

NATIONAL Assessment Centre Services.

part 1 Jan 03

SN0821150001

Date In: 19/01/2021 14:24	Job description	Date & Time Completed	Done by
Ref No: N/A/21000894/1	SAS e-Milling		
Veh No: 2LF95987	E-mail (WJula 3hrs, A/C 2hrs)		
D.O.A: 17/01/2021 17:30	I-Motor Claims Form	MT/117940-001	19/01/2021
(ID) : TP : Reporting Only	I-Motor W/O (WJula: OD 2hrs, TP 4hrs)		15:05
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Pnx / Hand to Owner/Wksn		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: 282 36385	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 repair.

() 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TL: Towing Inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	OR:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (NG) / TP (INC) against INC	\$20
	9) NI: 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 Submission	19/01/2021 14:24 (SGT)
Date of Accident	17/01/2021 17:30 (SGT)
Exact Location of Accident	Jurong West Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9598J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAR COVE LEASING PTE. LTD
Company Reg No	2XXXXX573M
Email Address	edwin@carcove.com.sg
Mobile Phone No	(Phone) +65-88664288
Alternative Phone No	+65-88664288

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116120350
Cover Note Number	-

DRIVER

Name of Driver	CHIN WEE NAM JOHN
NRIC No	SXXXX020B

Date Of Driving Pass	01/09/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88664288
Alt. Phone Number	-
Email Address	edwin@carcove.com.sg
Address	BLK 16 CANTONMENT CLOSE #14-47
Address complement	-
Postcode	080016
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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	SBS3638S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MR GOH JOO LEONG
Contact Number	(Phone) +65-97197361
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

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.

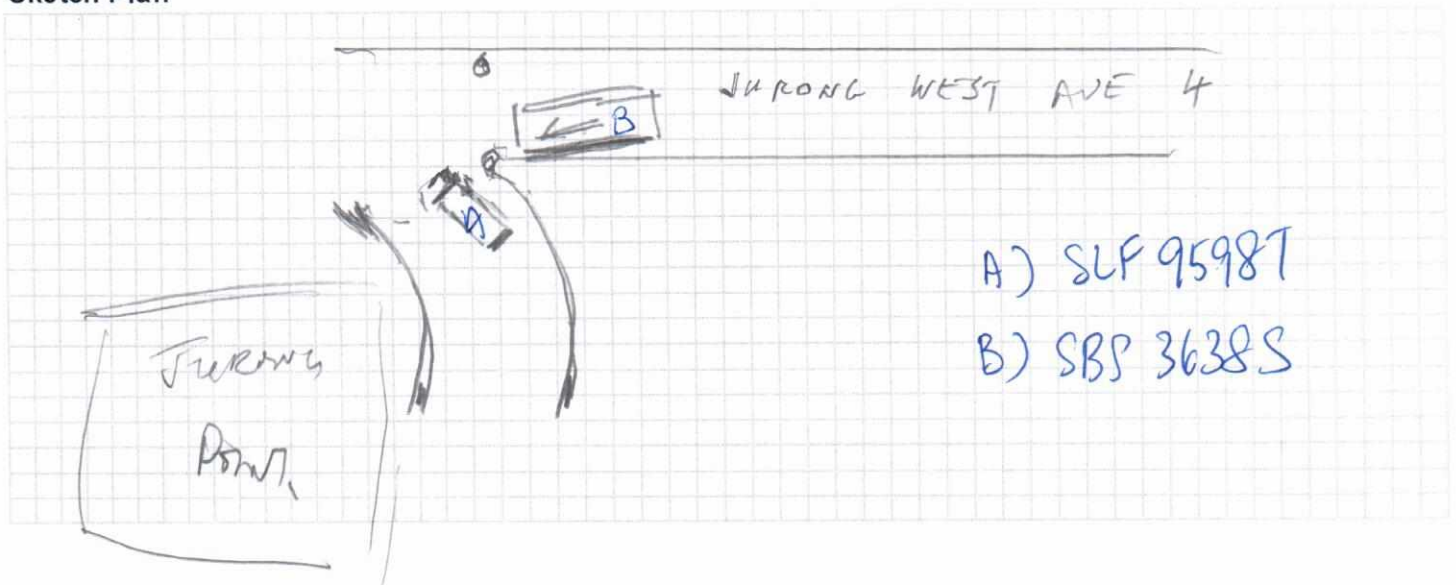


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

SUNDAY

17/1/2021 5-30pm

I WAS DRIVING MY CAR TO PICK UP PASSENGER
AT JURONG POINT AND I MADE A LEFT TURN
TO J WAVE 4 AND SUDDENLY A BUS CRASHED
ONTO MY RIGHT SIDE AND SMASHES MY FRONT
PART OF THE CAR. I THINK BUS DRIVING TOO
FAST

BUS DRIVER GOH JOO LEONG ON 3836385

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Johnchi

19/1/21 1200 AM

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

[Signature] 19/1/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/2021) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: Jalan Wati Bukit 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 9598J
 b) INSURANCE COMPANY: NAC
 c) POLICY NUMBER: 5116120350
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: CHAIKOW LAM SING BIE (17) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: CHAIKOW LAM SING BIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8501602013 CONTACT: 88664288
 c) ADDRESS: _____

* d) DATE OF BIRTH: (06/06/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/09/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: SBS 3638S MODEL: SBS Bus
 b) DRIVER'S NAME: MR. GOH JON LIM
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97197361

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email =
 VIDEO



CAR COVE

LEASING PTE LTD

1 COMMONWEALTH LANE #02-04 SINGAPORE 149544
ROC: 201602573M

VEHICLE LONG TERM LEASING WITH OPERATOR AGREEMENT

This agreement is made on the 20th (date) of Oct (month) between Car Cove Leasing Pte Ltd and the
Hirer as mentioned:-

Name: CHIN WEE NAM JOHN
RIC: S00160203
Address: BLK 16 CANTONMENT CLOSE #14-47 (S) 030216
Company Name: _____
Company Address: _____
Contact Info: 88664288

Having agreed to a period of 1 YEAR (duration), leasing of vehicle number SF95981 (number plate)
Started from 20/10/2020 (dd/mm/yyyy) to 20/10/2021 (dd/mm/yyyy) for an amount of
*SGD\$ 350 (amount) weekly.

WHEREBY IT IS AGREED that the hirer above shall be liable for all/any summon relating to road traffic and/or
car park offences after taking over of the above mention vehicle. Hirer must inform Car Cove Leasing Pte Ltd
should there's any repair due to wear within 3 days of rental date. Servicing will be borne by Car Cove Leasing
Pte Ltd at every 10000 km or 3 months (whichever is earlier)

Any damages and accident caused by the above mention hirer will be solely borne by the hirer.
In any event of accident or due to insurance claiming by 3rd party, insurance excess will be borne by the hirer.

The hirer hereby agreed to pay the weekly rental installment on every TUESDAY (day) of each week.

Term: the term of this agreement shall be 1 YEAR (duration) from the date of commencement by both parties
unless termination earlier pursuant to this section.

TERMINATION

The hirer will be liable for a penalty of SGD\$5,000.00 for early withdrawal or early termination of contract
during the above mention rental period.

*Rental rates does not include holiday surcharge

*\$50/day if rental is made after 1600HRS on rental installment day.

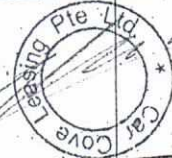
*In an event of default payment within 3 working days, repossession of vehicle will be charged @ SGD\$350.

REPRESENTATIVE of company

SIGNATURE of the hirer

Date: _____

Time: _____



Claim Handling

Accident MT/1117940

Policy No.	5116120350	Vehicle No.	SLF9598J	GST Registration No.
Certificate No.	5116120350-000030			
Policyholder Name	CAR COVE LEASING PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	88664288	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	19/01/2021 14:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/01/2021	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST AVENUE 4			

▼ 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?
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	87 DEFU LANE 10	Address 2	#03-13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-04	Related Policy Number	5101723492-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHIN WEE NAM JOHN. CHIN WI	Driver NRIC	S0016020B	Driver DOB
Register Date of Driver License	01/09/1999	Driver Age	71	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 16 #14-47	Address 2	CANTONMENT CLOSE	Address 3
Address 4	SINGAPORE 080016	Address Type	Foreign address	Post Code
Unit No.	14-47			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLF9598J	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CAR COV
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLF9598J
Claim Description	SLF9598J / SBS3638S ON 17 Jan 2021		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
		19/01/2021 15:03	Claim Close Date

Report Taken By

ROSLI WAHAB

☒ Print AK letter

Save











Submit

Attachment

Accident No.	<input type="text" value="MT/1117940"/>	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2021 15:05

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="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
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<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="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:04	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:04	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:04	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:04	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	SAS	Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



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: 5116120350-000030

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF9598J**
Chassis Number : P520372485
2. Name of Policyholder : CAR COVE LEASING PTE. LTD.
3. Effective Date of Insurance : 12 Feb 2020
4. Expiry Date of Insurance : 11 Feb 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

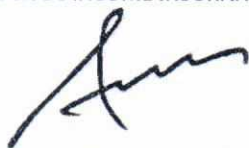
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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	: HERITAGE AUTO ENTERPRISE 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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 12 Feb 2020 14:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive