/20

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

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

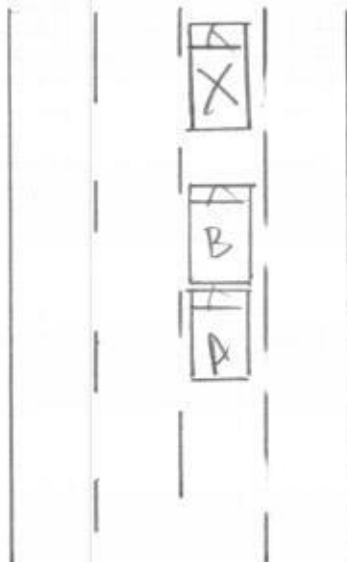
28/8/2020
[Signature]

SKETCH PLAN

CTE TOWARDS ANG MO KIO B/F AKA 1 EXIT.

A) SJT 4326K

B) SMP 6505H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a sunny day, Road was dry. Traffic was heavy due to peak Hour. It was slow moving traffic. I was travelling towards home to Sembawang. The car in front of me (smp 6505H) jammed brake. I was not able to stand in time. Speed was about maybe 10 to 15 km/h. I hit his bumper of the car with slight damage. I have photos of the damage of both party. We exchanged particular and went on our way with no injuries. He agreed to check on the repairing cost and get back to me. His car already have some minor scratches and rusty parts at the boot area that is not cause by the accident. Photos are available.

DECLARATION

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

[Signature] 5pm
28/08/20

Policyholder's Signature

Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 08 / 2020 (DD/MM/YYYY), TIME: 06 18:20 (HH:MM)

LOCATION: CTE Towards Ang Mo Kio before Ang mo kio ave 1 exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT4326K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5114373415
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TEH KIAP KANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79269014 CONTACT: 96503963
c) ADDRESS: BLK 335 Sembawang close #09-461
S 750335

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 15 / 09 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/02/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP6505H MODEL: Mitsubishi Lancer
b) DRIVER'S NAME: CHONG FOONG CHUEN
c) NRIC/FIN/PASSPORT: S1603047C CONTACT: 96454648

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = don 5428 @ gmail . com

VIDEO

Claim Handling

Accident MT/1101549

Policy No.	SI14373415	Vehicle No.	SJT4326K	GST Registration No.	
Certificate No.					
Policyholder Name	TEH KIAP KANG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S7926901H
Contact No.(Mobile)	96503963	Contact No.(Office)		Loading	0
Email Address		Special Remarks		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	#Code	No
NCD Protection	Yes	NCD Entitlement(%)	50	#Code Reason	
				Private Hire	Yes

Accident Details

Report Date	28/08/2020 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/08/2020	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS ANG MO KIO B/F ANG MO KIO AVE 1 EXIT				

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			

Policyholder Mailing Address

Address 1	BLK 335 #09-461	Address 2	SEMPAWANG CLOSE	Address 3	SINGAPORE 750335
Address 4		Address Type	Singapore address	Post Code	750335
Unit No.	09-461	Related Policy Number	SI14373415		

O1 Driver Info

Driver Name	TEH KIAP KANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7926901H	Driver DOB	15/09/1979
Register Date of Driver License	05/04/2004	Driver Age	40	Driving Experience	16
Contact No.(Mobile)	96503963	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 335 #09-461	Address 2	SEMPAWANG CLOSE	Address 3	SINGAPORE 750335
Address 4		Address Type	Singapore address	Post Code	750335
Unit No.	09-461				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJT4326K	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	TEH KIAP KANG	Insured NRIC	S7926901H
Contact No.(Mobile)		Contact No. (Home)	63632798	Contact No. (Office)	
Email Address		O1 Vehicle Number	SJT4326K	TP Vehicle Number	SMP6505H
Claim Description	SJT4326K / SMP6505H ON 27 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Balance No. Finalisation	Yes	Preferred Replen Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	28/08/2020 18:08
Report Taken By				Date Received	28/08/2020 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1101549	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/08/2020 18:04

Choose File	No file chosen	Clear	Please Select	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		

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S(BUKIT MERAH)) on 28 Aug 2020 18:09		Photos	Normal	Photos 2020-8-28	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:09	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:09	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:09	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:09	Photos	Normal	Photos 2020-8-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:08	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:08	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:08	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:08	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2020 18:08	SAS	Normal	SAS 2020-8-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

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: 5114373415

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJT4326K**
 Chassis Number : **MR053ZEE106153842**
2. Name of Policyholder : **TEH KIAP KANG**
3. Effective Date of Insurance : **05 Dec 2019**
4. Expiry Date of Insurance : **04 Dec 2020**
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TEH KIAP KANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)
 Date of Issue : 05 Dec 2019 17:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive