

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MWA118024795

Date In: 20/2/18-19:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC/203253/24	SAS e-filing		
Veh No: 5F-2446J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/2/18-17:15	i-Motor Claim Form	M/082948	20/2/18 21:48
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: Ux22J3	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 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

NA/201059	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idao 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 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	20/02/2018 19:30
Date Of Accident	19/02/2018 17:15
Exact Location Of Accident	BLK 321 AMK AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2446J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K&T CARS
Co Reg No	53208965X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5069003466-03
Cover Note Number	

### Driver

Name of Driver	IRWIN LIM YONG JIAN
NRIC No	S9412062D
Date Of Birth	25/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83995173
Fax Number	
Contact Number	OFFICE-83995173
Email Address	NOEMAIL

Address	BLK 320 ANG MO KIO AVENUE 1 #11-1515
Postcode	560320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VX2253 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 321 ANG MO KIO STREET 31 , <b>POSTCODE:</b> 560321 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4599999 - <b>FAX NO:</b> 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180219/2125.

#### 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	VX2253
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

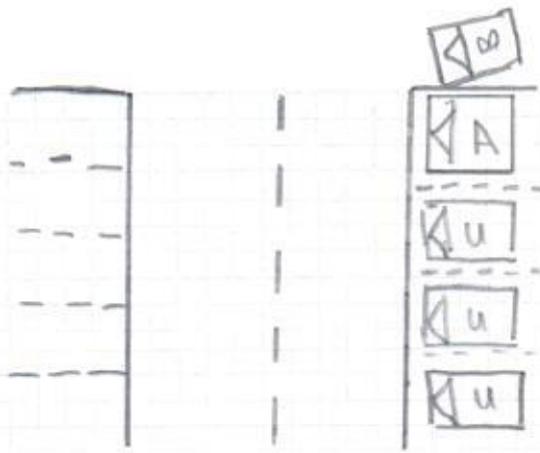


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



Vehicle A → SJF2446J

Vehicle B → VX2253

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:  
T/20180219/2125

DECLARATION

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



Policyholder's Signature  
Date & Time: 18

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

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	19/02/18 <span style="float: right;">(DD/MM/YY)</span>
Time of accident	1715 <span style="float: right;">(HH:MM)</span>
Exact location of accident	Ang Mo Kio Ave 1 Blk 321 open space carpark

DETAILS OF VEHICLE	
Vehicle registration number	SJF2446J
Vehicle make and model	Toyota Premio
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	5069003466-03
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	K & T cars <span style="float: right;">Male <input type="checkbox"/> Female <input type="checkbox"/></span>
NRIC / Fin / Passport number	
Contact	
Address	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Irwin Lim Yong Jian <span style="float: right;">Male <input checked="" type="checkbox"/> Female <input type="checkbox"/></span>
NRIC / Fin / Passport number	S94120620
Contact	83995173
Address	Blk 320 Ang Mo Kio Avenue 1 #11-1515 S(560320)
Email address	
Date of birth	25/03/1994
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	30/10/17

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>0</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Teck Ghee Neighborhood Police Post</u>

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	VX2253
Vehicle make model	Honda HRV
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20180219/2125

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2018 18:39	Vide Report No.: F/20180219/0179	Station Diary No.: 52
--	-------------------------------------	--------------------------

## Informant's Particulars

Name of Informant: IRWIN LIM YONG JIAN		Address: APT BLK 320 ANG MO KIO AVENUE 1 #11-1515 SINGAPORE 560320	
ID Type / ID No.: NRIC NO / S9412062D		Contact No.: Home/Office:	Mobile: 83995173
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 25/03/1994	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: BANKER		Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 19/02/2018 17:05	Type of Location: Car Park
Location: Ang Mo Kio Road 1 ANG MO KIO STREET 31 Car Park			
Weather:		Road Surface:	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
F2446J	Car					0
2253	Car					0

## Persons Involved

Pedestrian Involved: No

Number of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Police Station Of Origin  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

CONTINUATION OF REPORT

Vehicle Owner		ID No.	S9412062D
Name	IRWIN LIM YONG JIAN		Contact No.
Related Vehicle	SJF2446J (Car)		83995173
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/02/2018 at 1715hr I received a call from my mother. She informed me that my vehicle SJF2446J was hit. Then I rush back from work and I found out that my vehicle was being hit and I see that there is a police message asking me to make a police report regarding my vehicle.

I have parked the vehicle there since 19/02/2018 around 1300hrs. Is a replacement vehicle as my own vehicle is in the workshop. The damages on the vehicle are broken headlight, Dented fender and dented bumper. The driver door is unable to open as well.



Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

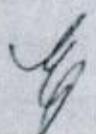
Report No. T/20180219/2125

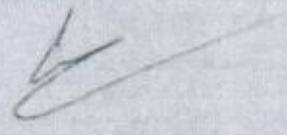
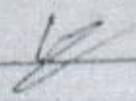
CONTINUATION OF REPORT

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: F / Sgt 2 YAP PENG TING 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179

Signature Of Informant: 
Date/Time: 19/02/2018 18:39
Classification Of Case: 

Authentication Stamp

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

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE

30 Oct 2017

NP 428A

Licence No: S9412062D

4442030



NRIC No: S9412062D

Date of issue  
05-08-2009

Address  
APT BLK 320 ANG MO KIO AVENUE 1  
#11-1515  
SINGAPORE 560320

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: S9412062D

Name: IRWIN LIM YONG JIAN

Birth Date: 25 Mar 1994  
Issue Date: 30 Oct 2017



**REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9412062D**



Name  
IRWIN LIM YONG JIAN

林永健

Race

CHINESE

Date of birth

25-03-1994

Sex

M

Country of birth

SINGAPORE

S9412062D

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: 5069003466-03 Cover : drive PREMIUM

- |  |                 |
|--|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SJF2446J      |
| Chassis Number                                   | : N2T2603023754 |
| 2. Name of Policyholder                          | : K&T CARS      |
| 3. Effective Date of Insurance                   | : 04 Dec 2017   |
| 4. Expiry Date of Insurance                      | : 03 Dec 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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\$1,000
EXCESS (SECTION 2)	: S\$1,000
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : SOONG WAI SAN (00000525488)  
Date of Issue : 30 Nov 2017 08:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident:

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069003466-03	K&T CARS	53208965X	GFT	drivo PREMIUM	SJF2446J	SJF2446J	04/12/2017	

### Policy Information

Policy No.	5069003466-03	Policyholder Name	K&T CARS	Policyholder NRIC	53208965X
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	03/12/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	SOONG WAI SAN	Agent Tel.	65471154	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5068995385-03		

### Insured Object: SJF2446J

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/12/2017 00:00	Basic Information Endorsement	000001286715127	Endorsement Take Effective	<p>internal endt - vehicle usage change from Rental vehicle (less than 12 mths ) to Private Hire (Self Drive or Chauffeur)</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGR8939L 28-12-2017 \$1,128.20 In view of this amendment, an additional premium of \$1,128.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also</p>
2	28/12/2017 00:00	Basic Information Endorsement	000001286721825	Endorsement Take Effective	

Exit

Claim Handling

Accident MT/0982948

Policy No.	5089003466-03	Vehicle No.	SJF2446J	GST Registration No.																			
Policyholder Name	K&T CARS	Cover Type	drive PREMIUM	Policyholder NRIC	S3208965X																		
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0																		
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0																		
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>																		
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason																			
NCD Protection	No	Accident Reports Within 24 hrs	Yes	Private Hire	Yes																		
<p>↳ Accident Details</p> Report Date: 20/02/2018 21:49 Date of Accident: 19/02/2018 Reporting Centre: Accident Location: BLK 321 AMK AVE 1 OPEN SPACE CARPARK			Accident Type: Damaged whilst parked Country of Accident: Singapore ICM No.:																				
<p>↳ Benefits</p> <p>↳ Excess</p> <table border="1"> <tr> <td>Own damage Excess</td> <td>1,000.00</td> <td>Additional Excess</td> <td>0.00</td> <td>Windscreen Excess</td> <td>100.00</td> </tr> <tr> <td>Unnamed Driver Excess</td> <td></td> <td>Outside Singapore OD Excess</td> <td>1,000.00</td> <td></td> <td></td> </tr> <tr> <td>Third Party Excess</td> <td>1,000.00</td> <td>Outside Singapore TP Excess</td> <td>1,000.00</td> <td></td> <td></td> </tr> </table>						Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00	Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00			Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00																		
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00																				
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00																				
<p>↳ GST Registered Information</p> GST Registered: No GST Registration No.: Modification History:																							

↳ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	508895385-03		

↳ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/03/1994
Unnamed driver Name	IRWIN LIM YONG JIAN	Driver NRIC	S9412052D	Driving Experience	0
Register Date of Driver License	30/10/2017	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	83995173	Contact No.(Office)	0	Address 3	TECK GHEE VISTA
Address 1	BLK 320	Address 2	ANG MO KIO AVENUE 1	Post Code	S60320
Address 4	SINGAPORE S60320	Address Type	Singapore address		
Unit No.	11-1535	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<p>Declaration</p> Breathalyser or Blood Test Reading?: 0 mg Any injury?: <input type="radio"/> Yes <input checked="" type="radio"/> No					
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	K&T CARS	Insured NRIC	S3208965X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJF2446J	TP Vehicle Number	VX2253
Claim Description	SJF2446J / VX2253 ON 19 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GSA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/02/2018 00:00
Date Registered	20/02/2018 21:48	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<span style="border: 1px solid black; padding: 2px;">Save</span> <span style="border: 1px solid black; padding: 2px;">Submit</span>					

↳ Attachment

Accident No.	MT/0982948	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2018 21:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Send Message Upload

↳ Attachment List

