

NATIONAL Assessment Centre Services. July 1, 2001 **270621 Recob**

Date In: 27/01/2021 17:21	Job description	Date & Time Completed	Done by
Ref No: 428/INC21001314/4	SAS e-Milling		
Veh No: FF 2402H	E-mail (to Julia Sims, AIG Sims)		
D.O.A: 15/01/2021 15:00	I-Motor Claim Form	mt1118981-001	27/01/2021
OD: TP Reporting Only	I-Motor W/O (With/In: OD 2hrs, TP 4hrs)		17:26
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Exx / Hand to Owner/Vikaz		

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

TP Jurisdiction: () Veh No: **SKE 4034U** 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: _____

428/2100864	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP + Towing Fee	\$425.43
Damage Portion:	4) PT + Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT + Follow-Through Survey (Resurvey)	\$30
	6) TR + Suspension	\$73
	7) NI + Inc DA + SMRI Survey	\$160
	8) NTUC Additional Services	
	ON:	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$23
	* NI: DY / Collect Excess Coordination	\$3
	TP (NI) + TP (NI) INC + 2hrs DNG	\$20
	2) NI: 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 Submission 27/01/2021 17:21 (SGT)
Date of Accident 15/01/2021 15:00 (SGT)
Exact Location of Accident Yio Chu Kang, Singapore
Additional Location Information SLIP ROAD TOWARDS BUANGKOK GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FF2402H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AIZAT BIN KAMISLAN
NRIC No SXXXX664D
Email Address jxiika97@gmail.com
Mobile Phone No (Phone) +65-81544925
Alternative Phone No +65-81544925

VEHICLE PARTICULARS

Manufacturer Yamaha
Model RXZ
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5115925646
Cover Note Number -

DRIVER

Name of Driver AIZAT BIN KAMISLAN
NRIC No SXXXX664D

Date Of Driving Pass	15/03/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81544925
Alt. Phone Number	+65-81544925
Email Address	jxiika97@gmail.com
Address	BLK 133 YISHUN STREET 11 #01-199
Address complement	-
Postcode	760133
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210116/2024

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	SKE4034U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FEROME DASUMIN DASO

Contact Number	(Phone) +65-92777548
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AIZAT BIN KAMISLAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FF2402H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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. 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 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 :

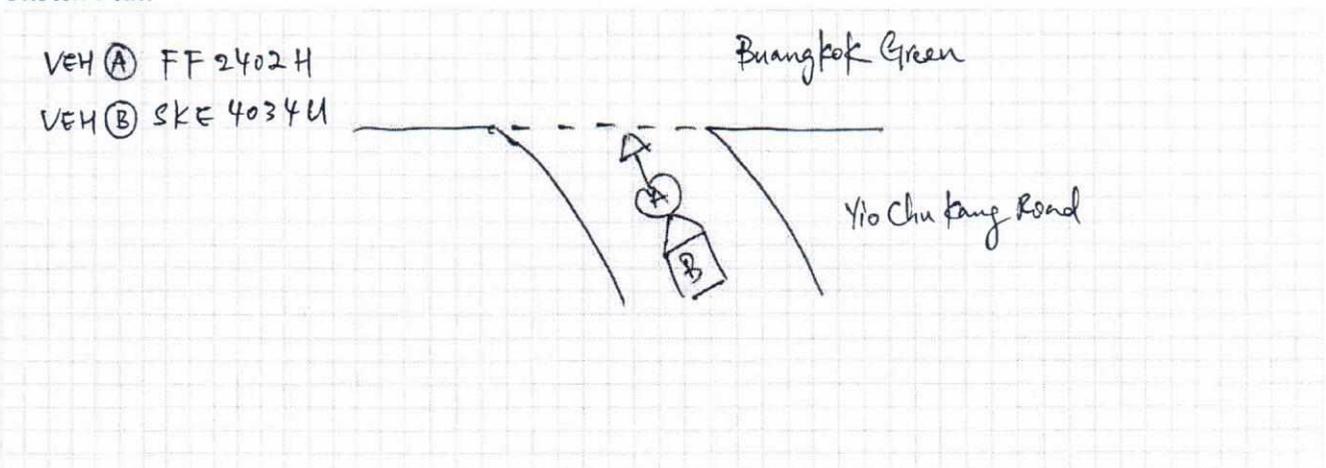
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

I, vehicle A, stationary at give way line along slip road of Yio Chu Kang Road
towards Buangkok Green. Vehicle B collided into my rear.

POLICE REPORT 1/20210116/2021

Declaration

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



27/01/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 15/01/2021 Accident Time: 1500 (24-HR-Format)
 Accident Place : Yio Chu Kang Road Slip Road towards Buangkok Green
 Vehicle No. (Car Plate No.) : FF24024 Make/Model: Yamaha RXZ
 Insurance Company : NTUC Policy No: 5115925646
 Owner or Company Name / IC No. : AIZAT BIN KAMISLAN S9023664D
 Owner or Company Contact No. : 81544925 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AIZAT BIN KAMISLAN S9023664D
 DRIVER'S Date Of Birth : 04/07/1990 DRIVER'S License Pass Date 15/03/2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
 DRIVER'S Address : 133 Yishun Street 11 #01-199 S(760133)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : jxiiika97@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): BODY

Other Party Driver's Particular (if any)

Vehicle No: <u>SKE 4034 U</u>	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20210116/2024

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210116/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 09:40	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: AIZAT BIN KAMISLAN		Address: APT BLK 133 YISHUN STREET 11 #01-199 SINGAPORE 760133	
ID Type / ID No.: NRIC NO / S9023664D		Contact No.: Home/Office: Mobile: 81544925	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 04/07/1990	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: BUS CAPTAIN		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2021 15:00	Type of Location: Slip road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF2402H	Motorcycle	YAMAHA	RXZ	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FF2402H	NTUC Income Insurance Co-Operative Limited	5115925646	02/02/2020	27/05/2021



**SINGAPORE
POLICE FORCE**



T/20210116/2024

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20210116/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AIZAT BIN KAMISLAN	ID No.	S9023664D
Related Vehicle	FF2402H (Motorcycle)	Contact No.	81544925
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	15/01/2021	Date Discharge	16/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15/01/2021 at about 1500hrs, I was riding my vehicle "FF2402H" travelling along Yio Chu Kang road towards Buangkok green .

At the slip road after the zebra crossing, my vehicle was stationary as I was waiting for oncoming traffic. Suddenly, a vehicle collided into me from the rear.

I only managed to get the driver's particulars as " Jerome Dashwin Dass, S9340136J, HP: 92777548". I was then conveyed to Sengkang General Hospital by the ambulance.

I gotten 5 days MC from Sengkang General Hospital from 15/01/2021 to 19/01/2021.

Claim Handling

Accident MT/1118981

Policy No.	5115925646	Vehicle No.	FF2402H	GST Registration No.
Certificate No.				
Policyholder Name	AIZAT BIN KAMISLAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81544925	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" 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	27/01/2021 17:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/01/2021	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	YIO CHU KANG ROAD SLIP ROAD TOWARDS BUANGKOK GREEN			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

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 133 #01-199	Address 2	YISHUN STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-199	Related Policy Number	5115925646	

OI Driver Info

Driver Name	Aizat Bin Kamislan	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S9023664D
Register Date of Driver License	15/05/2014	Driver Age	30
Contact No.(Mobile)	81544925	Contact No.(Office)	
Address 1	BLK 133 #01-199	Address 2	YISHUN STREET 11
Address 4		Address Type	Singapore address
Unit No.	01-199		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FF2402H
			Driver Insurer Com.

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	AIZAT
Contact No.(Mobile)	81544925	Contact No.(Home)	
Email Address	aizatperutkubesar64@gmail.com	OI Vehicle Number	FF2402
Claim Description	FF2402H / SKE4034U ON 15 Jan 2021		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	27/01/2021 17:18	Received	
		Claim Close Date	

Report Taken By

ROSLI WAHAB Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1118981	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/01/2021 17:30

Path *

Category *

Confidential

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:30	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:28	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:28	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:28	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:28	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:27	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:27	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:27	Photos		Normal	Photos
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

Photos

Normal

Photos

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

Photos

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Photos

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

NRIC/ Driving License

Y

Normal

NRIC/ Driving I

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

NRIC/ Driving License

Y

Normal

NRIC/ Driving I

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 17:26

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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 : 5115925646

Cover : Third Party

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : FF2402H |
| Chassis Number | : PMY5PV10000006540 |
| 2. Name of Policyholder | : AIZAT BIN KAMISLAN |
| 3. Effective Date of Insurance | : 02 Feb 2020 |
| 4. Expiry Date of Insurance | : 27 May 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

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

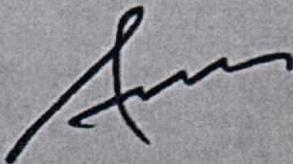
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: AIZAT BIN KAMISLAN
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 : WOO JIN XIONG (00000602557)
Date of Issue : 01 Feb 2020 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive