

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SN10923810007

Date In: 01/08/2023 16:59

Ref No: NPA/1230077884

Veh No: SMQ 8206H

D.O.A: 26/07/2023 14:20

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Vet No:

PA 6509R

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%; F: 80-100%]

Year of Registration: (

Warranty: YES ( ) / NO ( )

Excess: (\$

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

General Remarks:

( ) 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: ( )

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time

Actions

## Invoice Preparation Checklist

Amf (\$)

Amf

Is Bill

Add

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

On\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:



# 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 Actual 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 First Submission	01/08/2023 16:59 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2023 14:20 (SGT)
Exact Location of Accident	6 Raffles Blvd, Singapore 039594
Additional Location Information	MARINA SQUARE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8106H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HERITAGE AUTO CAPITAL PTE. LTD.
Company Reg No	2XXXXX468K
Email Address	fwgloh@gmail.com
Mobile Phone No	(Phone) +65-91026616
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1499

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0001161

## DRIVER

Name of Driver	LOH CHEE KONG
NRIC No	SXXXX491H
Date Of Birth	02/04/1976
Occupation	Outdoor

Date Of Driving Pass .....	23/12/1998
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91026616
*Alt. Phone Number .....	-
Email Address .....	fwgloh@gmail.com
Address .....	BLK 682 HOUGANG AVENUE 4 #04-336
Address complement .....	-
Postcode .....	530682
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 .....	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	TEOH JENG YU
Gender .....	Female

#### PASSENGER 2

Name .....	EUNICE
Gender .....	Female

#### PASSENGER 3

Name .....	TODDLER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20230727/7025



## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... PA6509R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 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 ..... LOH CHEE KONG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-91026616  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMQ8106H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... EUNICE  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMQ8106H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## 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 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

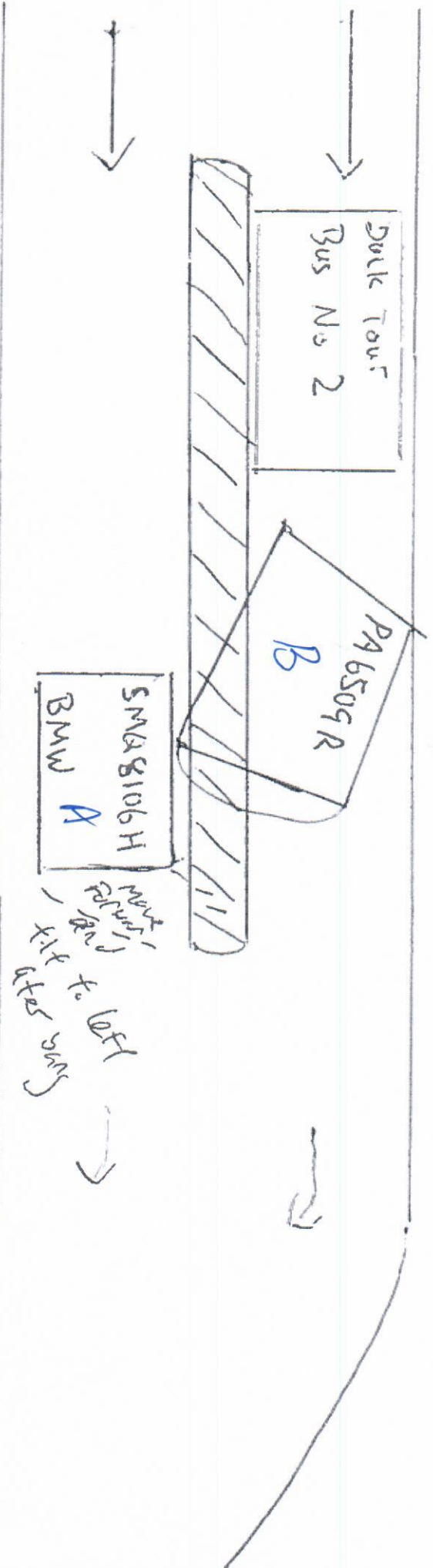
Witnessed by Reporting Centre Personnel

01/08/2023

Sketch Plan

REFER TO ATTACHMENT 2





Date: 26/07/2023

Time: Arrived Around 2.25 pm

- A) SMQ8106H
- B) PA 6509R

*Handwritten signature*  
8/10/2023

**Describe Circumstances of the Accident**

Please refer to Police Report: T/20230727/7025

**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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20230727/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230727/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2023 14:45		Vide Report No.: A/20230726/0059		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH CHEE KONG			Address: 682 HOUGANG AVENUE 4 #04-336 SINGAPORE 530682		
ID Type / ID No.: NRIC NO / S7609491H			Contact No.: Home/Office: Mobile: 91026616		
Nationality: SINGAPORE CITIZEN			Email: fwgloh@gmail.com		
Sex: Male	Age: 47	Date of Birth: 02/04/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2023 14:25	Type of Location: Straight Road
Location:  RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Stationary vehicle got side bang by moving vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ8106H	Car	BMW	216I	Black	Seriously Damaged	6

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ8106H	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MFL0001161	04/05/2023	29/01/2024





# SINGAPORE POLICE FORCE



T/20230727/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20230727/7025

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOH CHEE KONG	ID No.	S7609491H
Related Vehicle	SMQ8106H (Car)	Contact No.	91026616
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	26/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	LOH CHEE KONG	ID No.	S7609491H
Related Vehicle	SMQ8106H (Car)	Contact No.	91026616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

### Brief Details.

On 26/07/2023 around 220pm, I got a grab call to fetch passenger at Marina Square outside 7-11 pick up. upon reaching about 224pm, in front got a car dropping off passenger so I was stationary waiting behind the car and beside the duck tour bus 03 passenger walk to my car and boarded by my left hand front seat and left side passenger seat. My car was at stationary for the passenger to board and when about ready to start the trips, suddenly there a strong impact hit my left side passenger doors and cause the door to deeply bend inwards and glass shatter. . . this strong impact even push my car to move forward and tilt to my left side. we're all get shocked and passenger was screaming for help. This PA6509R duck tour bus driver did not check the traffic is clear and just drive off to his right, cut off the lane marking and bang my car which was stationary at that time with passenger just on boarded. The duck tour bus driver should go straight instead of dangerously cut cross the marking line and drive toward it right side immediately without checking got any vehicle. .

I was stunned, shock in pains at neck, back, left shoulder and left thigh. due to this huge impact and was admitted to raffles hospital and discharge on 27/07/23 and was given 1 week MC by the doctor.

My passenger was also injury with her hand bleeding cut by the shatter glass. I ask her to let doctor check but they insist don't need as they need to rush to other place for works.

I had dash cam video footage to proof my car was stationary and duck tour bus PA6509R



**SINGAPORE  
POLICE FORCE**



T/20230727/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20230727/7025

**CONTINUATION OF REPORT**

bang my car during this accident





**SINGAPORE  
POLICE FORCE**



T/20230727/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20230727/7025

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SOPHIAN BIN MOHAMED AMIR  
Contact No.: 91874317

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/07/2023 14:45

Classification Of Case:

## Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 07 / 23 (dd/mm/yy) Time of Accident: 14 : 20 (24-HR-FORMAT)  
Vehicle No.: SMQ 8106 H Vehicle Make & Model: BMW 216 J  
\*Transmission : ☐ Manual ☐ Auto \*C.c.: 1.6  
Exact location of Accident: ALONG MARINA SQUARE  
Policyholder's Name: HERITAGE AUTO CAPITAL PTE LTD NRIC/FIN/REG No.: 201326468K  
\*Policyholder's email address: fwgloh@gmail.com  
Driver's Name: LOH CHEE KONG NRIC/FIN/REG No.: ST6094914  
\*Driver's email address: fwgloh@gmail.com  
Driver's Contact No.: 9102 6616 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 02 / 04 / 1976 Driving Pass Date: 23 / 12 / 1998  
Driver's Address: BLK 682 HOUGANG AVE 4 #04-336 S530682  
Insurance Company: INDIA ~~INTL~~ INTERNATIONAL INSURANCE  
Policy No.: D23MFL0001161 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
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)

### Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other HEAD TO SIDE  
Occupation (nature job) ☐ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver): 04  
\*Passenger Name: TEOH JENG YU Gender: Male / Female  
\*Passenger Name: EUNICE Gender: Male / Female

### Weather condition & Road conditions? (On the day of accident) (3) TODD — MALE

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

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: LOH CHEE KONG / EUNICE

Injured Person in Which Vehicle: SMQ 8106 H Any injured conveyed to hospital by ambulance? : ☒ Yes ☐ No

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: TP HQ T/20230727/7025

### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: PA 6509R  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*No. of Passenger/(including Driver) : \_\_\_\_\_  
(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*No. of Passenger/(including Driver) : \_\_\_\_\_  
(If policyholder is not sure or did not check, please state so in the description portion of the report)

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



## 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)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**CERTIFICATE NO.: D23MFL0001161**

**COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle : SMQ8106H  
Chassis No : WBA6V120405P09903
2. Name of Policyholder : HERITAGE AUTO CAPITAL PTE. LTD.
3. Effective date of Insurance : 04 May 2023
4. Expiry date of Insurance : 29 Jan 2024

**5. Persons or Classes of Persons entitled to drive\***

Any person who is driving on the Policyholder's order or with his/their permission.  
The Hirer.

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\***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired

The Policy does not cover

- (1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).
- (2) Use for racing, pace-making, reliability trial, or speed-testing.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (4) Use for any purpose in connection with the Motor Trade

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 I WITHIN SINGAPORE	: SGD	2,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	5,000.00
Excess Section II WITHIN SINGAPORE	: SGD	2,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	5,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: DBS Bank Ltd	

SUNROOF EXCESS: \$200.00

FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.

AUTHORISED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT MY CAR CONSULTANT PTE LTD. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.


PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.

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).

Agent/Broker : A000089/CFHQ PTE. LTD.  
Date of Issue : 05/05/2023 14:36:58  
MZ406 - Hire Car (U/G)

For India International Insurance Pte Ltd

  
Nalini Venugopal  
MD & CEO