

# NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 12/12/17          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC 17033588/13 | SAS e-filing                             |                       |         |
| Veh No: EP865              | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 11/12/17 1745       | i-Motor Claim Form                       | 17/0973382            |         |
| OD: (TP) Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                            | i-Photo Uploaded                         |                       |         |
|                            | Assessment/Survey Report                 |                       |         |
| TP Insurer:                | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

|  |                  |                       |
|--|------------------|-----------------------|
| TP Particulars:  | Veh No: SHC8280P | 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)                      | 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 | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| <p>NA1707684</p> <p><b>Claimant's Particulars :-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p>Lat 1:</p> <p>Lat 2 / 3:</p> | <p><b>Invoice Preparation Checklist</b></p> <table border="1"> <tr> <th></th> <th>Amt (\$)</th> <th>Amt (\$)</th> </tr> <tr> <th>1st Bill</th> <th>Add Bill</th> <th></th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD*</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile 30</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table> |          | Amt (\$) | Amt (\$) | 1st Bill | Add Bill |  | 1) AR: Accident Reporting (\$30); |  |  | 2) DA: Damage Assessment (\$100); INC (\$30) |  |  | 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:- |  |  | OD* |  |  | *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 |  |
|---|--|----------|----------|----------|----------|----------|--|-----------------------------------|--|--|--|--|--|-----------------------------|--|--|------------------------------------|--|--|--|--|--|---|--|--|---------------------------|--|--|------------------------------------|--|--|-------------------------------|--|--|-----|--|--|---------------------------------------|--|--|--------------------------------|--|--|----------------------------------|--|--|---|--|--|---|--|--|------------------------|--|--|---------------|-------------|--|---------------|-------------|--|
|   | Amt (\$)   | Amt (\$) |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| 1st Bill  | Add Bill   |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| 1) AR: Accident Reporting (\$30);   |  |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| 2) DA: Damage Assessment (\$100); INC (\$30)  |  |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| 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:-   |  |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| OD*   |  |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |
| *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  |          |          |          |          |          |  |                                   |  |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                               |  |  |     |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                        |  |  |               |             |  |               |             |  |



## 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             | 12/12/2017 16:29        |
| Date Of Accident           | 11/12/2017 17:45        |
| Exact Location Of Accident | ALONG SERANGOON CENTRAL |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | EP86J                   |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | SEAH KOK HWEE           |
| NRIC No                     | S1739552A               |
| Email Address               | VICTORCAROL88@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-98158166    |
| Alternative Phone No        | OFFICE-64833167         |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | TOYOTA               |
| Model  | C-HR HYBRID 1.8G CVT |
| 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          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5091778456                             |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | SEAH KOK HWEE           |
| NRIC No              | S1739552A               |
| Date Of Birth        | 26/11/1966              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 11/06/1985              |
| Driving Experience   | 32 YEARS AND 6 MONTHS   |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-98158166    |
| Fax Number           |                         |
| Contact Number       | OFFICE-64833167         |
| EMail Address        | VICTORCAROL88@GMAIL.COM |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 423 SERANGOON CENTRAL<br>#02-346 |
| Postcode  | 550423                               |
| 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   | CHAIN COLLISION |
| Weather Conditions | AFTER RAIN      |
| Road Surface       | WET             |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| 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)   | 2   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

I WAS TRAVELLING WITH MY WIFE ALONG SERANGOON CENTRAL WHEN I SAW VEH B(TAXI) BEARING REG NO SHC8380P HIT ONTO REAR PORTION OF VEH VEH(C) BEARING REG NO SKJ9685G AT THE RED TRAFFIC LIGHT JUNCTION. I STOP MY VEH BEHIND VEH B WITHOUT ANY CONTACT, SUDDENLY VEH B REVERSED HIS VEH AND HIT ONTO MY FRONT PORTION OF MY VEH.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |          |
|-------------------------------------|----------|
| Vehicle Registration Number         | SHC8380P |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |



**Describe Circumstances of the Accident**

Upper Serangan Road

VEH B HIT VEH C  
VEH B REVERSED AND  
HIT MY VEH

A - EP86J  
B - SHC8380P  
C - SKJ9685G

**Declaration**

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

*[Signature]* 12/12/17

Policyholder's Signature / Date & Time

*[Signature]* 12/12/17

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

*[Signature]* 12/12/17

Witnessed by Reporting Centre Personnel

On 11/12/17 at about 1.45pm

<sup>with my wife</sup>  
I was travelling <sup>alone</sup> Serangoon Central when I saw  
(SHC8380P) this taxi SHC8380P hit onto a car <sup>in front of</sup>  
him.

I stop my vehicle behind the taxi when suddenly  
the taxi reversed and hit onto my car.

YEO BEE BEE

NRIC S1470192C

Dob 20/11/1961

Injury Neck & Back Pain

Victor Seah: HP 98158166

OPF 64833167

victorcarol88@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1739552A



Name  
SEAH KOK HWEE



余国辉  
Race  
CHINESE  
Date of Birth  
26-11-1966  
Sex  
M  
Country of Birth  
SINGAPORE

S1739552A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1739552A

Name  
SEAH KOK HWEE

Birth Date: 26 Nov 1966  
Issue Date: 25 Apr 2003



000419552E

0490834




NRIC No. S1739552A

Blood Group: O+  
Date of issue: 26-08-1992

Address  
APT BLK 423 SERANGOON CENTRAL  
02-346  
SINGAPORE 1955

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

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Pass DATE  
07 May 1983  
11 Jun 1985  
1985

Licence No: S1739552A



NP 400A



**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:** 5091778456

**Cover :** drivo CLASSIC

- |   |                 |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle  | : EP86J         |
| Chassis Number  | : ZYX102013297  |
| 2. Name of Policyholder   | : SEAH KOK HWEE |
| 3. Effective Date of Insurance  | : 09 Jun 2017   |
| 4. Expiry Date of Insurance   | : 08 Jun 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   |
| 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                       | : YES   |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : YES   |
| PRIMARY DRIVER                       | : SEAH KOK HWEE                                   |
| NAMED DRIVER (1)                     | : YEO BEE BEE                                     |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : UNITED OVERSEAS BANK LIMITED                    |
| 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
Date of Issue : 08 Jun 2017 14:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref: 0906170101N027036153

09 Jun 2017

SEAH KOK HWEE  
APT BLK 423 SERANGOON CENTRAL  
#02-346  
SINGAPORE 550423



Dear MR SEAH KOK HWEE

### NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle EP86J on 09 Jun 2017. The Business Transaction Reference No. is 20170609105424725529.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- |     |                         |   |
|-----|-------------------------|---|
| 1.  | Name                    | : SEAH KOK HWEE   |
| 2.  | Identification No. Type | : Singapore NRIC  |
| 3.  | Identification No.      | : S1739552A   |
| 4.  | Place Of Passport Issue | : -   |
| 5.  | Registered Address      | : APT BLK 423 SERANGOON CENTRAL<br>#02-346<br>SINGAPORE 550423  |
| 6.  | Mailing Address         | : -   |
| 7.  | Vehicle No.             | : EP86J   |
| 8.  | Vehicle Type            | : P11 - Passenger Station Wagon/Jeep/Land Rover   |
| 9.  | Vehicle Scheme          | : Normal  |
| 10. | Vehicle Make            | : TOYOTA  |
| 11. | Vehicle Model           | : C-HR HYBRID 1.8G CVT  |
| 12. | Remarks                 | : This vehicle is eligible for PARF.<br>To renew the COE, the Prevailing Quota Premium payable is that of Category B. |

3. You can login to LTA's e-Services@ONE.MOTORING (<http://www.onemotoring.com.sg>) to access a wide range of vehicle-related services using your SingPass 2FA or CorpPass 2FA. For firm and organisation, you can also login using your LTA-issued User ID & Password (up till 30 Sep 2017) or EASY (up till 31 Dec 2017). A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account** for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate



## Claim Handling

Accident MT/0973382

|   |   |                               |   |                        |                 |
|---|---|-------------------------------|---|------------------------|-----------------|
| Policy No.                              | 5091778456  | Vehicle No.                   | EP86J   | GST Registration No.   |                 |
| Policyholder Name                       | SEAH KOK HWEE   | Cover Type                    | drive CLASSIC   | Policyholder NRIC      |                 |
| Product Code                            | PRIVATE CAR INSURANCE   | Contact No.(Office)           | 64833167  | Loading                |                 |
| Contact No.(Mobile)                     | 98158166  | Special Remark                |   | Contact No.(Home)      |                 |
| Email Address                           |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                  |                 |
| KPK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 50  | eCode Reason           |                 |
| NCD Protection                          | Yes   |                               |   |                        |                 |
| <b>Accident Details</b>                 |   |                               |   |                        |                 |
| Report Date                             | 12/12/2017 17:03  | Accident Report Within 24 hrs | Yes   | Accident Type          | Chain Collision |
| Date of Accident                        | 11/12/2017  | Time of Accident hh:mm        | 17:45   | Country of Accident    | Singapore       |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                 |
| Accident Location                       | ALONG SERANGOON CENTRAL                                       |                               |   |                        |                 |
| <b>Benefits</b>                         |   |                               |   |                        |                 |
| Coverage                                |   | Sum Insured                   | 999999999.99  |                        |                 |
| Excess Waiver                           |   |                               |   |                        |                 |
| <b>Excess</b>                           |   |                               |   |                        |                 |
| Own damage Excess                       | 0.00  | Additional Excess             | 0.00  | Windscreen Excess      |                 |
| Unnamed Driver Excess                   | 0.00  | Outside Singapore OD Excess   | 0.00  |                        |                 |
| Third Party Excess                      | 0.00  | Outside Singapore TP Excess   | 0.00  |                        |                 |
| <b>GST Registered Information</b>       |   |                               |   |                        |                 |
| GST Registered                          | No  | GST Registration Date         |   |                        |                 |
| GST Registration No.                    |   | GST Status Verified           | Yes   |                        |                 |
| Modification History                    |   |                               |   |                        |                 |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                 |
| Address 1                               | BLK 423 #02-346   | Address 2                     | SERANGOON CENTRAL   | Address 3              |                 |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              |                 |
| Unit No.                                |   | Related Policy Number         | 5085373801-01   |                        |                 |
| <b>OT Driver Info</b>                   |   |                               |   |                        |                 |
| Driver Name                             | Seah Kok Hwee   | Driver Type                   | Main Driver   | Driver DOB             |                 |
| Unnamed driver Name                     |   | Driver NRIC                   | 51739552A   | Driving Experience     |                 |
| Register Date of Driver License         | 11/06/1985  | Driver Age                    | 51  | Contact No.(Home)      |                 |
| Contact No.(Mobile)                     | 98158166  | Contact No.(Office)           | 64833167  | Address 3              |                 |
| Address 1                               | BLK 423   | Address 2                     | SERANGOON CENTRAL   | Post Code              |                 |
| Address 4                               |   | Address Type                  | Singapore address   |                        |                 |
| Unit No.                                | #02-346   | Driver Vehicle No.            |   | Driver Insurer Company |                 |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No |                               |   |                        |                 |
| <b>Declaration</b>                      |   |                               |   |                        |                 |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                 |

Modification History

Claim 001 OD-MX **New**

|   |                                 |                         |                                  |                            |  |
|---|---------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type *  | OD-MX                           | Insured Name            | SEAH KOK HWEE                    | Insured NRIC               |  |
| Contact No.(Mobile)                                 |                                 | Contact No.(Home)       | 64833167                         | Contact No.(Office)        |  |
| Email Address                                       | victorkh@singnet.com.sg         | OT Vehicle Number       | EP86J                            | TP Vehicle Number          |  |
| Claim Description                                   | EP86J / SHC8380P ON 11 Dec 2017 |                         |                                  |                            |  |
| Preferred Workshop Contact No.                      |                                 | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |  |
| Require Finalisation                                | Yes                             | Preferred Repair Option | Preferred Workshop (refer below) | GIA report                 |  |
| Date Registered                                     | 12/12/2017 17:06                | Claim Close Date        |                                  | Date Received              |  |
| Report Taken By                                     | ROSINDA                         | Workshop Repairer       |                                  | Total Loss but Repaired    |  |
| <input checked="" type="checkbox"/> Print AK letter |                                 |                         |                                  |                            |  |

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0973382  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/12/2017 00:00 |

| Path *   | Category *    | Confidential | Urgency |
|--|---------------|--------------|---------|
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO           | Normal  |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | De            |
|------------|--|-----------------------|---------|---------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | SAS                   | Normal  | SAS :         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:06 | Photos                | Normal  | Photos        |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|