

NATIONAL Assessment Centre Services

(Form 1, 2000)

NAI707349

Date In: 27/11/2017 15:38	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: NAI/INC/20225834	E-mail (with 3 hrs, A/C 3 hrs)		
Veh No: SGP 8714	1-Motor Claim Form	m110971305	27/11/2017
D.O.A: 27/11/2017 08:50	1-Motor W/O (with 3 hrs, A/C 3 hrs)		16:05
OC TP / Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: AKM 6666	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 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Cost: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC hotline: 6788 66167	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: _____

Other Useful Actions: _____

NAI707349	Invoice Preparation Checklist	Amount	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$12		
4) PT: Follow-Through Survey	\$150		
5) PT: Follow-Through Survey (Resurvey)	\$10		
Excluding repair (INC Only) (over 10 Jan 2000)			
6) TR: Re-inspection	\$75		
7) NI: New DA + SMRT Survey	\$150		
8) NTUC Additional Services			
9) NI: NI			
10) NI: NI			
11) NI: NI			
12) NI: NI			
13) NI: NI			
14) NI: NI			
15) NI: NI			
16) NI: NI			
17) NI: NI			
18) NI: NI			
19) NI: NI			
20) NI: NI			

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	27/11/2017 15:38
Date Of Accident	27/11/2017 08:50
Exact Location Of Accident	AYE AFTER JURONG TOWN HALL BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGP877U
Insured/Policyholder	
Name Of Registered Owner	TSOI KA MAN
Co Reg No	53351296D
Email Address	KAMAN.TSOI@DHL.COM
Mobile Phone No	(LOCAL) +65-96182687
Alternative Phone No	OFFICE-96182687
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086623042
Cover Note Number	
Driver	
Name of Driver	TSOI KA MAN
NRIC No	S2609397Z
Date Of Birth	05/08/1967
Occupation	INDOOR
Date Of Driving Pass	27/01/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96182687
Fax Number	
Contact Number	OTHERS-96182687
Email Address	KAMAN.TSOI@DHL.COM

Address	BLK 158 YUNG LOH ROAD #09-56
Postcode	610158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AKM6666 (COMMERCIAL VEHICLE)
Was any body injured in the Accident?	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T20171127/2070

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	AKM6666
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Name of Driver	MOHD ZAINI BIN TEMIZY
NRIC/Passport Number	A40903983
Contact Number	0192727347
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

TSOI KA MAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGP877U

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode


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.

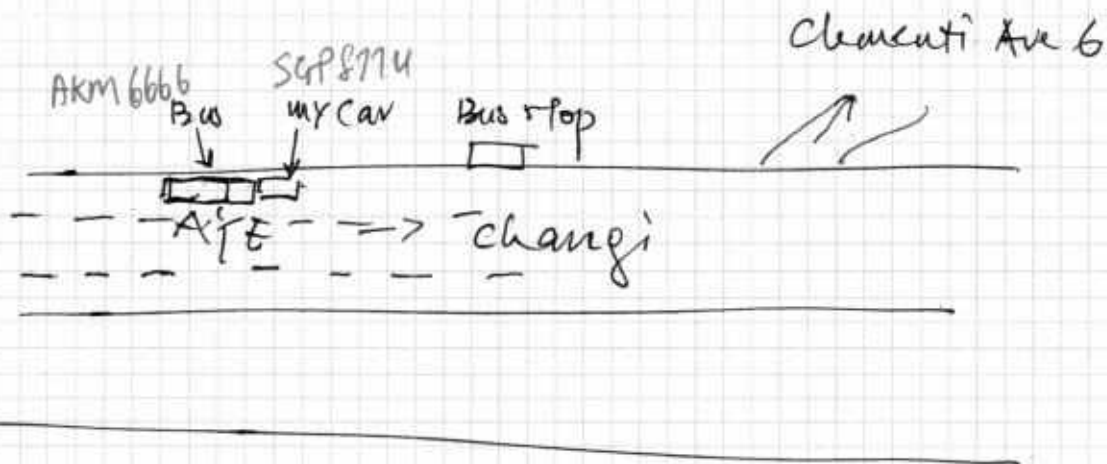
 27/11/17
Policyholder's Signature
Date & Time: 12:03pm

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Roshni NARAYAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8:47 am ^{I was} driving along A/E towards Changi.

It was heavy traffic and driving speed was around 30 km/hr.


After Jurong Townhall before Clementi Exit, Malaysia tour bus with license plate AKM 6666 hit my car from the back.

My phone that attached to phone holder dropped out and my glasses also dropped out from my shirt.

Police Report 7/2017/127/2070

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 27/11/17
12:10pm

Policyholder's Signature
Date & Time:

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

 27/11/2017
Keshi Watanabe

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171127/2070

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

1 of 3

Report No. T/20171127/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 13:14		Vide Report No.:		Station Diary No. 46
Informant's Particulars				
Name of Informant: TSOI KA MAN		Address: APT BLK 158 YUNG LOH ROAD #09-56 SINGAPORE 610158		
ID Type / ID No.: NRIC NO / S2609397Z		Contact No.: Home/Office: Mobile: 96182687		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 50	Date of Birth: 05/08/1967	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SENIOR EXECUTIVE		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/11/2017 08:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Along AYE towards Changi after Jurong Town Hall before Clementi Ave 6 Exit.				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
AKM6666	Bus/Coach/Mi nibus					0
SGP877U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171127/2070

Police Station Of Origin

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3

Report No. T/20171127/2070

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD ZAINI BIN TEMIZY	ID No.	A40903983
Related Vehicle	AKM6666 (Bus/Coach/Minibus)	Contact No.	0192727347
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	TSOI KA MAN	ID No.	S2609397Z
Related Vehicle	SGP877U (Car)	Contact No.	96182687
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	Slight

Brief Details.

On the 27/11/2017 at about 0847hrs, I was driving along AYE in my car SGP877U on the way to work. The traffic was heavy and everyone was driving at a speed of about 30km/hr. Later on I suddenly felt a hit and I thrust forward and my spectacles fell and I realized that a bus had hit onto my rear. The incident occurred just before the bus stop on the leftmost lane before the filter lane as well.

I immediately got out and exchanged particulars with the said driver of the bus. The bus is a Malaysian tour bus (AKM6666) and I did not know how he had hit onto my vehicle. The driver showed me his passport and he only has a Malaysian contact number. He showed me a receipt from the tour also to show me his name of the company which is Star Mart Express Air Asia Liner Pte Ltd.

My vehicle has very bad dents and the rear had also came out and the headlights are also damaged. The bus only has some scratches at the front. There is a witness who is willing to provide her name and contact, Miss Law, 96722289.

I then was told to lodge a report as the accident involved a foreign vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20171127/2070

3 of 3

Report No. T/20171127/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 JESSICA JESTAS MIRANDA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

27/11/2017 13:14

Classification Of Case:

SN 46

Authentication Stamp

NP168

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of TSOI KA MAN (53351296D)

Date: 30/11/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
TSOI KA MAN	S2609397Z	SINGAPORE CITIZEN	158 YUNG LOH ROAD #09-56 SINGAPORE (610158)	ACRA	26/11/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. ACRA161130032331

DATE 30/11/2016

This is computer generated. Hence no signature required.

Claim Handling

Accident MT/0971305

Policy No.	5086623042	Vehicle No.	SGP877U	GST Registration No.	
Policyholder Name	TSOI KA MAN			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	96182687	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
RFK	<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(%)	20		

Accident Details

Report Date	27/11/2017 15:59	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	27/11/2017	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE AFTER JURONG TOWN HALL BEFORE CLEMENTI AVE 6				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 158 #09-56	Address 2	YUNG LOH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-56	Related Policy Number	5086623042		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TSOI KA MAN	Driver NRIC	S2609397Z	Driver DOB	
Register Date of Driver License	27/01/1994	Driver Age	50	Driving Experience	
Contact No.(Mobile)	96182687	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 158 #09-56	Address 2	YUNG LOH ROAD	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	09-56				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGP877U	Driver Insurer Company	

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TSOI KA MAN	Insured NRIC		
Contact No.(Mobile)	96182687	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SGP877U	TP Vehicle Number		
Claim Description	SGP877U / AKM6666 ON 27 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	27/11/2017 16:05	Claim Close Date		Date Received		
Report Taken By	ROSLE WAHAB	Workshop Repairer		Total Loss but Repaired		

☐ Print AK letter

Save Submit

















Attachment

Accident No.	MT/0971305	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 16:05
Path *		Category *	Confidential Urgency
			Normal

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:05	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:05	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:04	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:04	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 16:03	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 27/11/2017 (DD/MM/YYYY), TIME: 08:47 (HH:MM)

LOCATION: AYE after JURONG TOWN HALL BEFORE CLEMENT AVE 6 Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S6P8774
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5086623062
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN CATIO 1.5A
 f) TYPE: (ALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / ~~COMMERCIAL~~ / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO COMPANY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TSOI KAMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S26093972 CONTACT: 96182687
 c) ADDRESS: BLK 158 - YUNGLIN RD
#09-56 (610158)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO) NO

7. c) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: AKM 6666 MODEL: BUS
 b) DRIVER'S NAME: M OHAMAA ZAINI BIN TEMIZY
 c) NRIC/FIN/PASSPORT: A40902983 CONTACT: 0192727347 (M81A)

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

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

email = kaman.tsoi@dhl.com

fax = _____

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2609397Z



TSOI KA MAN

蔡家雯

Race

CHINESE

Date of Birth

05-08-1967 F

Country of Birth

HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2609397Z

Name

TSOI KA MAN

Birth Date: 05 Aug 1967

Issue Date: 28 Jan 2004



2560208

NRIC No. S2609397Z



Blood Group Date of issue

A+ 13-01-1995

APT BLK 158 YUNG LOH ROAD #09-58
SINGAPORE 610158

NRIC No. S2609397Z

Date: 19-06-2003

No: 17-19356

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

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

PASS DATE

27 Jan 1994

NP 429A



Licence No. S2609397Z

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 : 5086623042

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGP877U |
| Chassis Number | : JN1BAAC1120002692 |
| 2. Name of Policyholder | : TSOI KA MAN |
| 3. Effective Date of Insurance | : 30 Nov 2016 |
| 4. Expiry Date of Insurance | : 05 Dec 2017 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |
- This Policy does not cover
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 01 Dec 2016 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive