

Date In: 19/03/2018 10:46	Job description	Date & Time Completed	Done by:
File No: NBA/mc#00506914	SAS e-Milling		
Vehicle: 16/03/2018 79'00	E-mail (with/with, AIO/this)		
D.O.A: 16/03/2018 79'00	1-Motor Claim Form	19/03/2018	11:35
OD TP / Reporting Only	1-Motor VVO (with/with, AIO/this)		
TP Insureh:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/WHSP		

Preferred Wksp / INC Assgn Wksp / OWI: ()

TP Particulars: Yell No: **SLV978PL** INC () / Non-INC ()

Owner/Driver: () Tel: ()

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

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI 0-20%; PI 21-79%; PL 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()

() Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repairer.

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

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

Remarks: ()

Done by	Date	Completed
1) Apply for Trans on Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date	Action

NA1801775

Item	Invoice Preparation	Grnd W/L	Adm. Bill
1) AR: Accidental Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$30)	
3) TP: Towing Fee			240/111
4) FT: Follow Through Survey			110
5) PT: Follow Through Survey (Recovery)			270
Permissible against INC Only (up to 10 Jan 2018)			
6) TR: Re-inspection			311
7) NI: Heavy DA + SMRT Survey			110
8) NTUC Additional Expenses			
Q11			
1) NI: Courtesy Car / Tpl Allowance			11
2) NI: Repairs Coordination			110
3) NI: Post Repair Inspection			111
4) NI: DY / Collar Usage / Coordination			11
5) TR (NI) / TP (NI) / INC: repairs INC			220
6) NI: Mileage Mileage			10
Invoice total		Net Charged	
Invoice total		Net 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	19/03/2018 10:46
Date Of Accident	16/03/2018 19:00
Exact Location Of Accident	ALONG JURONG WEST STREET 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG232L
Insured/Policyholder	
Name Of Registered Owner	LIM YILIANG ALAN
NRIC No	S9241347J
Email Address	GENIUS.ALAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94575746
Alternative Phone No	OTHERS-94575746

Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER S4RS-998CC
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FOR DINNER
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
Fleet Policy	NO
Policy Number	5093804584
Cover Note Number	

Driver

Name of Driver	LIM YILIANG ALAN
NRIC No	S9241347J
Date Of Birth	02/01/1992
Occupation	INDOOR
Date Of Driving Pass	04/09/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94575746
Fax Number	
Contact Number	OTHERS-94575746
EEmail Address	GENIUS.ALAN@GMAIL.COM

Address	26 YUNNAN WALK 2
Postcode	638157
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	SIDE SWIPE
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180317/2141(COLLISION TYPE IS HEAD TO SIDE)

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	SLV9978L
Vehicle Make/Model/Colour	MERCEDES BENZ CL180K
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YI YONG BRONSON
NRIC/Passport Number	S8947645C
Contact Number	93878482
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	LIM YILIANG ALAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG232L
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.



Policyholder's Signature

Date & Time: 190318 / 1050

Driver's Signature

(If driver is not the policyholder)

Date & Time:

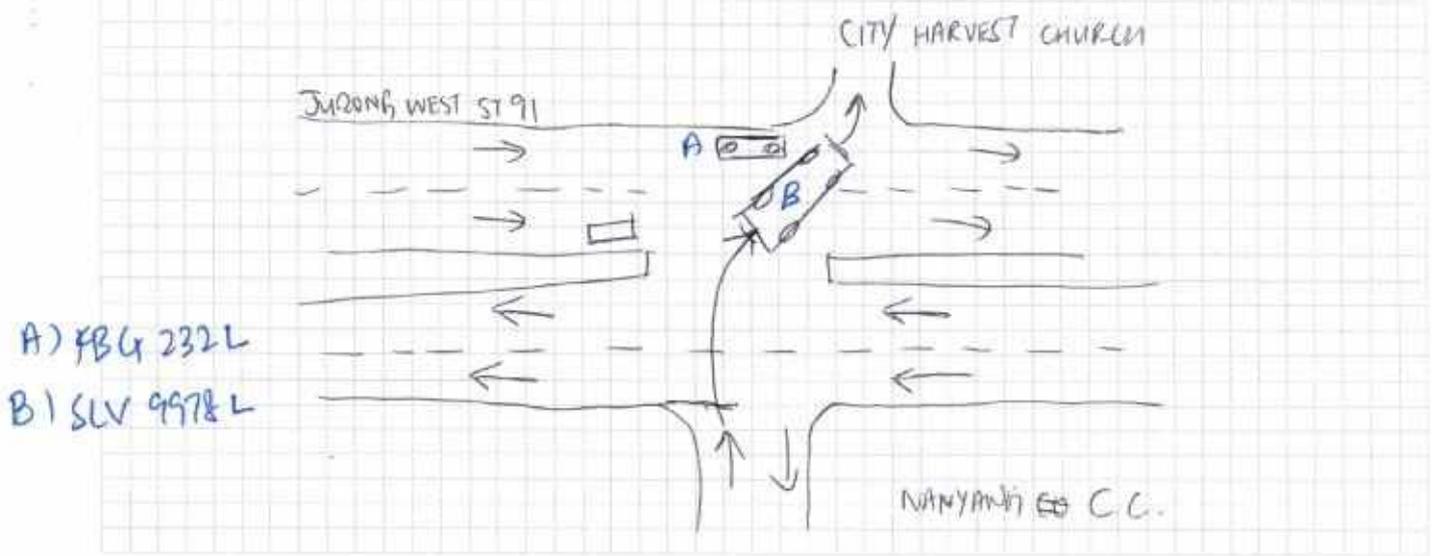


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180317/2141*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 190318/1030

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

[Signature] 19/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM YILIANG ALAN	ID No.	S9241347J
Related Vehicle	FBG232L (Motorcycle)	Contact No.	94575746
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA YI YONG BRONSON	ID No.	S8947645C
Related Vehicle	SLV9978L (Car)	Contact No.	93878482
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/03/2018 at about 1900hrs along Jurong West Street 91, I was riding my motorcycle FBG232L heading towards Pioneer road north. As I was about to pass city harvest church, out of a sudden a car SLV9978L came from the opposite side of the and knocked onto my motorcycle and I had a fall. The car was heading into city harvest church. The driver came out from the vehicle and assisted me. I have bruises on my right fingers, right elbow and right knee. The driver has no injury. We exchange particulars and left. I tried to start my motorcycle but was unable to start. My motorcycle was towed. The following day I felt pain on my body thus I went to see a doctor at Ng Teng Fong General Hospital and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20180317/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180317/2141

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: J / Sgt 3 KUMARAVAL KIONG ANANTHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2018 19:08
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430 	Classification Of Case:
Authentication Stamp NP168	

Claim Handling

Accident **MT/0986511**

Policy No.	5093804584	Vehicle No.	FBG232L	GST Registration No.	
Policyholder Name	LIM YILJANG ALAN	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE (INSURANCE)	Contact No.(Office)		Loading	
Contact No.(Mobile)	94575746	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/03/2018 11:27	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/03/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG WEST STREET 91				

Benefits

Excess

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			

GST Registered Information

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

Policyholder Mailing Address

Address 1	26 YUNNAN WALK 2	Address 2	SINGAPORE 638157	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093804584		

OI Driver Info

Driver Name	LIM YILJANG ALAN	Driver Type	Main Driver	Driver DDB	
Unnamed driver Name		Driver NRIC	S92413471	Driving Experience	
Register Date of Driver License	12/02/2015	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	26 YUNNAN WALK 2	Address 2	SINGAPORE 638157	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBG232L	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Modification History

Claim **001 OD-MX** **New**

Claim Type *	OD-MX	Insured Name	LIM YILJANG ALAN	Insured NRIC	
Contact No.(Mobile)	94575746	Contact No.(Home)		Contact No.(Office)	
Email Address		GT Vehicle Number	FBG232L	TP Vehicle Number	
Claim Description	FBG232L / SLV9788L ON 16 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GTA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	19/03/2018 11:34	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment



Accident No.	MT/0986511	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2018 11:35
Path *		Category *	Confidential
			Urgency
			Normal

Browse Clear Please Select

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:35	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Mar 2018 11:32	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading



(<https://online.singaporepools.com/lottery/en/article/more-ways-buy-toto-and-4d-online>)

[Back to Lottery Home \(https://online.singaporepools.com/lottery/en\)](https://online.singaporepools.com/lottery/en)

Results

Next Draw

Wed, 21 Mar 2018, 6.30pm

Draw Date

Sun, 18 Mar 2018

**Sun, 18 Mar
2018**

Draw No. 4239

1st Prize 2086
2nd Prize 3576
3rd Prize 0150

Starter Prizes

0733 0868
0927 1423
1781 5450
6007 7989
8044 8511

**Sat, 17 Mar
2018**

Draw No. 4238

1st Prize 1363
2nd Prize 5772
3rd Prize 1590

Starter Prizes

0370 0671
0791 0901
5567 6289
7450 9052
9545 9830

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 03 / 18 (DD/MM/YYYY), TIME: 19:00 (HH:MM)
LOCATION: JURONG WEST STREET 91

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 237L
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 5093804504
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: DUCATI MONSTER 1200S
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING OUT FOR DINNER
- 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: LIM YILIANG ALAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S92413411 CONTACT: 94575746
- c) ADDRESS: 26 YUNNAN WALK 2

* 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: (02 / 01 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: OWNER

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: JURONG WEST NPC

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SLV9978L MODEL: MAZDA CX5 2.0i K
- b) DRIVER'S NAME: ANNA YI YOUNG BLANDON
- c) NRIC/FIN/PASSPORT: S8747645C CONTACT: 93878482

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email = GENIUS.ALAN@GMAIL.COM

fax =

video

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
LIM YILIANG ALAN

NRIC No
S9241347J

7300

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manoeuvr Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9241347J**
Name
LIM YILIANG ALAN

Birth Date **02 Jan 1992**
Issue Date **08 Sep 2011**

1001998499A

0000000164880

NRIC No / Colour
S9241347J / PINK

Race
CHINESE

Date Of Birth
02/01/1992

Service Status
NSF

Address
**28 YUNNAN WALK 2
SINGAPORE 638157**

Blood Group
B (+)

Country Of Birth
MALAYSIA

Military Rank Status
ENLISTEE

Sex
M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	12 Feb 2011
Class 2A	Motorcycles between 201 CC and 400 CC	15 Apr 2011
Class 2	Motorcycles > 400 CC	04 Sep 2011
Class 3A	Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, excluding the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	08 Sep 2011

S: No 9000273117

S9241347J

NP 438A

Licence No: S9241347J

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 : 5093804584 **Cover** : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG232L |
| Chassis Number | : ZDMM600AAEB002270 |
| 2. Name of Policyholder | : LIM YILIANG ALAN |
| 3. Effective Date of Insurance | : 28 Aug 2017 |
| 4. Expiry Date of Insurance | : 27 Aug 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
INSURE WITH COE	:	N/A
NAMED DRIVER (1)	:	LIM YILIANG ALAN
NAMED DRIVER (2)	:	PATRICK KONG JIN HON
HIRE PURCHASE COMPANY	:	N/A
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)

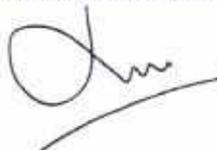
Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)
 Date of Issue : 28 Aug 2017 12:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive