

NATIONAL Assessment Centre Services

NA18033252

| | | | |
|---------------------------|----------------------------------------|-----------------------|------------------|
| Date In: 09/03/2018 17:31 | Job description | Date & Time Completed | Done by |
| Ref No: NBS/INC/004593/Y | SAS e-illing | | |
| Veh No: SKZ 7719V | E-mail (while there, A/C there) | | |
| D.O.A: 09/03/2018 12:15 | I-Motor Claim Form | m710985471 | 09/03/2018 18:43 |
| OD: TP Reporting Only | I-Motor VVO (with/without A/C there) | | |
| | I-Photo Uploaded | | |
| TP Insure: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/VHsp | | |

| | | |
|----------------------------------------------------------------------------------------|------------------------------------|-------------|
| Preferred Wksp / INC Assign Wksp / OW: | Tel: | Fax: |
| TP Particulars: Yeh No: YP 21557 | INC () / Non-INC () | |
| Owner / Driver: | Tel: | |
| Policy No: | Period: | Cover Type: |
| Confirmed by: | Date: | Time: |
| Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20% PI 21-79% PI 80-100%) | | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repeller.

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

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

| | | | |
|---------------------------------------------------------|-----------|------------------------|----------|
| Remarks: | NA1801573 | 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: ()

Other: ()

| | |
|--------------------------------|-----------------------------------------------|
| Human Particulars: | Invoice Preparation Checklist: |
| Driver/Owner: | 1) AR: Accident Reporting (300) |
| Vehicle No: | 2) DA: Damage Assessment (300) INC (50) |
| Damaged Portion: | 3) TP: Towing Fee (300) |
| C Checked by (Engi-In-Charge): | 4) FT: Follow-Through Survey (300) |
| | 5) FT: Follow-Through Survey (Resurvey) (300) |
| | 6) TR: Re-inspection (300) |
| | 7) NI: NI/DA + SMRT Survey (300) |
| | 8) NTUC Additional Survey (000) |
| | 9) NI: NI/DA + SMRT Survey (300) |
| | 10) NI: NI/DA + SMRT Survey (300) |
| | 11) NI: NI/DA + SMRT Survey (300) |
| | 12) NI: NI/DA + SMRT Survey (300) |
| | 13) NI: NI/DA + SMRT Survey (300) |
| | 14) NI: NI/DA + SMRT Survey (300) |
| | 15) NI: NI/DA + SMRT Survey (300) |
| | 16) NI: NI/DA + SMRT Survey (300) |
| | 17) NI: NI/DA + SMRT Survey (300) |
| | 18) NI: NI/DA + SMRT Survey (300) |
| | 19) NI: NI/DA + SMRT Survey (300) |
| | 20) NI: NI/DA + SMRT Survey (300) |

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 | 09/03/2018 17:31 |
| Date Of Accident | 09/03/2018 12:15 |
| Exact Location Of Accident | ALONG UPP PAYA LEBAR RD A/F PAYA LEBAR STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SKZ7719Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN HAN KWAN |
| NRIC No | S1565586J |
| Email Address | KENNETH_HKTAN@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97375818 |
| Alternative Phone No | OTHERS-97375818 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|---------------------|
| Manufacturer | KIA |
| Model | FORTE K3-1.6 EX (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | 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 | 5096312207 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | TAN HAN KWAN |
| NRIC No | S1565586J |
| Date Of Birth | 22/01/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/08/1983 |
| Driving Experience | 34 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97375818 |
| Fax Number | |
| Contact Number | OTHERS-97375818 |
| Email Address | KENNETH_HKTAN@YAHOO.COM.SG |

| | |
|-----------------------------------------------------|----------------------------------|
| Address | BLK 28D DOVER CRESCENT #22-73 |
| Postcode | 134028 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

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

Details of Police Action

| | |
|-------------------------------------------|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | YP2155T |
| Vehicle Make/Model/Colour | HINO LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | GNANASIGAMANI ADHAYAN |
| NRIC/Passport Number | G5036172T |
| Contact Number | 97827209 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |

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: 09-MAR-2018
5:20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 09-MAR-2018
5:20 pm

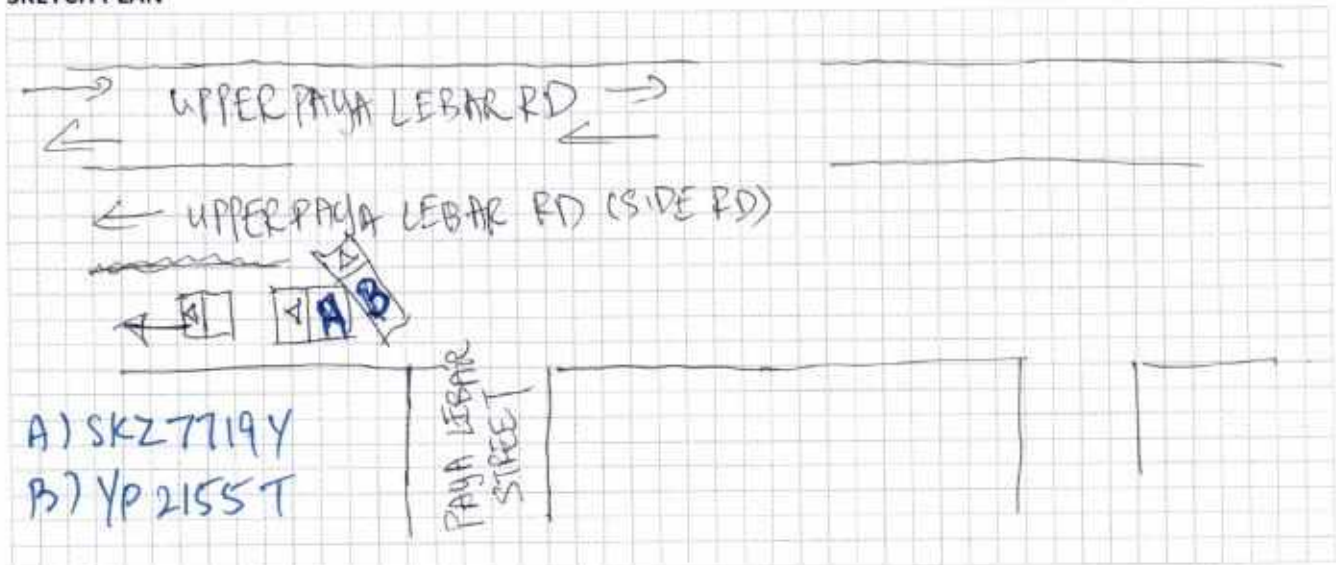
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/03/2018
Kee Li WAHAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09-MAR-2018 AROUND 12:12 PM, I WAS TRAVELLING ALONG UPPER PAYA LEBAR RD (SIDE ROAD) AND MY VEHICLE **A** (SKZ7719Y) CAME TO COMPLETE HALT AS THE FRONT VEHICLE HAS STOPPED. SUDDENLY I HEARD A BANG SOUND BEHIND MY VEHICLE BACK BUMPER. A HINO MAKE LORRY VEHICLE **B** (YP2155T) HAS HIT MY VEHICLE BACK. THE DRIVER MR GNANASIGAMANI SAID HE WAS TURNING OUT FROM PAYA LEBAR STREET AND HAS CARELESSLY HIT MY VEHICLE BACK BUMPER, INCLUDING THE LAMP, ~~HIS~~ BOONET, ALL WERE DAMAGED BY THE IMPACT. I TOOK PHOTO OF BOTH VEHICLES ~~PHOTO~~ AFTER THE IMPACT. THERE IS NO INJURY TO BOTH DRIVERS. THE LORRY HAS TWO OTHER PASSENGERS AND NOBODY IS INJURED. THE LORRY (YP2155T) HAS NO DAMAGE TOO.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time: 09-MAR-2018
5:20 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09-MAR-2018
5:20 pm

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: 09/03/2018

Claim Handling

Accident MT/0985471

| | | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|----|
| Policy No. | 5096312207 | Vehicle No. | SKZ7719Y | GST Registration No. | |
| Policyholder Name | TAN HAN KWAN | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading | |
| Contact No.(Mobile) | 87325818 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------------------------------|-------------------------------|-------|---------------------|------------------|
| Report Date | 09/03/2018 18:28 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Date of Accident | 09/03/2018 | Time of Accident (h:mm) | 12:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG UPP PAYA LEBAR RD A/F PAYA LEBAR STREET | | | | |

Benefits

| | |
|---------------------|-------------|
| Coverage | Sum Insured |
| Transport Allowance | 9999999.99 |
| Excess Waiver | 9999999.99 |

Excess

| | | | | | |
|-----------------------|------|-----------------------------|------|-------------------|--|
| Own damage Excess | 0.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|--|
| Address 1 | BLK 28D #22-73 | Address 2 | DOVER CRESCENT | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5096312207 | | |

DI Driver Info

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|--|
| Driver Name | TAN HAN KWAN | Driver Type | Main Driver | Driver DOB | |
| Unnamed Driver Name | | Driver NRIC | S1565586 | Driving Experience | |
| Register Date of Driver License | 22/06/1993 | Driver Age | 56 | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | BLK 28D #22-73 | Address 2 | DOVER CRESCENT | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input checked="" type="radio"/> No <input type="radio"/> | Driver Vehicle No. | SKZ7719Y | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes <input type="radio"/> No <input checked="" type="radio"/> |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001

New

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | TAN HAN KWAN | Insured NRIC | |
| Contact No.(Mobile) | 97375818 | Contact No.(Home) | 87730837 | Contact No.(Office) | |
| Email Address | kenneth_hktan@yahoo.com.sg | DI Vehicle Number | SKZ7719Y | TP Vehicle Number | |
| Claim Description | SKZ7719Y / YP2155T ON 9 Mar 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 | 09/03/2018 18:35 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLI WAHAB | | | | |

☐ Print AK letter

Attachment



Accident No. MT/0985471

Claim No.

001

Last Doc. Received

Yes No

Upload Date

09/03/2018 18:43

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

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NO

Normal

Browse...

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:43 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:43 | NRIC/ Driving License | Normal | NRIC/ Drivin |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:36 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:36 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:35 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:35 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Mar 2018 18:35 | Photos | Normal | Photo |

Video List

Uploaded By/Date

Folder Date

File Name



Scan

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/2018 (DD/MM/YYYY), TIME: 12.12 (HH:MM)

LOCATION: ALONG UPPER PAYA LEBAR RD AFTER - PAYA LEBAR STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SXZ 7719 Y
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA K3
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN HAN KWAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1865861 CONTACT: 97375818
 c) ADDRESS: 287 DOVER CRESCENT, #22-73
SINGAPORE 134028

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (Including driver)
(1)

- DRIVER
 a) NAME: AR ARBOR M (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS (YES / NO)

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
(3)

- a) VEHICLE NUMBER: YP2155T MODEL: HINO LORRY
 b) DRIVER'S NAME: GNANASIGAMANI ADHANAN
 c) NRIC/FIN/PASSPORT: G5036192T CONTACT: 97827209

9. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
()

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

email = kenneth-hkran@yahoo.com.sg

fax =
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1565586J



Name
TAN HAN KWAN



Race
CHINESE
Date of birth
22-01-1962
Country/Place of birth
SINGAPORE
Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Tan Han Kwan

License Number: S1565586J
Name: TAN HAN KWAN
Born Date: 22 Jan 1962
Issue Date: 16 Oct 2003

Barcode: 1000927130K

5856555



NRIC No. S1565586J



Date of issue
22-01-2018

Address
APT BLK 280 DOVER CRESCENT
#22-73
SINGAPORE 134028

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Aug 1963

NP425A



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: 5096312207

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKZ7719Y
Chassis Number : KNAFX411MG5570418
2. Name of Policyholder : TAN HAN KWAN
3. Effective Date of Insurance : 05 Dec 2017
4. Expiry Date of Insurance : 01 Feb 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---------------------------------------------------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES (FREE) |
| TRANSPORT ALLOWANCE | : YES |
| EXCESS WAIVER | : YES |
| PRIMARY DRIVER | : TAN HAN KWAN |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| 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 : JOO GUAN LEONG TRADING CO (00000613060)
Date of Issue : 01 Dec 2017 18:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive