

NATIONAL Assessment Centre Services (v11.1.2008)

Date In: **14/05/2018 15:54** **MMAY180621**

Ref No: **NBA/INC18008739/V**

Yell No: **EW 8138 D**

D.O.B: **12/05/2018 08:55**

OD / TP: **Dispersing Only**

TP Insured:

Job description: **SAS drilling**

Date & Time Completed: **14/05/2018 16:38**

Done by: **mt0994249-001**

Details (with 3hrs, 1hr 30min)

Motor Claim Form

Motor YTD (with 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000)

Photo Uploaded

Assessment/Survey Report

Assessment Report by Fax/Hand to Owner/Whse

Prefilled Wksp / INC Assign Wksp / OWI:

TP Particulars: **Yell No: SKU 1070A** **INC () / Non-INC ()**

Owner / Driver:

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

Confirmed by: () **Date: () Time: ()**

Insured/Driver Liability: () **% (Note: BIL 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: () **Work-In Customer: Customer's information strictly Confidential & strictly NO release of repair.**

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

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

Remarks: **1) Apply for Transition Allowance () / Courtesy Car ()**

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: _____

Other Tunes: _____

NBA1803038

Customer/Owner:

Policy No:

Assessed Portion:

C. Checked by (Bug-In-Charge):

Comments:

Invoice Preparation Checklist:

| Item | Amount | Notes |
|---|----------|-------|
| 1) AR: Accident Reporting (\$50) | INC (40) | |
| 2) DA: Damage Assessment (\$100) | INC (40) | |
| 3) TP: Towing Fee | \$107.13 | |
| 4) PT: Follow-Through Survey | \$110 | |
| 5) PT: Follow-Through Survey (Recovery) | \$110 | |
| 6) TR: All-in-one | \$110 | |
| 7) NTUC Additional Services | \$110 | |
| 8) NTUC Additional Services | \$110 | |
| 9) NTUC Additional Services | \$110 | |
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| 100) NTUC Additional Services | \$110 | |

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 15:54 |
| Date Of Accident | 12/05/2018 08:55 |
| Exact Location Of Accident | TEKKA MARKET CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EW8138D |
| Insured/Policyholder | |
| Name Of Registered Owner | G. RADAKRISHNAN |
| NRIC No | S0395501Z |
| Email Address | GKRADA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97813898 |
| Alternative Phone No | OTHERS-97813898 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | TOYOTA |
| Model | CAMRY-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO MARKET |
| 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 | 5084103501-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | G. RADAKRISHNAN |
| NRIC No | S0395501Z |
| Date Of Birth | 08/02/1948 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/04/1973 |
| Driving Experience | 45 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97813898 |
| Fax Number | |
| Contact Number | OTHERS-97813898 |
| Email Address | GKRADA@GMAIL.COM |

| | |
|---|-------------------------|
| Address | 20 SIMEI RISE #01-50 |
| Postcode | 528809 |
| 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 | |
| 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: : WIFE GENDER: : FEMALE |

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

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 | SKU1070A |
| Vehicle Make/Model/Colour | INFINITY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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: 14 May 2018
2:30pm

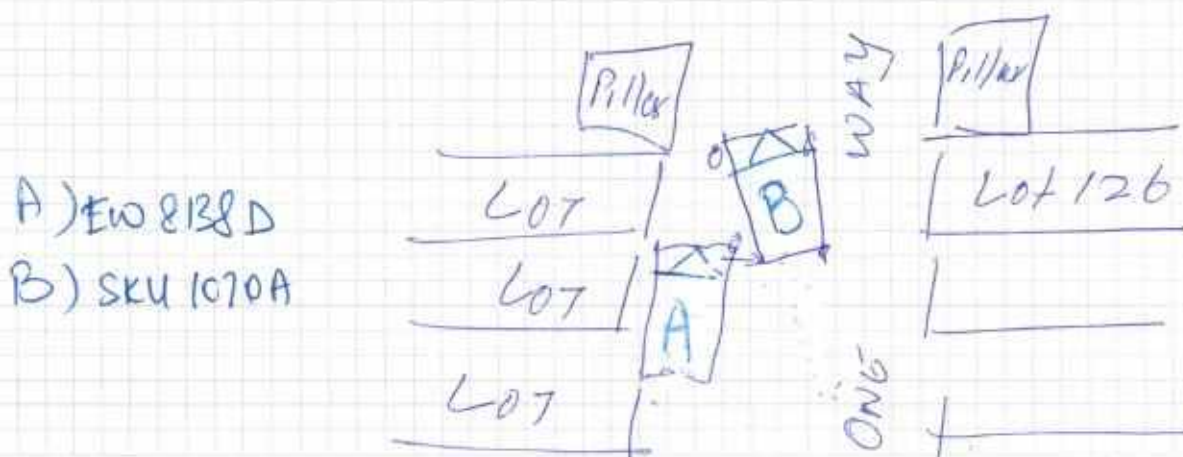
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature:


Name:

NRIC/FIN No.:



On Saturday at 8.55am went to Tekka market carpark. Very crowded. Waiting on the left side of the row with hazard lights on to wait for empty lot. Cars also coming behind me. Some overtook and went ahead of me. One car in lot 126 started to move off. I turned hazard lights off and switched right indicator light to indicate I am taking the lot 126. Suddenly this big brown SUV 6 SKU1070A ~~so~~ went past me on the right and reversed to go into lot 126. I horned at him to indicate I am taking the lot since I was waiting. I moved my car forward. SUV driver stopped. He came out and we had an argument. Our cars were touching each other but I did not feel any impact or shock. So there was really no impact hit. My car is not damaged or scratched. As far as I saw, the SUV also had no dent or scratches at the point of impact touch. I am making this report in case the SUV driver makes a claim when there was no damage, dent or scratch.

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

Policyholder's Signature: 
Date & Time: 14-5-18 2:20pm

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

Reporting Centre Personnel's Signature: *[Signature]* 14/05/2018
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

Claim Handling

Accident MT/0994249

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5084103501-01 | Vehicle No. | EW81380 | GST Registration No. | |
| Policyholder Name | G. RADAKRISHNAN | | | Policyholder NRIC | S02955012 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 97813898 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | uCode | No |
| KPI | = No Yes | TCA | = No Yes | uCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|----------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 14/05/2018 16:33 | Accident Report Within 24 Hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 12/05/2018 | Time of Accident hh:mm | 08:55 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICR No. | |
| Accident Location | TEKKO MARKET CARPARK | | | | |

Benefits

Excess

| | | | | | |
|-------------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Uninsured Driver Excess | 0.00 | Outside Singapore OD Excess | 800.00 | | |
| 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 | 20 SIMELI RISE | Address 2 | #01-50 CHANGI RISE CONDOM | Address 3 | SINGAPORE 528809 |
| Address 4 | | Address Type | Singapore address | Post Code | 528809 |
| Unit No. | | Related Policy Number | 5084103501-01 | | |

Q1 Driver Info

| | | | | | |
|---|-----------------|---------------------|---------------------------|------------------------|------------------|
| Driver Name | G. RADAKRISHNAN | Driver Type | Main Driver | Driver DOB | 08/02/1948 |
| Uninsured driver Name | | Driver NRIC | S03955012 | Driving Experience | 45 |
| Register Date of Driver License | 06/04/1973 | Driver Age | 70 | Contact No.(Home) | |
| Contact No.(Mobile) | 97813898 | Contact No.(Office) | | Address 1 | SINGAPORE 528809 |
| Address 1 | 20 SIMELI RISE | Address 2 | #01-50 CHANGI RISE CONDOM | Address 3 | SINGAPORE 528809 |
| Address 4 | | Address Type | Singapore address | Post Code | 528809 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | EW81380 | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|----------|
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes = No |
|-------------------------------------|------|-------------|----------|

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|-----------------------------------|----------------------------|----------------------------------|---------------------|------------------|
| Claim Type * | OD-MX | Insured Name | G. RADAKRISHNAN | Insured NRIC | S03955012 |
| Contact No.(Mobile) | 97813898 | Contact No.(Home) | 64487600 | Contact No.(Office) | |
| Email Address | gkrada@gmail.com | Q1 Vehicle Number | EW81380 | TP Vehicle Number | SKU1870A |
| Claim Description | EW81380 / SKU1870A ON 12 May 2018 | | | | |
| Preferred Workshop Contact No. | | Name of Preferred Workshop | | | |
| Require Finalisation | Yes | Insured Liability * | Not at Fault | GIA report | Received |
| Date Registered | 14/05/2018 16:38 | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 14/05/2018 00:00 |
| Report Taken By | RG5LI WAHAB | Claim Close Date | | | |

Print AX letter

Save Submit

Attachment

| | | | |
|--------------------|------------|-------------|------------------|
| Accident No. | MT/0994249 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 14/05/2018 16:38 |

| | | | | | |
|--------------|----------------|--------------|---------------|-----------|---------------|
| Choose File | No file chosen | Category * | Confidential | Urgency * | Description * |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
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| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | Send Message | Upload | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|--|----------|---------|------------------|----------------|--------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | Photos | Normal | Photos 2018-5-14 | | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | Photos | Normal | Photos 2018-5-14 | | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | Photos | Normal | Photos 2018-5-14 | | Edit |

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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | Photos | Normal | Photos 2018-5-14 | Edit |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | Photos | Normal | Photos 2018-5-14 | Edit |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | SAS | Normal | SAS 2018-5-14 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 16:38 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-14 | Edit |

Video List

| Uploaded By/Data | Folder Date | File Name | | Source | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|--------|
| | | Display in New Window | Scan and uploading | | |

ACCIDENT STATEMENT

ACCIDENT DATE: 12/05/2018 (DD/MM/YYYY), TIME: 8:55 (HH:MM)

LOCATION: TEKKA MARKET CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EW8138D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5084103501-01
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☒ THIRD PARTY / ☒ THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: CAMRY 2.0
 f) TYPE: ☒ SALOON / ☒ COUPE / ☒ MPV / ☒ VAN / ☒ LORRY / ☒ MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: ☒ PRIVATE / ☒ COMMERCIAL / ☒ MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO MARKET
 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: G. RADAKRISHNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S03955012 CONTACT: 97813898
 c) ADDRESS: 20 Simei Rise, #01-50 Changi Rise
Singapore 528809

* 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: 08/02/1948 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 06-04-1973

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 NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKU107DA MODEL: INFINITY
 b) DRIVER'S NAME: DONT KNOW
 c) NRIC/FIN/PASSPORT: DONT KNOW CONTACT: DONT KNOW

9. THIRD PARTY VEHICLE

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

Email = gkrada@gmail.com
 Fax = _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0395501Z



G RADAKRISHNAN

Race:

INDIAN

Date of birth:

08-02-1948

Sex:

M

Country of birth:

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0395501Z

Name:

G RADAKRISHNAN

Birth Date: 08 Feb 1948

Issue Date: 29 Dec 2014



3714478

NRIC No: S0395501Z



Date of issue:

16-05-2005

20 SIMEI RISE #01-50
SINGAPORE 520809
NRIC No: S0395501Z

Date: 16/12/2012

No: 7189452

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

NP 426A



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: 5084103501-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : EW8138D
Chassis Number : MR053BK4107052283
2. Name of Policyholder : G. RADAKRISHNAN
3. Effective Date of Insurance : 22 Jan 2018
4. Expiry Date of Insurance : 21 Jan 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 | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : G RADAKRISHNAN |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : THONG LEE TRADING (PTE) LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

(/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 : THONG LEE TRADING PTE LTD (00000613251)
Date of Issue : 16 Jan 2018 14:11 hrs
Reprint : 16 Jan 2018 14:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA48062621 Vehicle Registration No: EW 81380
Name (as shown in NRIC): G. RADAKRISHNAN NRIC/FIN/Passport No: S08955012
(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97813898
Email Address: _____
Date of Accident: 12/05/2018 Time of Accident: 08:55
Place of Accident: TAKKA MARKET CARPARK
Insurance Company: NAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

THIRD PARTY VEHICLE NUMBER TO SK41070A

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Joshua Vatan
NRIC/FIN No.:
Date: 14/5/2018