

Date In: <b>17/1/2017 14:39</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MUC/1022000/1</b>	SAS e-illing		
Veh No: <b>SCW 7384P</b>	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: <b>16/1/2017 15:50</b>	1-Motor Claim Form	<b>MY10940184</b>	<b>17/1/2017 15:53</b>
OD: <b>TP / Reporting Only</b>	1-Motor W/O (within: OD 3hrs, TP 1hr)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: Fax: 1

TP Particulars: Yeh No: **SR 3633K** INC ( ) / Non-INC ( )

Owner / Drivers: ( ) 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 0066**

	Date/Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Date/Time	Action

**NHA107131**

Human's Particulars	Invoice Preparation Checklist	AMU (5)	AMU (5)
Driver/Owner:		Bill	Not Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$42		
4) FT: Follow-Through Survey	\$120		
5) XT: Follow-Through Survey (Resurvey)	\$30		
Excludes against INC Only (w/ef 10 Jan 2010)			
6) TR: Re-inspection	\$73		
7) NI: IDU DA + SMRT Survey	\$140		
8) NTUC Additional Services:			
a) NI: Courtesy Car / Tpl Allowance	\$3		
b) NI: Repair Coordination	\$10		
c) NI: Post Repair Inspection	\$23		
d) NI: DV / Collision Under Coordination	\$3		
e) TP (NI): TP (Non-INC) against INC	\$20		
9) NTUC 18th Mobile	\$0		
Invoice total			
Taxation Paid			
Net Charged			
Net Charged			

Checked by (Eng-in-Charge):

Comments:

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 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 ability.
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 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 Report	17/11/2017 14:39
Date Of Accident	16/11/2017 15:50
Exact Location Of Accident	CROSS JUNCTION OF BIOPOLIS ROAD/ONE NORTH LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW7384P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE CHYE GECK
NRIC No	S0042040I
Email Address	SOPHIAWEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81830606
Alternative Phone No	OTHERS-81830606

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0089249934-14
Cover Note Number	

### Driver

Name of Driver	SOPHIA WEE KAR LING
NRIC No	S1807409E
Date Of Birth	02/09/1967
Occupation	INDOOR
Date Of Driving Pass	01/10/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81830606
Fax Number	
Contact Number	OTHERS-81830606
Email Address	SOPHIAWEE@GMAIL.COM

Address	BLK351 CHOA CHU KANG CENTRAL #07-357
Postcode	680351
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171117/7001

#### 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	SLE3633K
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Name of Driver	YUSOF BIN AMAT
NRIC/Passport Number	S2005136A
Contact Number	94793099
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name

## 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:

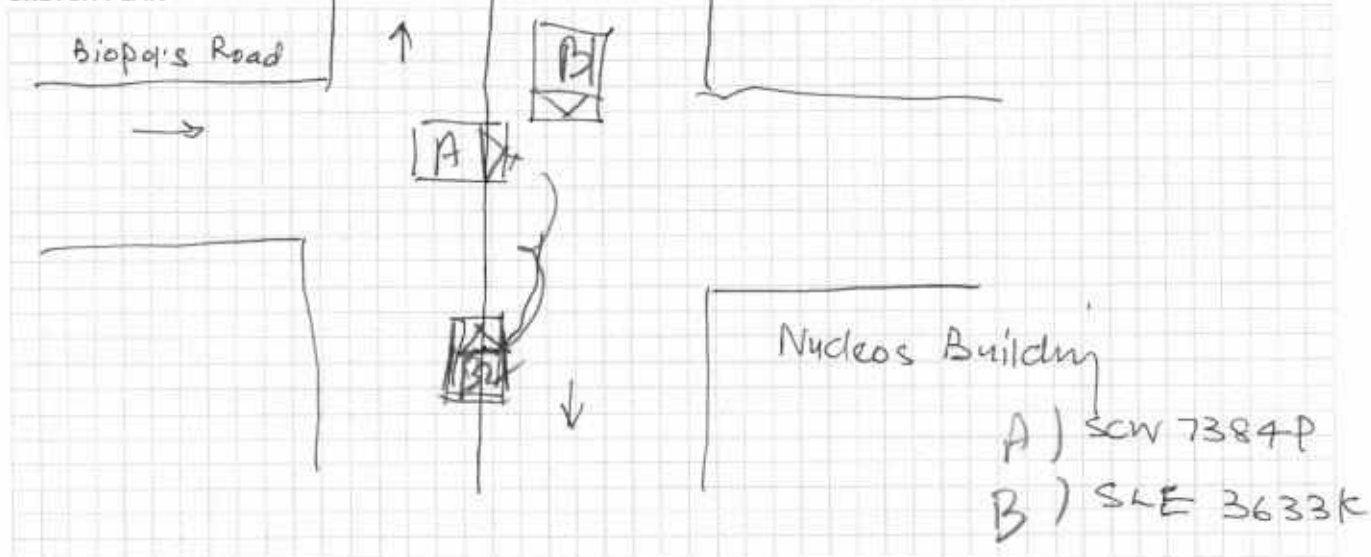
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Nov 17, 2017  
11.18 am

Reporting Centre Personnel's Signature  
Name: Keshi Wathoo  
NRIC/FIN No. 17/11/2017

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: PCS Report to Police Report 7 17/11/17/2001

## 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: 17/11/17  
11:32am

Reporting Centre Personnel's Signature  
Name: 17/11/2017  
NRIC/FIN No.: [Signature]





**SINGAPORE  
POLICE FORCE**



T/20171117/7001

1 of 3

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

Report No: T/20171117/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2017 10:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOPHIA WEE KAR LING			Address: APT BLK 351 CHOA CHU KANG CENTRAL #07-357 SINGAPORE 680351		
ID Type / ID No.: NRIC NO / S1807409E			Contact No.: Home/Office: Mobile: 81830606		
Nationality: SINGAPORE CITIZEN			Email: sophiawee@gmail.com		
Sex: Female	Age: 50	Date of Birth: 02/09/1967	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2017 15:45	Type of Location: Straight Road
Location:  BIOPOLIS ROAD  Cross junction with One North Link road Lamp Post Number: 57				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW7384P	Car		Toyota	Beige	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171117/7001

2 of 3

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

Report No. T/20171117/7001

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SOPHIA WEE KAR LING	ID No.	S1807409E
Related Vehicle	SCW7384P (Car)	Contact No.	81830606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was making my way across the dual carriage way from Biopolis Road. At the stop sign, I stopped to check for traffic both ways before easing my vehicle forward. I was travelling very slowly, making my way across when out of nowhere I felt a bang and the next thing I saw was a vehicle flying across the road, hit the kerb and flipped 180 degrees onto the kerb. My car barely nudged from the impact. The road sign post was damaged as a result of the collision.

The front of my vehicle suffered some damages but the damages on the other car was extensive. I was cautious in my approach to the road but the other driver was obviously going at a very high speed to warrant the car's damage and position.

Fortunately, no physical injuries occurred for either driver.



**SINGAPORE  
POLICE FORCE**



T/20171117/7001

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

3 of 3

Report No: T/20171117/7001

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/11/2017 10:22

Classification Of Case:



## Claim Handling

Accident MT/0970184

Policy No.	0089249934-14	Vehicle No.	SCW7384P	GST Registration No.	
Policyholder Name	WEE CHYE GECK			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	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	Yes	NCD Entitlement(%)	50		

**Accident Details**

Report Date	17/11/2017 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	16/11/2017	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JUNCTION OF ONE NORTH LINK AND BICOPUS ROAD				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	8 JALAN USAHA	Address 2	PAYA LEBAR GARDENS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	0089249934-14		

**OI Driver Info**

Driver Name	SOPHIA WEE KAR LING	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1807409E	Driver DOB	
Register Date of Driver License	01/01/2000	Driver Age	50	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WEE CHYE GECK	Insured NRIC		
Contact No.(Mobile)	97609707	Contact No.(Home)	62874626	Contact No.(Office)		
Email Address	violet.wee@income.com.sg	OI Vehicle Number	SCW7384P	TP Vehicle Number		
Claim Description	SCW7384P / SLE3633K ON 16 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	17/11/2017 15:51	Claim Close Date		Date Received		
Report Taken By	RDSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
<input type="checkbox"/> Print AK letter						
<b>Save</b> <b>Submit</b>						

## Attachment

Accident No.	MT/0970184	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/11/2017 15:53
Path *	Category *		
	Confidential <input type="checkbox"/> Urgency		
	Normal <input checked="" type="checkbox"/>		

**Browse** **Clear** Please Select **Next**

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:53	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:53	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:51	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:51	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:51	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:51	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 15:50	NRIC/ Driving License		Normal	NRIC/ Driving

## Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 11 / 2017 (DD/MM/YYYY), TIME: 3 : 50 <sup>pm</sup> (HH:MM)

LOCATION: Biopolis Road / Pine Mount Lane <sup>9608</sup> <sub>Tullerum</sub>

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Scw 7384 P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota corolla  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 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: Sua Chye Geck (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0042040 I / CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
 (including driver)  
(1)

- DRIVER  
 a) NAME: Sophia Wee Kar Ling (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1807409 E / CONTACT: 81830606  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 02 / 09 / 1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 18 Sep 2003

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

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:

Ontario Traffic Police

## 8. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
(1)

- a) VEHICLE NUMBER: SLE 3633 F / MODEL: Toyota Altis  
 b) DRIVER'S NAME: Yusof Bin Amat  
 c) NRIC/FIN/PASSPORT: S2005136 A / CONTACT: 9479 3099

## 9. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ / MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ / CONTACT: \_\_\_\_\_

Email: Sophiamwee@gmail.com

Fax: \_\_\_\_\_

Video \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1807409E



SOPHIA WEE KAR LING

黄嘉玲

Race

CHINESE

Date of Birth

02-09-1967 F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1807409E

SOPHIA WEE KAR LING

Birth Date: 02 Sep 1967

Issue Date: 18 Sep 2003



3164064

NRIC No: S1807409E



Blood Group

O+

Date of issue

15-06-2000

APT BLK 351 CHOA CHU KANG CENTRAL #07-357  
SINGAPORE 680351

NRIC No: S1807409E

Date: 29/03/2010

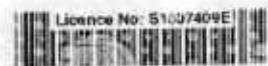
No: 8479445

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

01 Oct 1999



NP 128A

## 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)

**Certificate Number:** 0089249934-14

**Cover:** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SCW7384P

Chassis Number

: AE1115064359

2. Name of Policyholder

: WEE CHYE GECK

3. Effective Date of Insurance

: 21 Oct 2017

4. Expiry Date of Insurance

: 20 Oct 2018

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.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

PRIMARY DRIVER

: WEE CHYE GECK MRS LEE HO CHONG

NAMED DRIVER (1)

: SOPHIA WEE KAR LING

NAMED DRIVER (2)

: LEE SOOK CHENG JESSICA

HIRE PURCHASE COMPANY

: SING INVESTMENTS & FINANCE 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 : INCOME - MT DEPT (00000600471)

Date of Issue : 17 Oct 2017 10:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive