

**HD PERFECT AUTOWORK PTE LTD**

Co. &amp; GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: [hdperfectautowork@gmail.com](mailto:hdperfectautowork@gmail.com)Our Ref.: SJW4991ZYour Ref.: SKD2827SDate: 04.10.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SJW4991Z & SKD2827SDate of Accident: 28.05.2022 @ 20:00HRSLocation: Bedok South Road Near LP 28

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 3,100.00

Loss of Rental:

(7 Days x \$160.50/Day): \$ 1,123.50LTA Search: \$ 7.45Grand Total: \$ 4,230.95

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle Lim @ 8297 9787, or email to [hdperfectautowork@gmail.com](mailto:hdperfectautowork@gmail.com)

Thank You,

Shanelle Lim





HD PERFECT  
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136904Z  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Authorisation To Act

I, Muhammad Hatta' Afif Bin Mohamed Shah ("the third party claimant") of  
BK 549 Pasir Ris St 51 #03-63 (S) 510549  
(address), owner of SJW 4991Z (vehicle no.)  
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SJW 4991Z that was  
damaged pursuant to the accident which occurred on 28.05.22 (date)  
at/along Bedok South Rd Near LP 28  
(location) involving vehicle no/s SKD 2827S ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 28 day of 05 (month) 20 22 (year)

Signed by "the third party claimant"



Signed by "the workshop"





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Email: hdperfectautowork@gmail.com

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SW4991Z and SKD2027S on 28.05.22  
at/along Bedok South Rd near LP 18

1. I/We, the Owner of motor vehicle no. SW4991Z hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 28 day of 05 2022

Signature of vehicle owner \_\_\_\_\_

Name: Muhammed Hattar Afif Bin Mohamed Shah

IC/UEN No: S9405218A

(Company stamp, if applicable)

Address: 549 Pasir Ris St 51

W 03-63 (S) 510549

Tel: 96152440

Witnessed by:

Shanell Lim

# TAX INVOICE

**HD PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT  
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
04.10.2022	HDP202210-00167	SJW4991Z

## **AXA INSURANCE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 3,100.00
Total	\$ 3,100.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



## HUA HONG PRIVATE LIMITED

10 Kaki Bukit Avenue 4 #04-63 Premier@Kaki Bukit Singapore 415874

Tel: (65) 6661 9688 Fax: (65) 6661 9699

### TAX INVOICE

28 June 2022

HH22-SMS348T

MUHAMMAD HATTA AFIF BIN MOHAMED SHAH  
BLK 549 PASIR RIS STREET 51  
#03-63  
SINGAPORE 510549

Vehicle Registration No : SMS 348 T

Vehicle Make : TOYOTA

Vehicle Model : SIENTA

Rental Charges from 29/05/2022 to 04/06/2022  
(7 days x \$150 per day)

	\$	1,050.00
7% GST	\$	73.50
<b>Total</b>	<b>\$</b>	<b>1,123.50</b>

This is a computer generated document and no signature is required.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 May 2022 / 11:21:06

Receipt Date/Time : 29 May 2022 / 11:21:06

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220529-000474

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKD2827S

As at 28 May 2022/20:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SKD2827S

Enquiry Fee

20220529112010929839

7.00 0.49 7.49

**Sub-Total** 7.00 0.49 7.49

**Total Before Rounding** 7.00 0.49 7.49

**Rounding Difference** 0.04

**Total Amount Payable** 7.45

Paid By

421808XXXXXX9928 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



## 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	30/05/2022 16:43 (SGT)
Date of Accident	28/05/2022 20:00 (SGT)
Exact Location of Accident	Bedok S Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4991Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD HATTA 'AFIF BIN MOHAMED SHAH
NRIC No	SXXXX218A
Email Address	HATTAO92@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90152440
Alternative Phone No	(Home) +65-90152440

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	Private car
Transmission	Auto
CC	4991

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116164398-02
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD HATTA 'AFIF BIN MOHAMED SHAH
NRIC No	SXXXX218A



Date Of Birth	09/02/1994
Occupation	Outdoor
Date Of Driving Pass	02/11/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90152440
Alt. Phone Number	(Home) +65-90152440
Email Address	HATTAO92@HOTMAIL.COM
Address	BLK 549 PASIR RIS STREET 51
Address complement	#03-63
Postcode	510549
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DIYANA ANUAR
Gender	Female

#### PASSENGER 2

Name	MUHD FATTAH
Gender	Male

#### SENGER 3

Name	ZAYANA ANUAR
Gender	Female

#### 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

#### REFER TO SKETCH PLAN ATTACHED

#### 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	SKD2827S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	MUHAMMAD HATTA 'AFIF BIN MOHAMED SHAH
Gender	Male
Phone No	(Phone) +65-90152440
Address	BLK 549 PASIR RIS STREET 51
Address Complement	#03-63
Post Code	510549
Approximate Age Years Old	28
Injuries Sustained	-
Injured person in which vehicle?	SJW4991Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	DIYANA ANUAR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJW4991Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	MUHD FATTAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJW4991Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### INJURED 4

Name of injured person	ZAYANA ANUAR
Gender	Female
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJW4991Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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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 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;

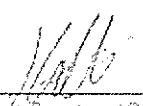
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

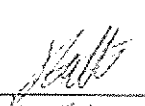
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

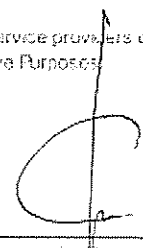
(collectively the "Purposes")

(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

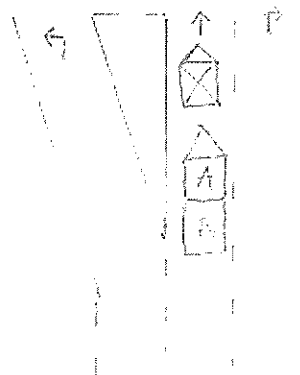
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: 1JH/4991Z  
Vehicle B: SK128275


ON THE STATED DATE AND TIME. I, VEHICLE A (SJW4991Z) WAS STATIONARY ON LANE 3 OF BEDOK SOUTH ROAD (NEAR LP 28) DUE TO TRAFFIC WAS RED. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHED I THEN REALISE THAT IS VEHICLE B (SKD2827S) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT I HAVE 3 PASSENGERS IN MY VEHICLE.

**VEHICLE A : SJW4991Z**


**VEHICLE B : SKD2827S**


**Declaration**

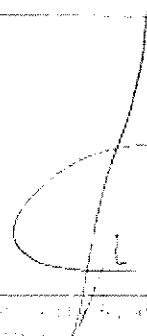
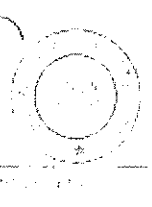
I hereby declare that the information provided is true and correct to the best of my knowledge.



Signature of Vehicle A driver

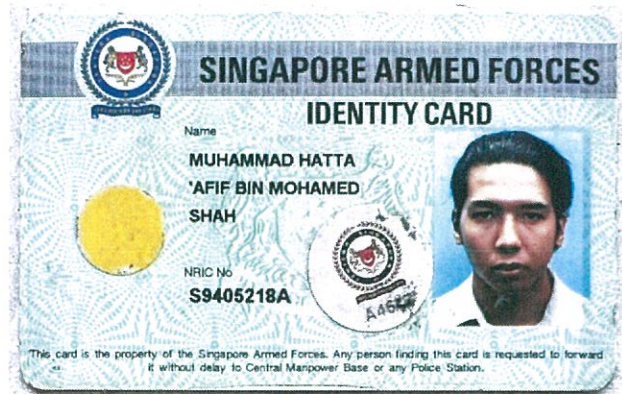


Signature of Vehicle B driver

SJW4991Z

Owner and Driver

A Singapore Armed Forces Identity Card for Muhammad Hatta Afif Bin Mohamed Shah. The card is light blue with a repeating pattern. It features the Singapore Armed Forces crest on the left and a photo of the holder on the right. The text includes the name, NRIC number, and a warning at the bottom.

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**MUHAMMAD HATTA**  
**'AFIF BIN MOHAMED**  
**SHAH**

NRIC No  
**S9405218A**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

The back of the Singapore Armed Forces Identity Card. It contains detailed personal and service information, including NRIC number, race, date of birth, blood group, sex, country of birth, service status, military rank status, and address. A barcode is at the bottom.

GEMALTO50PUT05451001118 00000050215522

NRIC No / Colour  
**S9405218A / PINK**

Race  
**MALAY**

Blood Group  
**B (+)**

Sex  
**M**

Date Of Birth  
**09/02/1994**

Country Of Birth  
**SINGAPORE**

Service Status  
**G081511**

Military Rank Status  
**SPECIALIST S11490**

Address  
**Blk 549 PASIR RIS STREET 51**  
**#03-63 SINGAPORE 510549**

Barcode



SJW4991Z

Owner and Driver

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9405218A**  
Name: **MUHAMMAD HATTA 'AFIF BIN MOHAMED SHAH**

Birth Date: **09 Feb 1994**  
Issue Date: **02 Nov 2012**

002119468F



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	06 Mar 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	12 May 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	12 Jul 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	02 Nov 2012

S9405218A S / No. 9000249713

Licence No: S9405218A

NP 428A

## 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:** 5116164398-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJW4991Z**  
 Chassis Number : **WVWZZZ13ZAV428066**
2. Name of Policyholder : **MUHAMMAD HATTA 'AFIF BIN MOHAMED SHAH**
3. Effective Date of Insurance : **29 Mar 2022**
4. Expiry Date of Insurance : **28 Mar 2023**
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 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD HATTA AFIF BIN MOHAMED SHAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: RICARDO CARS 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 : QUOTIGO PTE. LTD. (00000573831)

Date of Issue : 07 Mar 2022 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive