

**NATIONAL Assessment Centre Services** [ver 1 Jan 200] **MA410028277**

Date In: <b>28/01/2018 09:37</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA FAC 80038624</b>	SAS e-filing		
Veh No: <b>FBK 9334X</b>	E-mail (within 2hrs, AIO 2hrs)		
D.O.A: <b>28/01/2018 08:25</b>	1-Motor Claim Form	<b>mtc084059</b>	<b>28/01/2018 14:13</b>
OD: <b>TP</b> Reporting Only	1-Motor W/O (within 2hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by <b>Rax/Hand to Owner/Wksp</b>		

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

TP Particulars: Yell No: **SQ 1365H** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: BSL Status (WO): NI 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: ( )

Reminders: (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	Action

**NBA 1333**

Human Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$20)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow Through Survey	\$120	
	5) PT: Follow Through Survey (Resurvey)	\$120	
	Forclaiming against INC Only (wef 10 Jan 2018)		
	6) TR: Repairs/Inspection	\$75	
	7) NI: DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: NI		
	*NI: Courtesy Car / Tpl Allowance	\$1	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DY / Collect Unacc Coordination	\$1	
	TP (NI) / TP (NI) INC: against INC	\$30	
	9) NI: NI Mobile	\$10	
C. Checked by (Engn-In-Charge):	Invoice total		
	Net Charged		
	Invoice Paid		



## 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	28/02/2018 09:37
Date Of Accident	28/02/2018 08:25
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/ALEXANDRA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9334X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO JUN YONG
NRIC No	S9172518E
Email Address	HJY_08@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93202704
Alternative Phone No	OFFICE-93202704

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-S-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083409282-01
Cover Note Number	

### Driver

Name of Driver	HO JUN YONG
NRIC No	S9172518E
Date Of Birth	23/08/1991
Occupation	INDOOR
Date Of Driving Pass	21/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93202704
Fax Number	
Contact Number	OFFICE-93202704
Email Address	HJY_08@HOTMAIL.COM

Address	BLK 470 SEGAR ROAD #09-228
Postcode	670470
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180228/2045

#### 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	SJQ1365H
Vehicle Make/Model/Colour	KIA PICANTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96206173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name	HO JUN YONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK9334X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

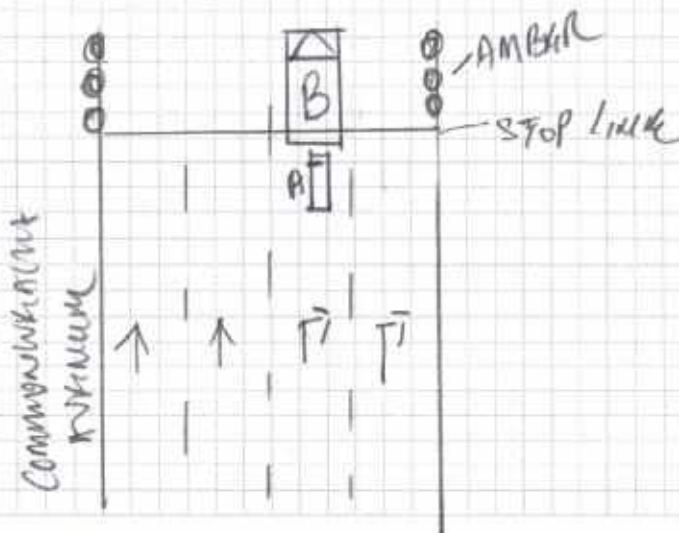
 28/02/2018  
Policyholder's Signature  
Date & Time:

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

 28/02/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

ALEXANDRA ROAD



A) FBK 9334X  
B) SJQ1365H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28 Feb 2018 at about 8.23am I was travelling along Commonwealth Ave and was on the second lane to turn right into Alexandra Road before reaching the junction of Alexandra when the light just changed to amber the car in front of me suddenly jam brake SJQ1365H stop after the stop line I couldn't put brake on time and hit the rear of the car

POLICE REPORT T/20180228/2045

## DECLARATION

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

*[Signature]* 28/02/2018  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 28/02/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*





# SINGAPORE POLICE FORCE



T/20180228/2045

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

1 of 3

Report No. T/20180228/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 12:47	Vide Report No.:	Station Diary No.: 41
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### Informant's Particulars

Name of Informant: HO JUN YONG			Address: APT BLK 470 SEGAR ROAD #09-228 SINGAPORE 670470		
ID Type / ID No.: NRIC NO / S9172518E			Contact No.: Home/Office: Mobile: 93202704		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 23/08/1991	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: mechanic			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 08:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMMONWEALTH AVENUE  Junction of Commonwealth Avenue towards Alexandra Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

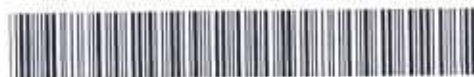
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9334X	Motorcycle	YAMAHA	FZ1000	White	Slightly Damaged	0
SJQ1365H	Car	KIA	Picanto	Red		0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20180228/2045

2 of 3

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

Report No. T/20180228/2045

**CONTINUATION OF REPORT**

Rider			
Name	HO JUN YONG	ID No.	S9172518E
Related Vehicle	FBK9334X (Motorcycle)	Contact No.	93202704
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 28/2/18 at about 0820hrs, I was riding a white Yamaha FZ 1000, FBK9334X, along Commonwealth Avenue. I was making a right turn at a junction of Commonwealth Avenue towards Alexandra Rd. I was following behind a car, SJQ1365H. The car driver suddenly jam break when the traffic light turn amber and her car already crossed the white line. It cause me to jam break too. However, I still hit onto the left rear of her car and caused her bumper dropped. The front mug guard, right front light and fairing were damaged. I have seen doctor at Friendship Clinic & Surgery and got a 3 days of MCs.





**SINGAPORE  
POLICE FORCE**



T/20180228/2045

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

3 of 3

Report No. T/20180228/2045

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: D / Sgt 2 LI SHI HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2018 12:47
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	SN 46
 SIGNATURE	

## Claim Handling

Accident MT/0984059

Policy No.	5083409282-01	Vehicle No.	FBK9334X	GST Registration No.	
Policyholder Name	HO JUN YONG			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leadimg	
Contact No.(Mobile)	93202704	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	No	NCD Entitlement(%)	10	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	28/02/2018 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	28/02/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF COMMONWEALTH AVE/ALEXANDRA RD				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own-damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<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 478 #09-228	Address 2	SEGAR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-228	Related Policy Number	5083409282-01		
<b>▼ OI Driver Info</b>					
Driver Name	HO JUN YONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	50172518E	Driver DOB	
Register Date of Driver License	08/03/2013	Driver Age	26	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 478 #09-228	Address 2	SEGAR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-228				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK9334X	Driver Insurer Company	
<b>Declaration</b>					
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 *	DD-MX	Insured Name	HO JUN YONG	Insured NRIC	
Contact No.(Mobile)	93202704	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBK9334X	TP Vehicle Number	
Claim Description	FBK9334X / SJQ1365H ON 28 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	28/02/2018 14:10	Claim Close Date		Date Received	
Report Taken By	RDSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0984059	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Updated Date	28/02/2018 14:13
Reth *		Category *	Confidential Urgency
Browse...		Clear	Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Doc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:13	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:11	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:10	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 14:10	NRIC/ Driving License	Normal	NRIC/ Driving
Video List				
Uploaded By/Date	Folder Date	File Name	?	Source
<div>Display in New Window</div> <div>Scan and uploading</div>				

友 誼 醫 務 所

**FRIENDSHIP CLINIC & SURGERY**

BLK 1, JALAN BUKIT MERAH #01-4524, SINGAPORE 150001. TEL: 62726628

No: 98288

**MEDICAL CERTIFICATE**

DATE 28/2/18

THIS IS TO CERTIFY THAT I HAVE EXAMINED

Ho Jun Yong WHO IS

UNFIT TO ATTEND WORK / SCHOOL FOR three DAYS FROM 28/2/18 TO 2/3/18

FIT FOR LIGHT DUTY FOR ..... DAYS FROM ..... TO .....

ATTENDED THE CLINIC FROM ..... A.M. TO ..... A.M.  
P.M. P.M.

Remarks (if any) .....

The certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

cl  
**DR. CHOW SHOOK LIN**  
M.B.B.S. (NUS, SINGAPORE)  
DESIGNATED FACTORY DOCTOR-DFD  
DIP (FAMILY MEDICINE) (NUS, SINGAPORE)

# Police Report

## ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 02 / 2018 (DD/MM/YYYY), TIME: 08:23 (HH:MM)  
 LOCATION: Junag Road Commonwealth Ave / Alayamora

### 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: Fbk 9334X  
 b) INSURANCE COMPANY: Ntvc  
 c) POLICY NUMBER: 5083409282-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha Fazer 100V  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: On the way to work  
 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: Ho Jun Yong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S917251815 CONTACT: 93202704  
 c) ADDRESS: APT BLK 470 Segor Road #09-228 (670470)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
 (including driver)  
(1)

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

\* d) DATE OF BIRTH: 23 / 08 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
 b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

No of passenger  
 (including driver)  
(1)

a) VEHICLE NUMBER: 8JQ 1365 H MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: 96206173  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

No of passenger  
 (including driver)  
( )

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

email = hij-08@hotmail.com

fax =

V1 060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9172518E



Name

HO JUN YONG

何俊勇

Race

CHINESE

Date of birth

23-08-1991

Sex

M

Country of birth

MALAYSIA

S9172518E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9172518E

Name

HO JUN YONG

Birth Date 23 Aug 1991

Issue Date 08 Mar 2013



002158707C



4805191

NRIC No. S9172518E



Date of issue

23-12-2011

APT BLK 470 SEDAN ROAD #09-22B  
SINGAPORE 670470

NRIC No. S9172518E

Date: 22/04/2012

No: 6953360

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

EFFECTIVE DATE

Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC *	08 Mar 2013
Class 1A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	10 Mar 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC	21 Aug 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 200 KILOGRAMS	25 Mar 2013

S9172518E

S / No. 9000227909



Licence No. S9172518E

## 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** : 5083409282-01

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK9334X

Chassis Number

: JYARN16D000000701

2. Name of Policyholder

: HO JUN YONG

3. Effective Date of Insurance

: 24 Oct 2017

4. Expiry Date of Insurance

: 23 Oct 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: HO JUN YONG
NAMED DRIVER (2)	: NURULHAQ BIN DARMAN
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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 17 Oct 2017 11:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive