

191A468033742

[illegible]

NA180/595<sup>111</sup>

NA180/595		INVOICE PROVIDED TO CHARTERER		DATE	
Client/Owner:		1) AR: Accident Reporting (\$20)			
Contract No:		2) DA: Damage Assessment (\$100)	INC (\$20)		
Damage Portion:		3) TP: Towing Fee	\$40 (\$10)		
		4) PT: Follow Through Survey	\$120		
		5) FT: Follow Through Survey (Re survey)	\$20		
		Excluding agent INC Only (w/ef 10 Jan 2000)			
		6) TR: Re-inspection	\$20		
		7) NT: DA + EMRT Survey	\$140		
		8) NTUC Additional Services			
		9) NTUC			
		NTUC Courtesy Car / Tpl Allowance	\$1		
		NTUC Repairs Coordination	\$10		
		NTUC Post Repair Inspection	\$25		
		NTUC / Collision Under Coordination	\$1		
		TP (NTUC) / TP (Non INC) / agent INC	\$20		
		TP NTUC Allowance	\$0		
		Invoice Total		Not Charged	
		Balance Due		Not 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	12/03/2018 10:35
Date Of Accident	09/03/2018 14:30
Exact Location Of Accident	JUNCTION OF CLEMENTI AVE 5 & BLK 345 & BLK 346
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7353P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEE NGIAN PENG
NRIC No	S1540940A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91459410
Alternative Phone No	OTHERS-91459410

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	SENDING SCHOOL GIRL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0083526394-14
Cover Note Number	

### Driver

Name of Driver	KEE NGIAN PENG
NRIC No	S1540940A
Date Of Birth	29/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91459410
Fax Number	
Contact Number	OTHERS-91459410
EMail Address	NOEMAIL

Address	BLK 415 CHOA CHU KANG AVENUE 4 #03-348
Postcode	680415
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	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	7

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180309/2143

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT IN WORKING ORDER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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.
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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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20180309/2143

DECLARATION

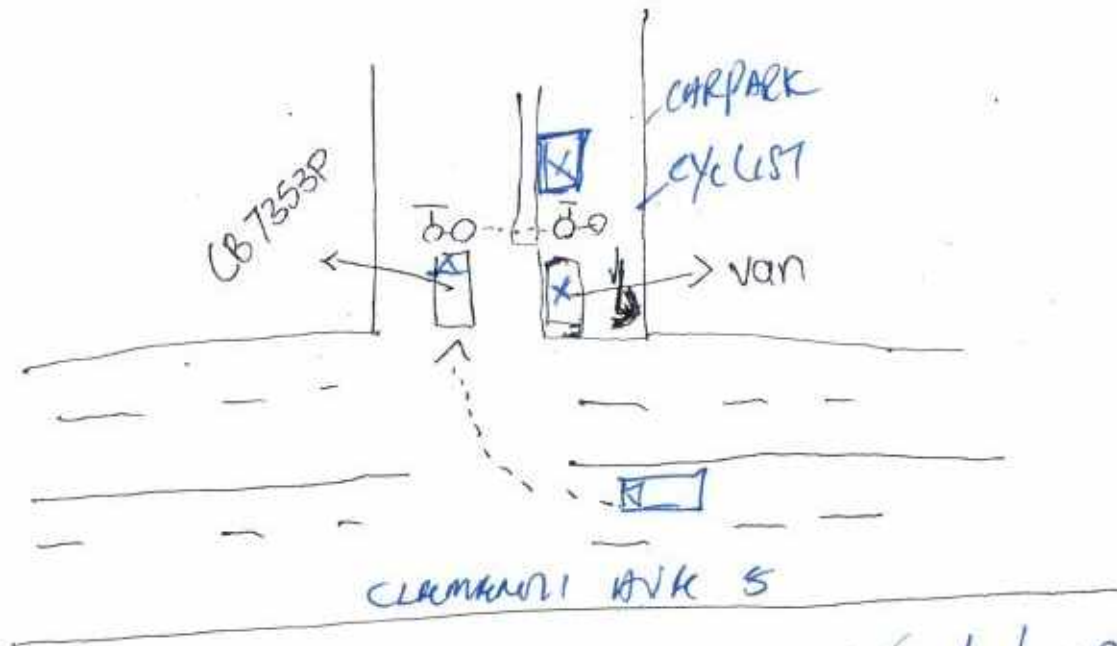
I/We declare the foregoing particulars are true in every respect.

  
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.:

ATTACH MARK



*[Signature]*

9-3-2018

*[Signature]* 9/3/2018  
Rep. 1. 11/10/18



**SINGAPORE  
POLICE FORCE**



T/20180309/2143

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No: T/20180309/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2018 17:54	Vide Report No.:	Station Diary No.: 100
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**Informant's Particulars**

Name of Informant: KEE NGIAN PENG			Address: APT BLK 415 CHOA CHU KANG AVENUE 4 #03-348 SINGAPORE 680415	
ID Type / ID No.: NRIC NO / S1540940A			Contact No.: Home/Office:	Mobile: 91459410
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 29/10/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/03/2018 14:30	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 5				
Junction of Clementi Avenue 5 and Blocks 345 and 346				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7353P	Van	NISSAN	URVAN 3.0 M	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7353P	NTUC Income Insurance Co-Operative Limited	0083526394-14	07/02/2018	06/02/2019





Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180309/2143

**CONTINUATION OF REPORT**

**Brief Details.**

On 09/03/2018 at about 1430hrs, I was driving my vehicle (CB7353P) along Clementi Avenue 5. I was headed for the carpark between Blk 345 Clementi Ave 5 and Blk 346 Clementi Ave 5.

I made a right turn from Clementi Ave 5 into the carpark.

However right after I made the turn, at the junction between Clementi Ave 5 and Blocks 345 and 346, I was driving towards the carpark when a cyclist suddenly rode in front of me. As it was too sudden, I did not see him and thus could not stop in time and collided onto him.

I wish to state that there was a van parked on the right side and the cyclist appeared from behind the van, which was also the reason why I could not see him.

I alighted and make a check on him, several other passer-by also came over to assist. Together we pushed his bicycle to the pavement and rendered assistance to him.

I requested to call for ambulance assistance and also offered to bring him to the hospital however he declined. I also requested to contact his family members however he declined as well.

The cyclist was a male malay in his 70s. From what I saw, he suffered some scratches on his left palm area. He was wearing a long sleeve shirt and long pants thus I could not see if he had other injuries.

He kept on informing that he was fine and told me to resume my duty. As such, we did not exchange particulars as well.

He stood up and packed his items. I made a check on him again and he informed that he was fine.

Thus I left the location.

As a result of the collision, my vehicle suffered a dent at the front.

I have an in-car camera installed at the front however it is not in working order.



**SINGAPORE  
POLICE FORCE**



T/20180309/2143

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20180309/2143

**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 TING WEI YUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Signature Of Informant:

Date/Time:

09/03/2018 17:54

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0985589

Policy No.	0083526394-14	Vehicle No.	CB7353P	GST Registration No.	
Policyholder Name	KEE NGIAN PENG	Cover Type	Third Party	Policyholder NRIC	
Product Code	BOS INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	91459410	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	12/03/2018 10:55	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyl
Date of Accident	09/03/2018	Time of Accident (Hr:Min)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CLEMENTI AVE 5 & BLK 345				
<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	1,500.00	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 415 #03-348	Address 2	CHOA CHU KANG AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	0083526394-14		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	KEE NGIAN PENG	Driver NRIC	S1540940A	Driving Experience	
Register Date of Driver License	07/07/1980	Driver Age	35	Contact No. (Home)	
Contact No. (Mobile)	91459410	Contact No. (Office)		Address 3	
Address 1	BLK 415 #03-348	Address 2	CHOA CHU KANG AVENUE 4	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.	CB7353P	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KEE NGIAN PENG	Insured NRIC	
Contact No. (Mobile)	91459410	Contact No. (Home)	64017280	Contact No. (Office)	
Email Address		OT Vehicle Number	CB7353P	TP Vehicle Number	
Claim Description	CB7353P / CYCLIST ON 9 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	12/03/2018 11:30	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			
Print AK letter		<input type="button" value="Save"/> <input type="button" value="Submit"/>			

## Attachment

Accident No.	MT/0985589	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 11:58
Path *		Category *	Confidential Urgency



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>
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<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:58	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:07	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:05	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 11:05	Photos	Normal	Photo

## Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)  
 LOCATION: The way of CHAMANN RUES & BLU-345 & 346

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CBP33P  
 b) INSURANCE COMPANY: NRIC  
 c) POLICY NUMBER: 0083526394-14  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL SCOOTER GIRL  
 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: KKE NGIAN PAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91459410  
 c) ADDRESS: \_\_\_\_\_

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

- DRIVER  
 a) NAME: DS: OBOUK (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

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

Email =

Fax =

✓ 1000

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1540940A



KEE NGIAN PENG  
紀仰炳  
CHINESE  
Date of Birth: 29-10-1962  
Country of Birth: SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1540940A  
Name: KEE NGIAN PENG  
Birth Date: 29 Oct 1962  
Issue Date: 07 Jan 2004



Land Transport Authority



VOCATIONAL LICENCE  
Licence No: S1540940A  
Name: KEE NGIAN PENG  
Issue Date: 11/7/2011  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

2472503



Licence No: S1540940A




Weight Group: Date of issue: 13-10-1994  
D+

APT BLK 415 CHOA CHU KANG AVENUE 4  
#03-348  
SINGAPORE 2368

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

Class	Description	Issue Date
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Feb 1985
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Mar 1984

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/09/1985





## 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** : 0083526394-14

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **CB7353P**  
Chassis Number : JN1TG4E25Z0700805
2. Name of Policyholder : KEE NGIAN PENG
3. Effective Date of Insurance : 07 Feb 2018
4. Expiry Date of Insurance : 06 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 the carriage of passengers in connection with the Policyholder's business.
  - (b) Limited to carry 12 passengers

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

- \* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: N/A

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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue : 11 Jan 2018 11:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MND418033742 Vehicle Registration No: CB 7353P  
Name (as shown in NRIC): KAR ALI BIN PENG NRIC/FIN/Passport No: 91540940A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 91459410  
Email Address: \_\_\_\_\_  
Date of Accident: 09/03/2018 \* Time of Accident: 14:30  
Place of Accident: JUNCTION OF CLEMENTI AVE 5 & BLK 345 & BLK 346  
Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO REPORTER ONLY FROM T/P

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rishi Wadhvani  
NRIC/FIN No.:  
Date: 18/03/2018