NATIONAL Assessment Ce	Jeb description	Met 1 Jan'05] M	Date & Time Completed	Done	by:
Date In:8 3 18 - 15: 36			+		
Rei No: NA MC1800 1494/24	SAS e-filing				- 122
Vch No: 577 37580	E-mail (within			l state of	
D.O.A: 7/3/18-17:20	i-Motor Clair	m Form	MT 0985284	8/3/18 12:	49
OD (TP) Reporting Only	i-Motor W/O		s, 7'P 4hrs)		
	i-Photo Uplo:			1	
TP Insurer:	Assessment/Su		1	ļ	
11 1100101.	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: X	(D66784	. INC()/Non-INC().		
Owner / Driver: (- Harris - Andrew	Tel:)	
Policy No: ()	Period: ()	Cover Type: (),	
Confirmed by : (Date:	Time:)	
		3 Factories and the	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000		Average part of the best	25 BE TO 100	
General Remarks:-	The state of the s		III: LIII LIII LIII LIII LIII LIII LIII		
() Walk-In Customer: Customer's		nfidential & St	rictly NO refer of repairer		-
() Total Loss Case : to e-mail In			· · · · · · · · · · · · · · · · · · ·	· · · · ·	
Drive-In ()/ Towed-In (); Inv	voice: YES () / N	IO();T	owing Co: (
Remarks: (INC hotline: 6788 661	6)**		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:					
			The Property of	S. J. Marie	PT C THIS 925
Date/Time Actions				MARCHAN STATES	
					
The state of the s					TWO ALC
MAIDNICL		Invoice Pre	paration Checklist	Anit (5)	Amu(3)
NAI80ISIO		The second of th	paration Checklist:	Ani((S)) fit Bill	Amt (3)
NAI80ISIO		1) AR : Acciden 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC	(\$80)	The state of the s
NAI801510 Inimant's Particulars:		1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey	(\$80) (\$40/\$45 \$120	Committee of the control of the cont
NAI80ISIo Inimant's Particulars:		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	(\$80) (\$40/\$45 \$120 \$30	Committee of the control of the cont
NAI 801510 Inimant's Particulars':- river/Owner: ontact No:	18	1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20	(\$80) (\$40/\$45 \$120 \$30 (95) \$75	Committee of the control of the cont
NAI 801510 Inimant's Particulars':- river/Owner: ontact No:		1) AR: Acciden 2) DA: Damege 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 tetion + SMRT Survey	(\$80) (\$40/\$45 \$120 \$30 (95)	Committee of the control of the cont
NAI 801516 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Acciden 2) DA: Damege 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 tection + SMRT Survey tonal Services.	(\$80) (\$40/\$45 \$120 \$30 (95) \$75 \$160	Committee of the control of the cont
NAI80ISIO Inimant's Particulars: river/Owner: ontact No: armaged Portion:		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 20 tetion + SMRT Survey tional Services. Co-ordination	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	Committee of the control of the cont
NAI 801516 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Re-	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 20 tetion + SMRT Survey tonal Services. Co-ordination pair Inspection	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	The state of the s
NAI 801516 Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments :-		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Re; *N8: DV / Cc TP (N11): T	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2) Section + SMRT Survey Section Services	(\$80) \$40/\$45 \$120 \$30 \$05) \$75 \$160 \$25 \$30 \$25 \$30	
NAISOISIO Inimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:: (_1;		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD.* *N5: Courtes *N6: Repair (*N7: Fost Re +N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2) Section + SMRT Survey Section Services	(\$80) \$40/\$45 \$120 \$30 \$05 \$75 \$160 \$25 \$3 \$20 \$30	'Add Bill

4 . pe d 1 m

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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 witholding 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.

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

- 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.

to the second section of the second section	ACCIDENT STATEMENT
Date Of Report	08/03/2018 15:26
Date Of Accident	07/03/2018 17:20
Exact Location Of Accident	JURONG ISLAND HWY AFTER JUNC SAKRA RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3758D
Insured/Policyholder	
Name Of Registered Owner	LO GEOK KHUN
NRIC No	S8585173Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92703340
Alternative Phone No	OFFICE-92703340
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086401840-01
Cover Note Number	
Driver	
Name of Driver	LO GEOK KHUN
NRIC No	S8585173Z
Date Of Birth	13/11/1985
Occupation	INDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92703340

OFFICE-92703340

NOEMAIL

BLK 360C ADMIRALTY DRIVE Address #09-40

753360

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180308/2029.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

FILE SIZE TOO LARGE

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD6678A

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 23

YES

DETAILS OF INJURED PERSON 1

Name LO GEOK KHUN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJT3758D
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 23

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Police for investigation.
- 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.
- 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:
 - 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:
 - 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: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

VICE PROPERTY CLASS SUPPLY SETS OF THE SET

-1)

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.:

ACCIDENT STATEMENT

ACCI	DENT DATE: [] . / 3 / 18)(DD/MM/Y	YYY), TIME: () (HH:MM) .
LOCA	MON: Jurong 1th island they	after Janction Julia	Zd
1.	DETAILS OF VEHICLE		<u> </u>
•	a)VEHICLE NUMBER: SJT3758 D	<u>'n)'/L</u>	-
-	DINSURANCE COMPANY: MTVC		(2)
14	INCHOUNTED TOFFILE	• a section of the se	16
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT	
	- MANE & MODEL	57 01 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	87
	FITYPE-ISALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)	
23	CIVEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	
	ENPURPOSE OF USING AT ACCIDENT TIME:	AU ALE NIX	
	HARFYOU CLAIMING UNDER YOUR OWN I	NSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)	80 S S
2	INSURED / POLICY HOLDER		10
	ANAME: Lo Geole Khun.	(MALE / FEMALE)	300 300 000 000
12	b)NRIC/FIN/PASSPORT: \$855 1732	CONTACT: 927017	= X Ho of
	CIADDRESS: 13k 3600 Admiralty 20	rive & 04-40 (753360)	_ X HO 01
	CINDORESO		including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	. Challang
3.	31 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3.	a)NAME:	(MALE / FEMALE)	11 (10 1 (10) 10 (10)
	b]NRIC/FIN/PASSPORT:	CONTACT:	
	c)ADDRESS:		
	C/ADDRESON		767
	*d)DATE OF BIRTH: (13 / 11 / 1985)(1	DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)		35
	SVEADS OF DOMINIC EXPRESIENCE: 17 6	2013	
4.	WAS DOTVED AN EMPLOYEE OF THE INS	SURED'S COMPANY? (YES) NO	
	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: OWN	(
5	D)WEATHER CONDITION: (CLEAR / RAINING	3 / OTHERS	
٠.	b)ROAD SURFACE: (DRY / WET / OTHERS_)
4	WAS ANYBODY INJURED (YES / NO)		
-	a)REPORTED TO POLICE (YES / NO)	201	
7.	IF YES, PLEASE STATE WHICH POLICE STATE	ON:	
8.	THIRD PARTY VEHICLE	West and the second	
0.	a) VEHICLE NUMBER: XD 66784	MODEL:	- *Ho of passo
	b) DRIVER'S NAME:		- Clududing do
	c) NRIC/FIN/PASSPORT:	CONTACT:	-0.41 (A)
	THIRD PARTY VEHICLE	10	- (T)
7.	d) VEHICLE NUMBER:	MODEL:	· · · · · · · · · · · · · · · · · · ·
			. He of pass
*	e) DRIVER'S NAME	CONTACT:	(Including a
	f) NRIC/FIN/PASSPORT:	CONTACT	
	. al. 6211 1. 3.6.	華	() .
	vides with driver	* × \$	100 April 100 Ap
	::*** **:		
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	small - loger	hun @ gmail.com	2500
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Police Station Of Origin: Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20180308/2029

Date/Tim	F A TRAFFIC ne Report M 18 11:06		Vide Report No.:	Station Diary No.		
Informa	nt's Particu	lars				
Name of Informant: LO GEOK KHUN			Address: 360C ADMIRALTY DRIVE #09-40 HDB-SEMBAWANG SINGAPORE 753360			
ID Type / ID No.: NRIC NO / S8585173Z		73Z	Contact No.: Home/Office:	Mobile: 92703340		
National MALAYS	ity:		Email:			
Sex: Male	Age:	Date of Birth: 13/11/1985	Type of Informant: Driver			
Race: Chinese		**	Language:	Institution / School Name:		
Occupation: Civil engineer (general)		eral)	Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Inform	mation of the Accident			T of I continue	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2018 17:20	Type of Location Straight Road	
Location: Along Road 1 JURONG ISL Weather:	AND HIGHWAY	Road Surface:	F	Road Speed Limit:	
Clear		Dry		Troffic Volume:	
Hallio How.		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion:		a	Anyone conveyed by ambulance: Yes	

	ehicle Involv	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Type			-		0
SJT3758D	Car	HONDA	HONDA CIVIC 1.8L 5AT	Silver		
XD6678A	TRUCK		"			0

	- hi ala la suranco			
	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Ilisurance ivo	Litecture	





2 of 3

Report No. T/20180308/2029

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance	I No	Effective	Expiry Date
Vehicle No	Insurance Company	Insurance No	The state of the s	
venicle ivo.	modrance company	5086401840-01	22/11/2017	21/11/2018
SJT3758D	NTUC Income Insurance Co-Operative Limited	3080401040-01		

Details of Persor	n Involved			and the second			
Any Pedestrian In No. of Pedestrian	volved: No s Injured: NIL		Use of Ped	destrian	Cross	ing: NA	
Driver						S8585173Z	
Name	LO GEOK KHUN NIL			ID No.		585851732	
Related Vehicle				Contact No.		92703340	
				Class	of	Class: 2B,3	
Hospital/Clinic	NIL			Driving Licence & Expiry Date		Date of Expiry: NIL	
	NIII		Date Disc	charge	NIL		
Date Treatment	ted Medical Leave	NIL	Degree o		NIL		

Brief Details.

07/03/2018 @1720HRS (JURONG ISLAND HIGHWAY). I WAS DRIVING ALONG JURONG ISLAND HIGHWAY ON THE 4TH LANE TOWARDS JUROONG ISLAND CHECKPOINT, THE TRUCK DRIVER WAS ON THE 3 LANE. AT THE TRAFFIC LIGHT JUNCTION JUST TURN GREEN AND THERE WAS A CAR IN FRONT OF ME. WHEN WE MOVED OFF THE TRUCK WAS TRAVELLING BESIDE FOR ABOUT 50M THEN THE TRUCK START TO GET CLOSER TO MY VEHICLE AND I PRESS MY HORN TO WARN HIM AND I WANTED TO SPEED UP BUT I WAS NOT ABLE TO DUE TO THE CAR IN FRONT WAS BLOCKING, BUT THE NEXT MOMENT THE TRUCK COLLIDED WITH MY VEHICLE RIGHT BACK DOOR AND MY CAR TURN. THE TRUCK WAS PUSHING MY VEHICLE AGAINST MY DOORS OF MY CAR FOR A WHILE AND STOP ON THE 4 LANE. I SAT IN MY CAR FOR A WHILE DUE TO FROM SHOCK, LATER ON I WAS UNABLE TO EXIT FROM MY DRIVER DOOR SO I HAD TO EXIT FROM THE PASSENGER DOOR. I EXITED TO INSPECT MY VEHICLE AND TOOK PHOTO OF THE SCENE. I INFORM THE DRIVER AND JURONG ISLAND GUARD HOUSE THAT I NEED TO THE AMBULANCE FROM THE ACCIDENT. BEFORE I WAS CONVEY THE TRAFFIC POLICE ARRIVED THEY RECORDED MY PARTICULARS AND THE STORY. I HAVE VIDEO FOOTAGES OF THE ACCIDENT.

I WAS GIVEN 2 DAYS MC

THAT'S ALL





SACTOR OF STREET

3 of 3

Report No. T/20180308/2029

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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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: TP / KEE CHUAN JIA MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2018 11:06
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	PULIE FURCE
Sign	ature:



A member of the NUHS

MEDICAL CERTIFICATE (Ref:38458079)

ORIGINAL

NAME: LO GEOK JH

NRIC: S8585173Z

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty from 7/3/2018 to 8/3/2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 07/03/2018 18:28 to 07/03/2018 20:42.

07/03/2018 Date Dr. Faheem Ahmed KHAN (19984B) Issued by

Signature

Location: NTFGH EMERGENCY



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8585173Z





LO GEOK KHUN

CHINESE

Date of birth 13-11-1985 Country/Place of birth MALAYSIA



9320357

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 13 Jun 2013
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Jun 2013

NP 428A

MALAYSIAN

05-02-2014

APT BLK 360C ADMIRALTY DRIVE #09-40 SINGAPORE 753360

NRIC No: \$8585173Z

Date: 07/09/2017

eBaoTech		159	TO SEE SE	Military March	Clo-Diffe:	ACT OF THE REAL PROPERTY.	Change Lan		Change Password	→ Log Ou
tello, NAC_PAYA_UBI_80	0601						change can	guage	Change : assure	R (COERTER)
My Desktop	Polic	y Query								
Notice of Loss Policy No	0.				Date of Acc	ident	07/03/	2018 17:20	1	
	Vehicle	No.(For Motor)	SJT3758D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086401840- 01	LO GEOK KHUN	\$8585173Z	GPC	drivo CLASSIC	S3T3758D	S)T3758D	22/11/2017	21/11/2018

Polic	y Information	AD 500 Marine 1991		Policyholder	
olicy No.	5086401840-01	Policyholder Name	LO GEOK KHUN	NRIC	58585173Z
Address	BLK 360C #09-40 ADMIRALTY I	DRIVE SUN BLI	SS SINGAPORE 75336	50	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	25/09/2017	Effective Date	22/11/2017 00:00	Expiry Date	21/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
Policy	holder Mailing Address				
Address 1	BLK 360C #09-40	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 753360	Address Type	Singapore address	Post Code	753360
Unit No.		Related Policy Number	5086401840-01		
▶ Insure	ed Object: SJT3758D				
	sements				
▽ Endor	sements			Endorsement Status	Endorsement Content

cident MT/0985284				DST	Registration No.			
icy No.	5086401840-01	Vehicle No.	SJT3759D		cyhalder NR3C	5858	85173Z	
icyholder Name	LD GEOK KHUN	757 25	drivo CLASSIC		ding	0		
oduct Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0		sact No.(Home)	0		
ntact No. (Moure)	92703340	Special Remark		eCo	de	No. 1	Ų.	
ned Address	200	TCA	® No ○ Yes	eCo	de Reason			
×	® No ○ Yes	NCD Entitlement(%)	40	Priv	ate Hire	No		
D Protection	No							
y Accident Details		Accident Report Within 24 hrs	Vet	Acc	ident Type	Colli	sion - Change / Cross	lane
eport Date	08/03/2018 15:46		17:20	Cou	intry of Accident	Sing	apore	
ate of Accident	07/03/2018	Time of Accident hh:mm	17.20	tox	1 No.			
sparting Centre		Ovange Fortë						
sodent Location	JURONG ISLAND HWY AFTER JUNC	SAKRA RD						
9 Benefits								
© Excess		Additional Excess	0.00	Wir	ndscreen Excess			100.00
wn damage Excess	600.00	Outside Singapore OD Excess						
nnamed Driver Excess	0.00	Outside Singapore TP Excess	0.00					
hird Party Excess		\$33960 is 50,400 to 60,000						
GST Registered Inform ST Registered	No		GST Registration Date					
ST Registration No. addication History			GST Status Venfled		Yes			
	44							
Policyholder Mailing A	BLK 360C #09-40	Address 2	ADMIRALTY DRIVE	Ad	idresa 3		N BLISS	
odress I	SINGAPORE 753350	Address Type	Singapore address	Po	st Code	75	3360	
ddress 4	Plante Der 1999 in	Related Policy Number	5086401840-01					
Init No.								
Of Driver Info	LO GEOK KHUN	Driver Type	Main Driver			7792	000000	
Jonamed dover Name	1.45/45/8/07/07/07	Driver NAIC	S6505173Z		nver DOB	13	/11/1985	
Register Date of Driver Licens	e 13/06/2013	Driver Age	32		iving Experience			
Contact No. (Mobile)	92703340	Contact No.(Office)	0		ontact No.(Home)	0		
Address 1	BLK 360C	Apdress 2	ADMIRALTY DRIVE		doress 3		IN BLISS 3360	
Andress 4	SINGAPORE 753360	Address Type	Singapore address	P	ost Code		3360	
Unit No.	09-40							
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		D	river Insurer Compa	iny		
Registered car?	○ Yes No	Driver Vehicle No.		D	river insurer Compa	nny		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Yest Reading?	○ Yes ® No 0 mg	Driver Vehicle No. Any Injury?	® Yes ○No	D	river Insurer Compa	nny		
Registered car? Declaration Breathelyser or Blood Yest Reading?			® Yes Ô No	D	river Insurer Compa	iny		
Registered car? Declaration Breathlyser or Blood Yest Reading? Modification History				D	nver Insurer Compa	iny		
Registered car? Seclaration Breathelyser or Blood Yest Reading?			® Yes ○No	D	nwer Insurer Compa	iny		
Registered car? Declaration Breathalyser or Blood Yest Reading? Modification History	0 mg	Any injury?					85851732	
Registered car? Seclaration Breathleyser or Blood Test Reading? Modification History Claim 001 New Claim Type +	0 mg	Any injury? Iroured Name	® Yes ○ No	1	nsured NRIC Jonata No. (Office)		85851732	
Registered Car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concact No.(Mobile)	0 mg	Any injury? Insured Name Comact No.(Home)	LO GEOR KHUN	1	naured NRIC	<u>s</u>	8585173Z D6678A	
Registered car? Declaration Breathle/ser or Blood Test Reading? Modification History Claim 001 New Ctaim Type + Concact No. (Mobile) Email Address	O mg OD-MX 92703340 LOGEOKKHUN@GMAIL.COM	Any Injury? Insured Name Corract No.(Home) Os Vehicle Number		1 4	naured NRIIC (ontait No.(OTNce)	<u>\$</u>		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concart No. (Mobile) Email Address Claim Description	0 mg	Any Injury ³ Injured Name Corract No.(Home) Co Vehicle Number 2018	LO GROK KHUN	1 4	nsured NRIG (entact No.(Office) P Vehicle Number	<u>\$</u>		
Registered Car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concart No. (Mobile) Email Address Caim Description Preferred Workshop Contact No.	O mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM S2137580 / X06678A ON 7 Mar	Any Injury? Insured Name Corract No.(Home) Os Verside Number 2018 Insured Liability *	LO GECK KMUN SVT3756D Not at Fault	1	nsured NRIG (entact No.(Office) P Vehicle Number	S X		
Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concact No. (Mobile) Email Address Oarn Desorration Preferred Workshop Contact	0 mg OD-MX 92703340 LOGEOKKHLINIBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes	Any Injury ³ Iroured Name Cornact No.(Home) C0 Vehicle Number 2018 Insured Liability * Preferend Repair Option	LO GROK KHUN	1 1 1 1	naured NRIIC (entact No. (Office) P Vehicle Number Name of Preferred W	S X	D6678A	
Registered car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Claim 101 Permit Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg OD-MX 92703340 LOGEOKKHLINBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes Vec 06/03/2018 15:49	Any Injury? Insured Name Corract No.(Home) Os Verside Number 2018 Insured Liability *	LO GECK KMUN SVT3756D Not at Fault	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	
Registered car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concart No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	0 mg OD-MX 92703340 LOGEOKKHLINIBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes	Any Injury ³ Iroured Name Cornact No.(Home) C0 Vehicle Number 2018 Insured Liability * Preferend Repair Option	LO GECK KMUN SVT3756D Not at Fault	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	
Registered car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Claim 101 Permit Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg OD-MX 92703340 LOGEOKKHLINBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes Vec 06/03/2018 15:49	Any Injury ³ Iroured Name Cornact No.(Home) C0 Vehicle Number 2018 Insured Liability * Preferend Repair Option	Not at Fault Preferred Workshop, Name unknown	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	2
Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Concact No. (Mobile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By If Point AK letter	0 mg OD-MX 92703340 LOGEOKKHLINBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes Vec 06/03/2018 15:49	Any Injury ³ Iroured Name Cornact No.(Home) C0 Vehicle Number 2018 Insured Liability * Preferend Repair Option	LO GECK KMUN SVT3756D Not at Fault	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	9
Prove AK letter Attachment	0 mg OD-MX 92703340 LOGEOKKHLINBGMAIL.COM S2T37580 / XD6678A ON 7 Mar Yes Vec 06/03/2018 15:49	Any Injury ³ Iroured Name Cornact No.(Home) C0 Vehicle Number 2018 Insured Liability * Preferend Repair Option	Not at Fault Preferred Workshop, Name unknown	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	
Prove AK letter Attachment	0 mg OB-MX 92703340 LOGEOKKHUN®GMAIL COM EST37580 / X06678A ON 7 Mar Yes O6/03/2010 15:49 Jackson	Any Injury? Insured Name Contact No.(Home) Os Verside Number 2018 Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	1 1 1 1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	
Prove AK letter Attachment Actident No.	0 mg OB-MX 92703340 L0G60KH-LN-BGMAIL COM E3737560 / X06678A ON 7 Mar Yes O6/03/2010 15:49 Jackson MT/0985264	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Claim Claim Date	LO GEOR KHUN SVT3758D Not at Fault Preferred Workshop, Name unknown Save Submit	1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	D6678A	
Prove AK letter Attachment	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) Os Verside Number 2018 Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown Save Submit	1	naured NRIIC (ontact No. (Office) P Vehicle Number wame of Preferred W 31A report	S X	06676A (scewed 8/03/2018 00:00	escription •
Projection of Control	0 mg OB-MX 92703340 L0G60KH-LN-BGMAIL COM E3737560 / X06678A ON 7 Mar Yes O6/03/2010 15:49 Jackson MT/0985264	Any Injury? Insured Name Corriact No.(Home) O3 Vehicle Number 2018 Insures Usbilly * Preferend Repair Option Claim Close Date Claim No. Liptoad Date	SUT3758D Not at Fault Preferred Workshop, Name unknown Save Submit 001 00/03/2018 15:50 Category *	1	naured NRIC jentati No.(OFFICE) IP Vehicle Number Vame of Preferred W SIA report Date Received	Si X	06676A (scewed 8/03/2018 00:00	
Registered car? Peclaration Preathalyser or Blood Test Reading? Additication History Claim 001 New Claim Type + Concact No. (Mobile) Email Address Coam Description Preherred Workshop Contact No. Require Finalisation Date Registered Report Taken by Prone AK letter Attachment	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Close Date Claim No. Liptoad Date Brox	Sura Submit Save Submit O01 C0/03/2018 15:50 Category *		naured NRIC jentati No.(Office) TP Vehicle Number Name of Preferred W SIA report Date Received Confidential	S. X.	06676A received 8/03/2018 00:00	
Projection of Control	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Close Date Claim No. Uptoad Date Brox	SJT3758D Not at Fault		naured NRIG jentati No.(Office) TP Vehicle Number Name of Preferred W SIA report Date Received Confidential	Si X X X X X X X X X X X X X X X X X X X	06676A	
Projection of Control	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Close Date Claim No. Uptoad Date Brox Brox	SJT3756D Not at Fault		Confidential Confidential	Signal State of State	06676A	
Projection of Control	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Close Date Claim No. Uptoad Date Brow Brow Brow Brow Brow Brow Brow Bro	Save Submit Save Submit Out Oq/03/2018 15:50 Clear Please Select Wise Clear Please Select Please Select Please Select Please Select Please Select Please Select		Confidential Confidential	Signal Systems Signal	06676A Received 8/03/2018 00:00	
Prove AK letter Attachment Actident No.	0 mg OD-MX 92703340 LOGEOKKHUN®GMAIL COM 52737560 / XD6676A ON 7 Mar Yes ○6/03/2010 15:49 Dackson MT/0985264 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number 2018 Insured Uability * Preferend Repair Option Claim Close Date Claim No. Uptoad Date Brox Brox	Save Submit Save Submit Out Oq/03/2018 15:50 Clear Please Select Wise Clear Please Select Please Select Please Select Please Select Please Select Please Select		Confidential Confidential Confidential	Signal State of State	06676A	3

Attachment	u	ploaded By/Date	Category	Ŷ	Urgency	Description	Sent? Action (CO)
E3	NAC_PAYA_UBJ_800601(NATION	IAL ASSESSMENT CENTRE SERVICES) on 08 Ma 7 2018 15:50	NRIC/ Driving License		Normal	NRIC/ Onlying License 2018-3-8	Edit
193	NAC_PAYA_US1_S00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:50	SAS		Normal	SAS 2018-3-8	Edit
	NAC_PAYA_UBI_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:50	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UBI_RD0601(NAT)O	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:50	Photos		Normal	Photos 2018-3-8	Edit
a	NAC_PAYA_UB1_600601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma + 2010 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on DB Ma r 2016 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UBL_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 98 Ma + 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
6	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma , 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UBI_B00601(NATIC	NAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49	Photos		Normal	9hotos 2018-3-8	Edit
X	NAC_PAYA_LIBS_B00601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on DE Ma r 2018 15:49	Proces		Normal	Photos 2018-3-8	Edit
3	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
(%)	NAC_PAYA_UBI_800601(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_USI_800603(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49	Photos		Normal	Photos 2018-3-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 68 Ma		Photos		Normal	Proces 2018-3-8	Edit
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma r 2018 15:49		Photos		Normal	Photos 2018-3-8	Edit
▽ Video List	Uploaded By/Dete	Folder Date	File Name		9	Source	Action