

NATIONAL Assessment Centre Services.

1st Jan 2001

SA/OP30CE000E

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 14/12/2020 20:05 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/MC800/3806/Y | SAS e-illing | | |
| Veh No: SKT 787C | E-mail (Vehicle Reg, A/C Reg) | | |
| DOA: 13/12/2020 28.50 | I-Motor Claim Form | M/11113637-001 | 14/12/2020 20:09 |
| OID: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|---|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Indicators: | Veh No: SLD 1463C | 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: _____

Damage: _____

| | | |
|---------------------------------|---|-----------|
| NBA2006451 | 1) All Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$40) | |
| Contact No: | 3) TP: Towing Fee | \$40/\$45 |
| Damage Portion: | 4) PT: Follow-Through Survey | \$120 |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| _____ | For claim against INC Only (over 10 Jan 2005) | \$75 |
| _____ | 6) TR: Re-inspection | \$160 |
| _____ | 7) NI: Idas DA + SMRT Survey | |
| _____ | 8) NTUC Additional Services: | |
| _____ | OD: | |
| _____ | *NI: Courtesy Car / Tpl Allowance | \$5 |
| _____ | *NI: Repairs Co-ordination | \$10 |
| _____ | *NI: Post Repair Inspection | \$25 |
| _____ | *NI: DV / Collect Excess Co-ordination | \$5 |
| _____ | TP (NI): TP (Non-INC) against INC | \$30 |
| _____ | 9) NI: Idas Mobile | |
| _____ | Invoice dated | |
| _____ | Invoice dated | |

2/3

Fee Charged

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 willful 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 Submission | 14/12/2020 20:05 (SGT) |
| Date of Accident | 13/12/2020 23:50 (SGT) |
| Exact Location of Accident | Sengkang East Way, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKT787C |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | JL AUTOMOBILE |
| Company Reg No | 5XXXX558W |
| Email Address | benjaminkhoh@gmail.com |
| Mobile Phone No | (Phone) +65-94215553 |
| Alternative Phone No | +65-94215553 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | BMW |
| Model | 320i |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | 5113022946-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | BENJAMIN KHOH |
| NRIC No | SXXXX026F |

| | |
|--|------------------------|
| Date Of Driving Pass | 08/06/2018 |
| Driving experience | 2 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94215553 |
| Alt. Phone Number | - |
| Email Address | benjaminkhoh@gmail.com |
| Address | 38 HANDY ROAD |
| Address complement | #09-07 |
| Postcode | 229239 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | SLD1463C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SYAFIQ BIN BHARI |
| NRIC No | SXXXX334I |
| Contact Number | (Phone) +65-98291834 |
| Address | - |
| Address complement | - |

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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.



Policyholder's Signature
Date & Time:

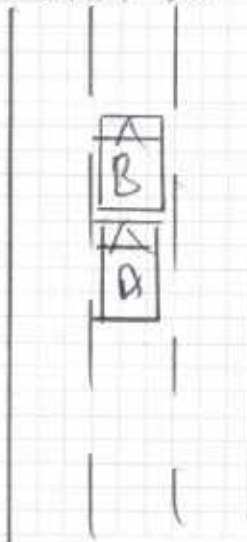
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 Dec 20

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

18:10

SKETCH PLAN

Along Singaporean road way



A) SC1 787C

B) SLD 1463C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle jam break. I could not break in time. Happened 13 Dec 2020 at 23:50 PM.

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14 Dec 2020
18:10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/12/2019 (dd/mm/yy) Time of Accident: 23:50 (24-HR-FORMAT)

Vehicle No.: SKT787C Vehicle Make & Model: BMW 320i Private Hire: (Y/N) (Y)

Exact location of Accident: Sengkang East Way

Policyholder's Name / IC No.: JL Automobile / 53382558W

Driver's Name / IC No.: 53382558W Benjamin Khoh / S9202026F (As Above) ☐

Driver's Contact No.: 94215553 Company Contact No (Company Veh Only): _____

Driver's Address: B1K 470 B PEARVALE LINK #25-834

Email address: benjamin.khoh@gmail.com Insurance Company: NTUC Income

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor PAX (m)

*No. of Passengers (Including Driver): 2

*Passenger Name: _____

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: SYAFIQ BIN BHARI / S9219334I Vehicle No.: SLD1463C

Driver's Contact No.: 98291834 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Claim Handling

Accident MT/1113637

| | | | | |
|---------------------|------------------------|---------------------|-------------|----------------------|
| Policy No. | 5113022946-01 | Vehicle No. | SKT787C | GST Registration No. |
| Certificate No. | 5113022946-01-000014 | | | Policyholder NRIC |
| Policyholder Name | JL AUTOMOBILE | Cover Type | Third Party | Loading |
| Product Code | FLEET MASTER INSURANCE | Contact No.(Office) | | Contact No.(Home) |
| Contact No.(Mobile) | 94215553 | Special Remark | | eCode |
| Email Address | | TCA | No Yes | eCode Reason |
| KPK | No Yes | NCD Entitlement(%) | 0 | Private Hire |
| NCD Protection | No | | | |

▼ Accident Details

| | | | | |
|-------------------|-------------------------|-------------------------------|-------|---------------------|
| Report Date | 14/12/2020 20:03 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 13/12/2020 | Time of Accident hh:mm | 23:50 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ALONG SENGKANG EAST WAY | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | | |
| OD Standard Excess | | TP Standard Excess | 1,500.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 0.00 | 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 | 60 JALAN LAM HUAT | Address 2 | #05-76 CARROS CENTRE | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 05-76 | Related Policy Number | 5113022946-01 | |

▼ OI Driver Info

| | | | | |
|---|----------------|---------------------|--------------------------|----------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB |
| Unnamed driver Name | BENJAMIN KHOH | Driver NRIC | S9202026F | Driving Experience |
| Register Date of Driver License | 08/06/2018 | Driver Age | 28 | Contact No.(Home) |
| Contact No.(Mobile) | 94215553 | Contact No.(Office) | | Address 3 |
| Address 1 | 36 HANDY ROAD | Address 2 | #09-07 SUITES AT ORCHARD | Post Code |
| Address 4 | | Address Type | Foreign address | |
| Unit No. | 09-07 | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | SKT787C | Driver Insurer Comp. |

Declaration

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

Modification History

Claim 001

New

| | | | |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | DD-MX | Insured Name | JL AUTO |
| Contact No.(Mobile) | 97637584 | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SKT787C |
| Claim Description | SKT787C / SLD1463C ON 13 Dec 2020 | | |
| Preferred Workshop | | Insured Liability | Fully at Fault |
| Consent No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| | | | 14/12/2020 20:18 |
| | | | Claim Close Date |

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1113637 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/12/2020 20:19

| Path * | Category * | Confidential |
|---|--|--|
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> <input type="button" value="YES"/> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|------------|---|-----------------------|---------|-------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:19 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | NRIC/ Driving License | Y | NRIC/ Driving Lic |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 20:18 | SAS | Normal | SAS 20 |

Video List

| Uploaded By/Date | Folder Date | File Name |
|------------------|-------------|--|
| | | <input type="button" value="Display in New Window"/> <input type="button" value="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: 5113022946-000079

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SKT787C**
Chassis Number : **WBAPG56010NM91483**
2. Name of Policyholder : **JL AUTOMOBILE**
3. Effective Date of Insurance : **17 Sep 2020**
4. Expiry Date of Insurance : **16 Sep 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) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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 : **DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)**
Date of Issue : **01 Oct 2019 10:52 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive