

NATIONAL Assessment Centre Services

Part 1 Info: 19/04/18 40226

Date In: 26/03/2018 09:59	Job description	Date & Time Completed	Done by
Ref No: NBA/NC180054114	SAS e-illing		
Veh No: SLD 1931T	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 03/02/2018 17:30	Motor Claim Form	ml0986151-002	26/03/2018 11:28
OD / TP? Reporting Only	Motor W/O (within 3hrs, A/C 3hrs)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: SJY360FC	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: Est. Stand (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 later of repair.

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

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

Remarks: INC on line 6788 6014	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: _____

Date	Action

1/18/01/912	Invoice Breakdown CHY 6015		
Insurance Beneficiary:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Police No:	3) TP: Towing Fee	\$40226	
Assessed Portion:	4) PT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$70	
	6) TR: Re-inspection	\$15	
	7) NI: Day DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
	Q11:		
	NI: Courtesy Car / Tpl Allowance	\$5	
	NI: Repair Coordination	\$10	
	NI: Post Repair Inspection	\$15	
	NI: DV / Collision Unass. Coordination	\$5	
	TZ (NI): TP (Non-INC) conduct INC	\$10	
	NI: NTUC hours	10	
	Invoice dated	Not Charged	
	Invoice dated	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	26/03/2018 09:59
Date Of Accident	03/02/2018 17:30
Exact Location Of Accident	FULLERTON RD IN FRONT OF VICTORIA CONCERT HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1931T
Insured/Policyholder	
Name Of Registered Owner	MY LIMOUSINE SERVICES
Co Reg No	53126991D
Email Address	DERRICKCHIANG1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97891001
Alternative Phone No	OFFICE-97891001

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	PROCEEDING TO PICK UP
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091706914
Cover Note Number	

Driver

Name of Driver	DERRICK CHIANG KOK CHOON
NRIC No	S2003773C
Date Of Birth	09/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97891001
Fax Number	
Contact Number	OFFICE-97891001
Email Address	DERRICKCHIANG1@GMAIL.COM

Address	27 DOVER CRESCENT #10-25
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 AND ATTACHMENT (ACCIDENT ONLY ON 03.02.2018 AND NOT ON 02.03.2018)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY3608C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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**.
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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.

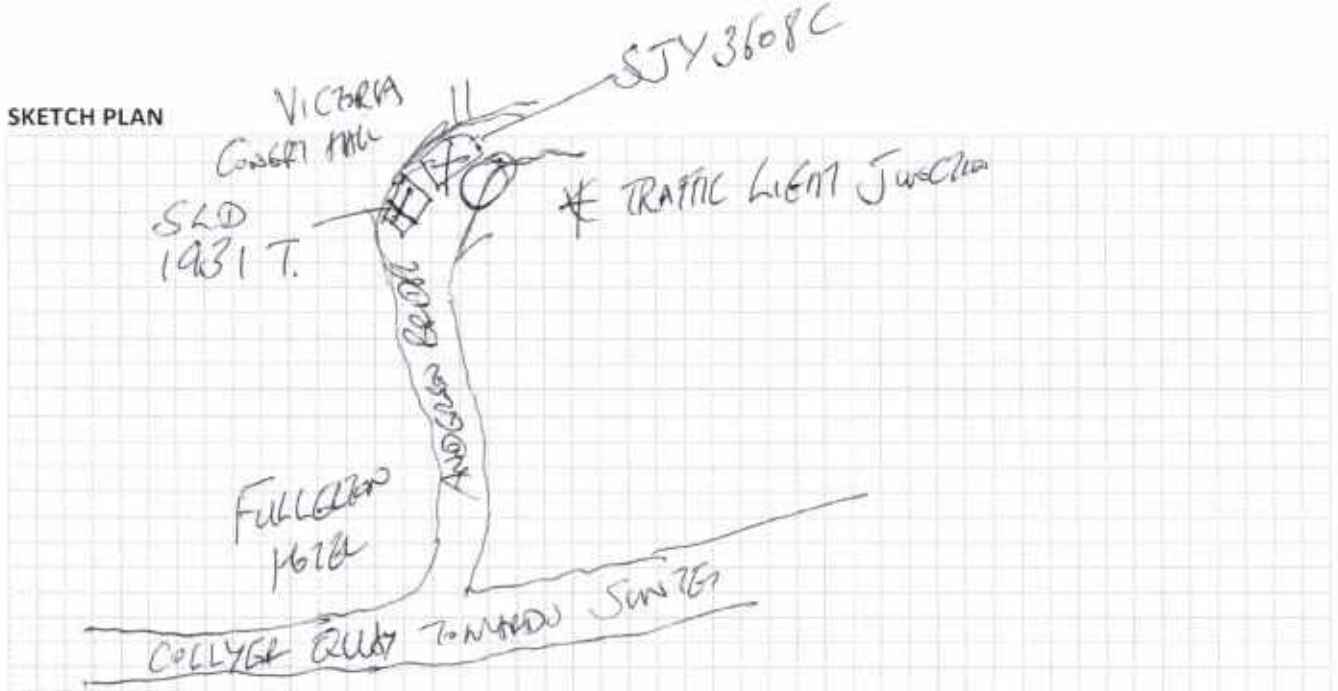


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/03/2018

Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 FEB 2018 @ abt 5:30 pm, I was driving SLO 1931 T along Fullerton Rd, in front of Victoria Concert Hall. I had stopped my car just behind a silver metallic car, STY 3608C, driven by a caucasian gentleman which had stopped at the traffic light.

When the light changed from Red to Green, the car in front of me didn't move. I nudged the car in front, just a slight nudge. Both of us came down to inspect our respective vehicles & found no scratch, dent or damage to our respective vehicles. We exchanged particulars & the gentleman informed me that his car is a Rented car & he will have to report the accident to the Rental-car company. As no damages to his car was observed, he reckoned it will be resolved amicably. He assured me if there is any claim, he himself or the company's representative will contact me directly on Monday 5th March 2018.

I didn't hear from him or anyone else till 16 MARCH 2018 when I received a phone call to tell me that I have to pay \$524.30 for damages & loss of use. If I don't settle by 4:00 pm the same day, they will proceed with insurance claim.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 26/03/2018
Reporting Centre Personel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/0986757

Policy No.	5091706914	Vehicle No.	SLD1931T	GST Registration No.	
Policyholder Name	MY LIMOUSINE SERVICES			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Not available

▼ Accident Details

Report Date	20/03/2018 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	03/02/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreens Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	21/03/2018 10:40:13 Nur Shahira Hassan changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 61 #07-109	Address 2	TELOK BLANGAH HEIGHTS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-109	Related Policy Number	5091706914		

▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MY LIMOUSINE SERVICES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLD1931T	TP Vehicle Number	
Claim Description	SLD1931T / SJY3688C ON 3 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/03/2018 11:25	Claim Close Date		Date Received	
Report Taken By	BOSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0986757	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 11:28

Path *

Category *	Confidential	Urgency
Browse... Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse... Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse... Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse... Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal

Browse... Clear Please Select ▼ Normal

Browse... 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 26 Mar 2018 11:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:27	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:26	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:26	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Mar 2018 11:26	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

Our Ref: MT/CA/TP/001/0986757-001/JLY/VU

20 Mar 2018

MY LIMOUSINE SERVICES
BLK 61 #07-109
TELOK BLANGAH HEIGHTS
SINGAPORE 100061

Dear Policyholder

CLAIM NUMBER: MT/0986757-001
ACCIDENT INVOLVING SLD1931T / SJY3608C on 3 Feb 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance



+65 9825 8338

Text Message
Fri, 16 Mar, 9:16 AM

Good morning Mr
Derrick. We are from
comfort delgro rent a
car. With regards to the
phone call just now. The
accident happened on
SJY3608C and your
vehicle,SLD1931T on
03/02 along Fullerton
road.

Repair cost is 267.50
Lost of 2 day rental is
256.80



Text Message



an 26/03/2018



SMS Received From Supposedly Rental Co...

Repair cost is 267.50

Lost of 2 day rental is
256.80

Total amount payable is
524.30

Please kindly revert by
4pm by 16/03 today
before we proceed with
insurance claim.

Thank you.

Regards

Comfort delgro rent a
car



car 26/03/2018

StarHub

6:14 AM

100%



SMS Received From Supposedly Rental Co...

Regards
Comfort delgro rent a
car

Fri, 16 Mar, 10:27 AM

Can I come down and
meet with you?

If you are willing to make
the settlement, yes sir.

No I want to come down
and see if we can come
to a settlement. Can I
meet up with you or
your supervisor? I am
also a Comfort driver



Text Message



an 26/03/2018

StarHub

6:15 AM

100%



SMS Received From Supposedly Rental Co...

You can check with
Comfort Delgro Office.
My NRIC no. 
S2003773C

Fri, 16 Mar, 11:59 AM

Sorry sir. Is either you
agreed to pay for it or
we proceed with
insurance

Fri, 16 Mar, 4:02 PM

I will appreciate if you
could kindly forward me
your claim for the repair
cost of \$267.50 as well



Text Message



aw 26/03/2018



SMS Received From Supposedly Rental Co...

Fri, 16 Mar, 4:02 PM

I will appreciate if you could kindly forward me your claim for the repair cost of \$267.50 as well as the loss of rental for 2 days amounting to \$256.80 and send them to my email at: derrickchiang1@gmail.com

Kindly itemize each item on your company's letterhead.



Text Message



ca 26/03/2018

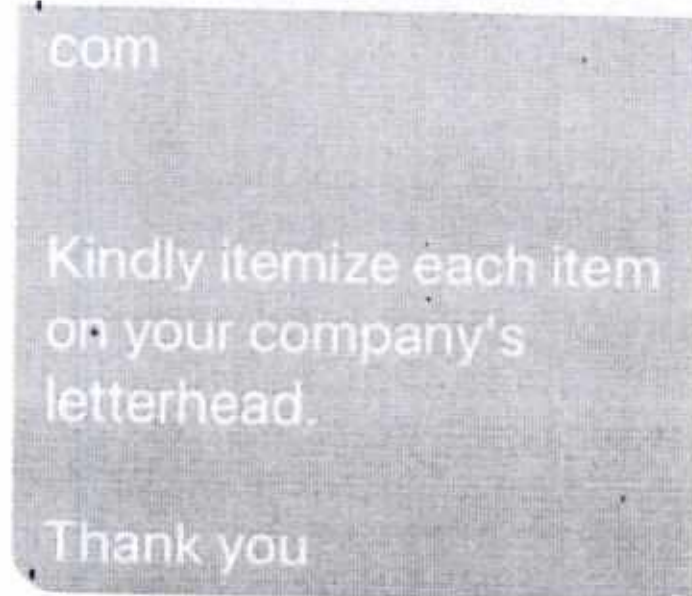
StarHub

7:21 AM

88%



SMS Received From Supposedly Rental Co...



Understood. As of
stated on the sms, we
have mentioned the
repair amount sir.
Please consider about
the amount. We will
send the car for our
insurer for claim at 5pm.



26/03/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 03/02/2018 (DD/MM/YYYY), TIME: 17.30 (HH:MM)

LOCATION: TRAFFIC LIENT & FULLERTON ROAD IN FRONT OF VICTORIA CONCERT HALL

1. DETAILS OF VEHICLE

SLD 19317
 a) VEHICLE NUMBER: SLD 19317
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5091702914
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Proceeding to pick up
 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: MY LIMOUSINE SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: #07-109
 c) ADDRESS: 61, Telok Blangah Heights, Singapore 170621

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER DERRICK CHANG KOK CHAN (MALE / FEMALE)
 a) NAME: DERRICK CHANG KOK CHAN
 b) NRIC/FIN/PASSPORT: S2003773C CONTACT: 97891001
 c) ADDRESS: 27, Dover Crescent, Singapore 136027
 d) DATE OF BIRTH: 09/10/1977 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 2/2/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS CLEAR

b) ROAD SURFACE: DRY / WET / OTHERS DRY

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

a) VEHICLE NUMBER: SJY3608C MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

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

4/10 of passenger
 (including driver)
(1)

4/10 of passenger
 (including driver)
()

4/10 of passenger
 (including driver)
()

email: derrickching1@gmail.com

fax:

video:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2003773C



Name
DERRICK CHIANG KOK CHOON

章 國 純
Race
CHINESE
Date of Birth
09-10-1954 Sex
M
Country of Birth
JOHORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2003773C
Name
DERRICK CHIANG KOK CHOON

Birth Date: 09 Oct 1954
Issue Date: 08 Mar 2003



1859757




NRIC No. S2003773C

Blood Group: A+ Date of issue: 06-04-1994

NRIC No. 112211070 Date 11-04-1994

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Aug 1976
Class 2A	Motorcycles between 201 cc and 400 cc	30 Aug 1976
Class 2	Motorcycles exceeding 400 cc	30 Aug 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	02 Feb 1977

NP 428A

Licence No: S2003773C



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: 5091706914

Cover : drive CLASSIC

- | | |
|--------------------------------------------------|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLD1931T |
| Chassis Number | : AGN300014456 |
| 2. Name of Policyholder | : MY LIMOUSINE SERVICES |
| 3. Effective Date of Insurance | : 19 Jun 2017 |
| 4. Expiry Date of insurance | : 18 Jun 2018 |

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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC 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 : CAR INNS INSURANCE AGENCY (00000572091)

Date of Issue : 06 Jun 2017 19:56 hrs

CAR INNS INSURANCE AGENCY

54, 11A, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive