

NATIONAL Assessment Centre Services

(ver 1 Jan 2008)

MAA418017864

Date In: 05/02/2008 16:47	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/8002264/H	SAS e-Milling		
Veh No: SKK 3670 H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/02/2008 10:45	I-Motor Claim Form	mt10981033	05/02/2008 17:16
OD / TP / Reporting Only	I-Motor W/O (within 30 mins, 1st check)		
	I-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: Yell No: SKK 3194K	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 repeller.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: (INC Hotline: 6788 6016)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Action

NA/800793	Invoice Preparation Charge	
Customer's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: Towing Fee (\$40/24h)	
Assessed Portion:	4) FT: Follow-Through Survey (\$120)	
	5) PT: Follow-Through Survey (Recovery)	\$30
	Excluding special INC Duty (ver 10 Jan 2008)	
	6) TR: Ref-inspection	\$15
	7) NI: 1st DA + SMRT Survey	\$140
	8) NTUC Additional Services	
	OT:	
C. Checked by (Eng-in-Charge):	1) NI: Courtesy Car / Tpl Allowance	\$1
	2) NI: Repair Coordination	\$10
	3) NI: Post Repair Inspection	\$30
	4) NI: DY / Collect Unacc Coordination	\$1
	5) NI: 1st DA + SMRT Survey	\$140
	6) NI: 1st DA + SMRT Survey	\$140
	7) NI: 1st DA + SMRT Survey	\$140
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	98) NI: 1st DA + SMRT Survey	\$140
	99) NI: 1st DA + SMRT Survey	\$140
	100) NI: 1st DA + SMRT Survey	\$140

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 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	05/02/2018 16:47
Date Of Accident	04/02/2018 10:40
Exact Location Of Accident	ALONG WOODLANDS SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3670H
Insured/Policyholder	
Name Of Registered Owner	NG YOKE YEE ANNY (WU YUYAN)
NRIC No	S7415085C
Email Address	STAR.WAVE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97465634
Alternative Phone No	OTHERS-97465634

Vehicle Particulars

Manufacturer	BMW
Model	118I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	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	5095322432
Cover Note Number	

Driver

Name of Driver	NG YOKE YEE ANNY (WU YUYAN)
NRIC No	S7415085C
Date Of Birth	21/05/1974
Occupation	INDOOR
Date Of Driving Pass	11/11/1998
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97465634
Fax Number	
Contact Number	OTHERS-97465634
Email Address	STAR.WAVE@HOTMAIL.COM

Address	BLK 8 BOON KENG ROAD #09-144
Postcode	330008
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU3194K
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZRIL BIN ABDUL RAHMAN
NRIC/Passport Number	S1519406E
Contact Number	90572250
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

05/02/18
1610hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/02/2018
Roshni Wathoo

SKETCH PLAN



A) SKK 3670H.
B) SGU 3194K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A (SKK3670H) while turning out from the side road and into the main street the vehicle B was stationary, so vehicle A did not stop on time and hitting hit on the back bumper on the right side of the vehicle B (SGU3194K). Minor dent on the right side of vehicle B bumper, no one injured from this accident which happened on 04 Feb 18 at 1840 hrs. (this is end of statement)

DECLARATION

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

Policyholder's Signature
Date & Time: 05 Feb 18

1615hrs

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

Reporting Centre Personnel's Signature
Name: 05/02/2018
NRIC/FIN No.:

Rosli W...

Claim Handling

Accident MT/0981033

Policy No.	5095322432	Vehicle No.	SKK3670H	GST Registration No.	
Policyholder Name	NG YOKE YEE ANNY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97465634	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFR	<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(%)	10	Private Hire	No

Accident Details

Report Date	05/02/2018 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	04/02/2018	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS SQUARE				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	BLK B #09-144	Address 2	BOON KENG ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-144	Related Policy Number	5095322432		

DI Driver Info

Driver Name	Ng Yoke Yee Anny	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	57415085C	Driving Experience	
Register Date of Driver License	11/11/1998	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	97465634	Contact No.(Office)		Address 3	
Address 1	BLK B #09-144	Address 2	BOON KENG ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	09-144				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKK3670H	Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	NG YOKE YEE ANNY	Insured NRIC	
Contact No.(Mobile)	97465634	Contact No.(Home)	63662078	Contact No.(Office)	
Email Address	STAR.WAVES@HOTMAIL.COM	DI Vehicle Number	SKK3670H	TP Vehicle Number	
Claim Description	SKK3670H / SGU3194K ON 4 Feb 2018				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	05/02/2018 17:16	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AR letter					

Save

Submit

Attachment

Accident No.	MT/0981033	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 17:16
Path *		Category *	Confidential
		Urgency	Normal
		Browse	Clear
		Please Select	

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	1/1	+	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	1/1	+	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	1/1	+	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	1/1	+	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	1/1	+	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 17:16	SAS	Normal	SAS

Video List

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

ACCIDENT STATEMENT

18 40

ACCIDENT DATE: 04/02/2018 (DD/MM/YYYY), TIME: 18:40 (HH:MM)

LOCATION: Woodlands Square

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR3610H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5095322432
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 118i
 f) TYPE (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 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: NG YUE YEE, ANNY (MALE / FEMALE) 97465834
 b) NRIC/FIN/PASSPORT: S410857E CONTACT: 97465834
 c) ADDRESS: 111, BOON LING ROAD #09-144 SINGAPORE 330088

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

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

d) DATE OF BIRTH: 21/05/1974 (DD/MM/YYYY)

e) OCCUPATION (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 NOV 1998

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

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

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: SGY43194K MODEL: TOYOTA AXIO
 b) DRIVER'S NAME: AZRUL BAKAR RAHMAN
 c) NRIC/FIN/PASSPORT: S1519406E CONTACT: 90573250

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

email = star.waves@hotmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7415085C



Name

NG YOKE YEE ANNY
(WU YUYAN)

吴玉燕

Race

CHINESE

Date of birth

21-05-1974

Sex

F

Country of birth
SINGAPORE



S7415085C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7415085C
Name:

NG YOKE YEE
(WU YUYAN)

Birth Date: 21 May 1974

Issue Date: 22 Oct 2003



0009453318



3547114

NRIC No. S7415085C



Date of issue

27-05-2004

APT BLK 8 BOON KENG ROAD #09-144
SINGAPORE 330008

NRIC No: S7415085C

Date: 08/03/2011

No: 6696969

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

11 Nov 1998



Licence No: S7415085C

NP 426A

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: 5095322432

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKK3670H**
Chassis Number : **WBAUZ72030E016279**
2. Name of Policyholder : **NG YOKE YEE ANNY**
3. Effective Date of Insurance : **03 Nov 2017**
4. Expiry Date of Insurance : **02 Nov 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)	: S\$600
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG YOKE YEE ANNY
NAMED DRIVER (1)	: TAN TAT WEE DAVID
NAMED DRIVER (2)	: LOH KUAN WOEI
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 01 Nov 2017 14:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive