

NATIONAL Assessment Centre Services

(Int'l 1-800-871-0001)

MINA 48662423

Date In: 14/05/2018 14:00
Ref No: NPA/NC/8008127/4
Veh No: SKY 27228
P.O.A: 15/04/2018 20:35

OO / TP / Reporting Only

TP Incident

Protected Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: SLW 8337M

INC () / Non-INC ()

Owner / Driver ()

Policy No ()

Period ()

Tell ()

Cover Type ()

Confirmed by ()

Date ()

Time ()

Insured/Driver Liability ()

% (Note: Bit Status (WO): NI 0-20%; P: 21-79%; PI 80-100%)

Year of Registration ()

Warranty: YES () / NO ()

Excess (\$)

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

General Remarks

() Work-in Question: Customer's information strictly Confidential & strictly NO release of reporter.

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

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

Remarks: N/A to line 67881015

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 ()

Signature

NA/803033

Insurance Particulars

Driver/Owner

Policy No

Assigned Portion

C. Checked by (Engr-In-Charge)

Comments

L1

L2

Invoice Preparation Checklist

| | | |
|--|----------|-----|
| 1) AR Incident Reporting (300) | | |
| 2) DA Damage Assessment (100) | INC (40) | |
| 3) TP Towing Fee | | 100 |
| 4) ET Follow Through Survey | | 100 |
| 5) PT Follow Through Survey (Assessment) | | 100 |
| 6) TR Bill of Materials | | 100 |
| 7) NI (Lease DA + SMAT Survey) | | 100 |
| 8) NTUC Additional Survey | | 100 |
| 9) NI Courtesy Car / Trip Allowance | | 100 |
| 10) NI Repair Coordination | | 100 |
| 11) NI Post Repair Inspection | | 100 |
| 12) NI QC / Follow Through Coordination | | 100 |
| 13) NI (Lease DA + SMAT Survey) | | 100 |
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File Closed

File Closed

5/12

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 | 14/05/2018 14:08 |
| Date Of Accident | 15/04/2018 20:35 |
| Exact Location Of Accident | ALONG ECP TOWARDS CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKV2722R |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG JOO HOE |
| NRIC No | S0248665B |
| Email Address | SWONGJH@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-96352742 |
| Alternative Phone No | OTHERS-96352742 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| 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 | 5073410237-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | WONG JOO HOE |
| NRIC No | S0248665B |
| Date Of Birth | 14/05/1941 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/03/1961 |
| Driving Experience | 57 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96352742 |
| Fax Number | |
| Contact Number | OTHERS-96352742 |
| Email Address | SWONGJH@SINGNET.COM.SG |

| | |
|---|----------------------|
| Address | 18 NEO PEE TECK LANE |
| Postcode | 119049 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : WI GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7759999 - FAX NO: 67764246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180511/2098

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 | SLW8337M |
| Vehicle Make/Model/Colour | MERCEDES BENZ 180A |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MDM TAN |
| NRIC/Passport Number | |
| Contact Number | 93885878 |
| 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 Don L 14/05/2018 SAME
 Date & Time: 11:38am Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
Name: Paul Watson
NRIC/FIN No: 9201 123456

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to Police Report
7/20/2011/2098

DECLARATION

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

Joel

Policyholder's Signature
Date & Time:

SAME

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

Reporting Centre Personnel's Signature
Name: *Resli wathoo*
NRIC/FIN No.: *161021208*



SINGAPORE POLICE FORCE



T/20180511/2098

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 3

Report No. T/20180511/2098

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 11/05/2018 17:19 | Vide Report No.: | Station Diary No.: 21 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: WONG JOO HOE | | | Address: 18 NEO PEE TECK LANE SINGAPORE 119049 | | |
| ID Type / ID No.: NRIC NO / S0248665B | | | Contact No.: Home/Office: Mobile: 96252742 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 76 | Date of Birth: 14/05/1941 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Retiree | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 15/04/2018 20:35 | Type of Location: Straight Road |
| Location: Along Road 1 EAST COAST PARKWAY Along ECP towards CITY. | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|----------------|-------|-----------|-----------------|
| SKV2722R | Car | HONDA | VEZEL 1.5X CVT | White | No Damage | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SKV2722R | NTUC Income Insurance Co-Operative Limited | 5073410237-02 | 08/09/2017 | 07/09/2018 |



**SINGAPORE
POLICE FORCE**



T/20180511/2098

2 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20180511/2098

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | WONG JOO HOE | ID No. | S0248665B |
| Related Vehicle | SKV2722R (Car) | Contact No. | 96252742 |
| 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 | NIL |

Brief Details.

On 15/04/2018 at about 2035hrs, I was travelling along ECP towards City in my vehicle number SKV2722R. At that point of time, I was in the second or third lane and I was travelling about 70km/h. While I was travelling in my lane, suddenly I saw something dark on the road in front of me which caused me to swerved my vehicle to the right. While doing so, my car came into contact with a vehicle that was travelling on my right. After which, we drove and stopped by the side of the road.

I wish to state that both parties confirmed that no one was injured. No traffic police or ambulance came down to scene. There was only a tyre mark seen at the other party left rear door and there was no dent mark on both cars. Since both parties confirm there was no bodily injury to anyone and hardly any damage to both cars, I assumed there was no necessity to lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20180511/2098

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 3

Report No. T/20180511/2098

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 3 MUHAMMAD RAFIQ KHAN BIN DAUD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/05/2018 17:19

Classification Of Case:

SN 40

SIGNATURE

rsbm

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Monday, 14 May, 2018 3:14 PM
To: 'rsbm'; ODsupport
Subject: RE: MT/0990715 SKV2722R

Hi Rosli

Please quote this claim nbr when billing invoice MT/0990715-001

With Regards

Theresa Vimala
Snr Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Monday, May 14, 2018 2:43 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: MT/0990715 SKV2722R

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 15/04/2018 (DD/MM/YYYY), TIME: 20:35 (HH:MM)

LOCATION: ALONG ECP Towards CITY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 2722 R
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5673410237-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VEZEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: WONG JOO HIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0248665 B CONTACT: 96352742
c) ADDRESS: 18 NEO PEE TECK LANE
SINGAPORE 119049

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 14/05/1941 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RETIREE

f) DATE OF DRIVING PASS: 02/03/1961

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AT NIGHT
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: CLEMENTI NCC ON 11/05/2018

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 8337 M MODEL: MERC 180A
b) DRIVER'S NAME: MDM TAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93885878

9. THIRD PARTY VEHICLE

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

Email = swongjh@singnet.com.sg

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0248665B



WONG JOO HOE

王裕和

CHINESE

Date of Birth: 14-05-1941 Sex: M

Country of Birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0248665B

Name:

WONG JOO HOE

Birth Date: 14 May 1941

Issue Date: 18 Mar 2003



SPIC No: S0248665B



Blood Group: A+ Date of issue: 15-08-1993

Address:
10 NEO PEE TECK LANE
SINGAPORE 0511

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

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

PASS DATE

02 Mar 1991



NP 428A

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: 5073410237-02

Cover : drive CLASSIC

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : SKV2722R |
| Chassis Number | : RU11101441 |
| 2. Name of Policyholder | : WONG JOO HOE |
| 3. Effective Date of Insurance | : 08 Sep 2017 |
| 4. Expiry Date of Insurance | : 07 Sep 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 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 (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : WONG JOO HOE |
| NAMED DRIVER (1) | : SIM CHYE HIANG |
| NAMED DRIVER (2) | : WONG SOON MAY, ADELIN |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : KCB AGENCY (00000614904)
 Date of Issue : 29 Aug 2017 21:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive