

MINA48039397

Date In: 23/03/2018 11:23
 Ref No: NBA/INC/005426/V
 Veh No: SLJ 507B
 D.O.A: 23/03/2018 07:00
 OD / TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (with photos, A/C photos)		
1-Motor Claim Form	mtl0987340	23/03/2018
1-Motor VPO (with photo sheet, TP sheet)		12:18
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/VWsp		

Preferred Wksp (INC Assign Wksp / OW):
 TP Particulars: Yell No: FBJ 6096 H, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): NI 0-20%, P: 21-79%, P: 80-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: () Walk-In Customer | Customers 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: ()

Removals	INC/Online (6788/0016)	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____
 Date/Time: _____
 Action: _____

Document Particulars	Invoice Preparation/Charges	Bill	Add/Bill
Driver/Owners	1) AR: Accident Reporting (300)	17	
Contact No:	2) DA: Damage Assessment (3100)	INC (210)	
Assigned Portion:	3) TP: Towing Fee	\$405.42	
C. Checked by (Engn-In-Charge):	4) PT: Follow Through Survey	110	
Comments:	5) PT: Follow Through Survey (Recovery)	370	
L1:	6) TR: Re-inspection	111	
L2/L3:	7) NI: (24) DA + SMRT Survey	1140	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	11	
	10) NI: Repair Coordination	110	
	11) NI: Post Repair Inspection	111	
	12) NI: DY / Collect Unacc Coordination	11	
	13) IE (N11) TP (Non-INC) against INC	100	
	14) NI: Ideas Mobiles	10	
	Invoice total		Net Charge
	Invoice total		Net Charge

NA1801874

Stamp/Signature

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	23/03/2018 11:23
Date Of Accident	23/03/2018 07:00
Exact Location Of Accident	ENTRANCE OF BLK 213 JURONG EAST ST 21 NEAR L/POSTB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5077B
Insured/Policyholder	
Name Of Registered Owner	CHOW SUI CHUEN
NRIC No	S1230215J
Email Address	JOESCCHOW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97333683
Alternative Phone No	OTHERS-97333683

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-3.5 3.5 V6 (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	REPORTING ONLY
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	5088067604-01
Cover Note Number	

Driver

Name of Driver	CHOW SUI CHUEN
NRIC No	S1230215J
Date Of Birth	24/07/1957
Occupation	INDOOR
Date Of Driving Pass	30/08/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97333683
Fax Number	
Contact Number	OTHERS-97333683
Email Address	JOESCCHOW@YAHOO.COM

Address	BLK 213 JURONG EAST STREET 21 #06-285
Postcode	600213
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 MOTORCYCLIST
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180323/2025

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	FBJ8096H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GOTTUMUKKALA
NRIC/Passport Number	S7762353A
Contact Number	92356818
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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: 28/3/18

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

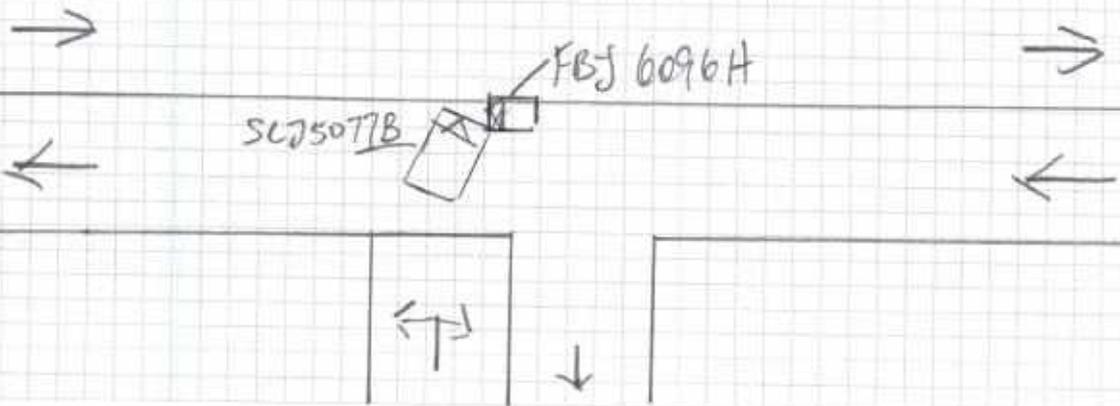
NRIC/FIN No.:

23/03/2018

Rosal Waters

SKETCH PLAN

FRONTAGE OF BK 213 JURONG KAS7 ST 21 COMPOST 8



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLEASE REFER TO POLICE REPORT
7/2018 0323/2025*

DECLARATION

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

Policyholder's Signature

Date & Time: 23/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police workers



**SINGAPORE
POLICE FORCE**



T/20180323/2025

1 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180323/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2018 08:20		Vide Report No.: D/20180323/0039	Station Diary No.: 22
Informant's Particulars			
Name of Informant: CHOW SUI CHUEN		Address: APT BLK 213 JURONG EAST STREET 21 #06-285 SINGAPORE 600213	
ID Type / ID No.: NRIC NO / S1230215J		Contact No.: Home/Office:	Mobile: 97333683
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 24/07/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2018 07:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST STREET 21 JURONG EAST CENTRAL near to Blk 213 Jurong East Street 13 Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6096H	Motorcycle				Slightly Damaged	0
SLJ5077B	Car	HONDA	ACCORD V6 3.5L	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective:	Expiry Date



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180323/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ5077B	NTUC Income Insurance Co-Operative Limited	5088067604-01	25/02/2018	24/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	Gottumukkala		ID No.	S7762353A
Related Vehicle	FBJ6096H (Motorcycle)		Contact No.	92356818
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	CHOW SUI CHUEN		ID No.	S1230215J
Related Vehicle	SLJ5077B (Car)		Contact No.	97333683
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 23/03/2018 at about 0700hrs, I was driving my car bear registration plate number of SLJ5077B and turned right out from carpark of Blk 213 Jurong East Street 21. Suddenly a motorcycle bearing registration plate number of FBJ6096H appeared in front of my car. I was unable to stopped in time and hit onto the motorcycle.

Subsequently, I came down and made a check. The rider had suffered some abrasions on arms and legs. The motorcycle was damaged and my car front bumper was damaged. Then subsequent the police came down and attend to us. The rider then informed me that he will go and consult doctor. I had suffered a cut on my right hand index finger.

Ref to incident D/20180323/0036.



**SINGAPORE
POLICE FORCE**



T/20180323/2025

3 of 4

Report No. T/20180323/2025

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180323/2025

4 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180323/2025

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 MERVYN PEA JIA WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/03/2018 08:20

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 34

SIGNATURE

Claim Handling

Accident MT/0987340

Policy No.	5088067604-01	Vehicle No.	SLJ5077B	GST Registration No.	
Policyholder Name	CHOW SUI CHUEN	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97333683	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
RFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire			No

↳ **Accident Details**

Report Date	23/03/2018 12:13	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cy
Date of Accident	23/03/2018	Time of Accident (h:mm)	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENTRANCE OF BLK 213 JURONG EAST ST 21 NEAR L-POSTB				

↳ **Benefits**

↳ **Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore GD Excess	600.00		
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 213 #06-285	Address 2	JURONG EAST STREET 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-285	Related Policy Number	5088067604-01		

↳ **OI Driver Info**

Driver Name	CHOW SUI CHUEN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S12302153	Driving Experience	
Register Date of Driver License	01/01/1987	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	97333683	Contact No.(Office)		Address 3	
Address 1	BLK 213 #06-285	Address 2	JURONG EAST STREET 21	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	06-285	Driver Vehicle No.	SLJ5077B	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHOW SUI CHUEN	Insured NRIC	
Contact No.(Mobile)	97333683	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	joescthow@yahoo.com	DI Vehicle Number	SLJ5077B	TP Vehicle Number	
Claim Description	SLJ5077B / FB16096H ON 23 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	23/03/2018 12:18	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0987340	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2018 12:18
Path *		Category *	Please Select
		Confidential	<input checked="" type="radio"/> No <input type="radio"/> Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:18	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:18	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Mar 2018 12:16	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Size
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ACCIDENT STATEMENT

ACCIDENT DATE: 23/3/2018 (DD/MM/YYYY), TIME: 7:00 am (HH:MM)
LOCATION: ENTRANCE OF BLK 213 JURONG EAST STREET 21.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 5077 B
- b) INSURANCE COMPANY: NTUC INCOME INSURANCE CO-OPERATIVE LTD
- c) POLICY NUMBER: 5099067604
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA ACCORD V6 - 3.5L
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE LTD
- 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: Chow Sui C. HUIEN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S12302117 CONTACT: _____
- c) ADDRESS: BLK 213 JURONG EAST STREET 21
#06-285 SINGAPORE 600218

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of persons got (including driver) (4)

- DRIVER
- a) NAME: DR ABRA (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) OWNER
- 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 KAS1

8. THIRD PARTY VEHICLE

No of passenger (including driver) ()

- a) VEHICLE NUMBER: FBJ 6096 H. MODEL: _____
- b) DRIVER'S NAME: _____ CONTACT: _____
- c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passenger (including driver) ()

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

email = joescchow@yahoo.com

fax = joescchow

video

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1230215J



Name
 CHOW SUI CHUEN

周瑞泉

Race
 CHINESE

Date of Birth
 24-07-1957

Sex
 M

Country of Birth
 SINGAPORE



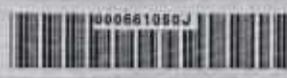
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1230215J

Name
 CHOW SUI CHUEN

Birth Date 24 Jul 1957

Issue Date 17 Jul 2003

2508941



NRIC No. S1230215J



Blood Group: B+ Date of issue: 24-10-1994

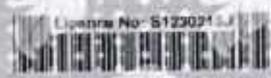
APT BLK 213 JURONG EAST STREET 21 #06-285
 SINGAPORE 600213

NRIC No: S1230215J Date: 28/12/2010 No: 8570318

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	30 Aug 1992

NP 438A



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: 5088067604-01

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLJ5077B |
| Chassis Number | : MRHCP36308P040024 |
| 2. Name of Policyholder | : CHOW SUI CHUEN |
| 3. Effective Date of Insurance | : 25 Feb 2018 |
| 4. Expiry Date of Insurance | : 24 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)	: S\$600
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHOW SUI CHUEN
NAMED DRIVER (1)	: TAN BEE HONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT PTE LTD
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 : LIM LIAN HOE TRADING CO (00000611305)
 Date of Issue : 25 Jan 2018 10:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

林聯和貿易公司
 LIM LIAN HOE TRADING CO.



Chief Executive

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 SINGAPORE 588176
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