

NATIONAL Assessment Centre Services. (ver 1. Jan 00)

PHIA47166136

Date In: 18/12/2017 15:19	Job description	Date & Time Completed	Done by
Ref No: NBO/MC/1023953/1	SAS e-Milling		
Veh No: SKR 4096Y	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 28/11/2017 14:00	1-Motor Claim Form	M110913123-002	18/12/2017
OD / TR / Reporting Only	1-Motor W/O (Within OD 2hrs, TP 1hr)		15:37
	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: Vch No: -	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 Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (INC 6016)	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	Action

<p>11A/10778/1</p> <p>Human's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>L 2 / 3:</p>	<p>Invoice Preparation Checklist:</p> <table border="1"> <tr> <th>Item</th> <th>Amount</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$50)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$20</td> <td></td> </tr> <tr> <td colspan="3">Exemption against INC Only (use F10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$33</td> <td></td> </tr> <tr> <td>7) N1: Day DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Total</td> </tr> <tr> <td>*N1: Courtesy Car / Tpl Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$15</td> <td></td> </tr> <tr> <td>*N8: DY / Collision Unass Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TE (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idm Mobile</td> <td>10</td> <td></td> </tr> </table> <p>Invoice dated _____</p> <p>File Charged _____</p>	Item	Amount	Remarks	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100)	INC (\$50)		3) TP: Towing Fee	\$40/\$45		4) FT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$20		Exemption against INC Only (use F10 Jan 2003)			6) TR: Re-inspection	\$33		7) N1: Day DA + SMRT Survey	\$160		8) NTUC Additional Services			Total			*N1: Courtesy Car / Tpl Allowance	\$5		*N6: Repair Coordination	\$10		*N7: Post Repair Inspection	\$15		*N8: DY / Collision Unass Coordination	\$5		TE (N11): TP (Non INC) against INC	\$20		9) N12: Idm Mobile	10	
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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	18/12/2017 15:19
Date Of Accident	28/11/2017 14:00
Exact Location Of Accident	DUO RESIDENCE CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4096Y
Insured/Policyholder	
Name Of Registered Owner	KHOO HUNG KIN
NRIC No	S1044408Z
Email Address	KINMAG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97992765
Alternative Phone No	OTHERS-97992765

Vehicle Particulars

Manufacturer	MAZDA
Model	5
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	REPORTING ONLY
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	5077195240-01
Cover Note Number	

Driver

Name of Driver	KHOO HUNG KIN
NRIC No	S1044408Z
Date Of Birth	12/10/1945
Occupation	INDOOR
Date Of Driving Pass	09/01/1969
Driving Experience	48 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97992765
Fax Number	
Contact Number	OTHERS-97992765
Email Address	KINMAG@SINGNET.COM.SG

Address	144 HOLLAND ROAD #12-144 HOLLANDS COURT
Postcode	278576
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	COLLIDED INTO PROPERTY
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?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

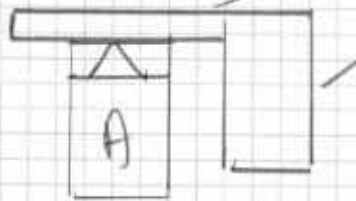
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Duo Residential Car Park Barrier

Barrier



A) SR 4096 Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wanted to exit car park but the barrier did not go up. So I got out of the car to speak through the intercom because no one was around.

The car moved forward by itself and hit the barrier arm.

I admit I was partly at fault but not 100% because there was no car park attendant around to help me.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/0973123

Policy No.	5077195240-01	Vehicle No.	SKR4096Y	GST Registration No.	
Policyholder Name	KHOO HUNG KIN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	N/A	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	Private Hire	Not available

Accident Details

Report Date	11/12/2017 14:42	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Ped
Date of Accident	28/11/2017	Time of Accident hh:mm	13:48	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	3 FRASER STREET DUO TOWER				

Benefits

Coverage	Sum Insured
Excess Waiver	999999999.99
Transport Allowance	999999999.99

Excess

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		

GST Registered Information

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

Policyholder Mailing Address

Address 1	144 HOLLAND ROAD #12-144	Address 2	HOLLAND COURT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077195240-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	KHOO HUNG KIN	Insured NRIC	
Contact No.(Mobile)	97992765	Contact No.(Home)	64674448	Contact No.(Office)	
Email Address		OI Vehicle Number	SKR4096Y	TP Vehicle Number	
Claim Description	SKR4096Y / - ON 28 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	18/12/2017 15:34	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0973123	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 15:37
Path *		Category *	Confidential
			Urgency
		Browse Clear Please Select	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:37	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:37	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:36	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:34	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:34	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 18 Dec 2017 15:34	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"/>

Our Ref: MT/CA/TP/001/0973123-001/VW/JC

11 Dec 2017

KHOO HUNG KIN
144 HOLLAND ROAD #12-144
HOLLAND COURT
SINGAPORE 278576

Dear Policyholder

CLAIM NUMBER: MT/0973123-001

ACCIDENT INVOLVING SKR4096Y / BARRIER ARM on 28 Nov 2017

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

• Lodge acc. report
• VICOM

• file acc. report
• drive car home

• lic,
• lc
• sort of us

NCD - 10%
Loo

ACCIDENT STATEMENT

ACCIDENT DATE: 28/11/2017 (DD/MM/YYYY), TIME: 2:pm (HH:MM)

LOCATION: Duo Residences Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 4096 Y
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5077195240-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HAZDA 5
 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: KHOO HUNG KIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S10444082 CONTACT: 97992765
 c) ADDRESS: 144 HOLLAND ROAD
#12-144

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)
(2)

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

* d) DATE OF BIRTH: 12/10/1945 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/01/1969

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

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

b) ROAD SURFACE: (DRY / WET / OTHERS) Narrow dry

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

Email = kinmag@singnet.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1044408Z



Name
KHOO HUNG KIN

Race
CHINESE

Date of Birth
12-10-1945

Sex
M

Country of Birth
SINGAPORE

1815424



IPC No. S1044408Z

Blood Group
O+

Date of issue
22-03-1994

Address

144 HOLLAND ROAD
#12-144
SINGAPORE 1027

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1044408Z

Name:

KHOO HUNG KIN

Birth Date: 12 Oct 1945

Issue Date: 02 Jan 2003



000081724D

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

09 Jan 1969

NP 428A



Licence No: S1044408Z

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: 5077195240-01

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKR4096Y |
| Chassis Number | : JM6CW1071F0121006 |
| 2. Name of Policyholder | : KHOO HUNG KIN |
| 3. Effective Date of Insurance | : 05 Feb 2017 |
| 4. Expiry Date of Insurance | : 04 Feb 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: KHOO HUNG KIN
NAMED DRIVER (1)	: TERENCE KHOO
NAMED DRIVER (2)	: LIEW KIM MEI
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 : INCOME-BRANCH SERVICES (00000000738)
Date of Issue : 10 Jan 2017 10:24 hrs
Reprint : 10 Jan 2017 10:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive