

NATIONAL Assessment Centre Services

(Unit 1) (10/000)

NIA 1803309

Date In: 25/05/2018

Ref No: NBA/MC/8004572/1

Veh No: FBD 9800E

DOA: 23/05/2018 18:00

OD: 18 / Reporting Only

TP Insure:

Job description

SAS e-illing

D-inoll (people shir, AIC 2018)

I-Motor Claim Form

I-Motor W/O (within 10 days of event)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Wksp

Date & Time Completed

Done by

nr/099543-001

25/05/2018 17:36

Preferred Wksp / INC Assign Wksp / OWI:

Tell

Fax

TP Particulars: Yeh No: SW 14552

INC () / Non-INC ()

Owner / Drivers:

Tell

Policy No:

Period:

Cover Type:

Confirmed by:

Date

Time

Insured/Driver Liability: () % (Note: Bil. Stan. (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-Guarantee: Customers 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: NIA hotline 6788100165

DATA LINE CODES

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

Date/Time

Action

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NIA 1803309

Unit No: 1803309

Owner/Owner:

Unit No:

Assigned Portion:

Checked by (Engr-In-Charge):

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Invoice Preparation/Checklist

1) AR Accidental Reporting (200)

2) DA Damage Allowance (\$100)

3) TP Towing Fee

4) PT Follow Through Survey

5) PT Follow Through Survey (Reserve)

6) TR Repairation

7) NI 124 DA + SMRT Survey

8) NTUC Additional Survey

9) NI 124 DA + SMRT Survey

10) NI 124 DA + SMRT Survey

11) NI 124 DA + SMRT Survey

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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	25/05/2018 17:01
Date Of Accident	23/05/2018 18:00
Exact Location Of Accident	RIVER VALLEY ROAD TOWARDS KILLINEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD9860E
Insured/Policyholder	
Name Of Registered Owner	TAN KIAT HUNG
NRIC No	S1453915H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91466924
Alternative Phone No	OTHERS-91466924
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5053396692-06
Cover Note Number	
Driver	
Name of Driver	TAN SHIH HOW
NRIC No	S9204821G
Date Of Birth	11/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91466924
Fax Number	
Contact Number	OTHERS-91466924
Email Address	NOEMAIL

Address	BLK 874 TAMPINES STREET 84 #11-05
Postcode	520874
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180524/2072

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	SLU1455L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN SHIH HOW
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD9860E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

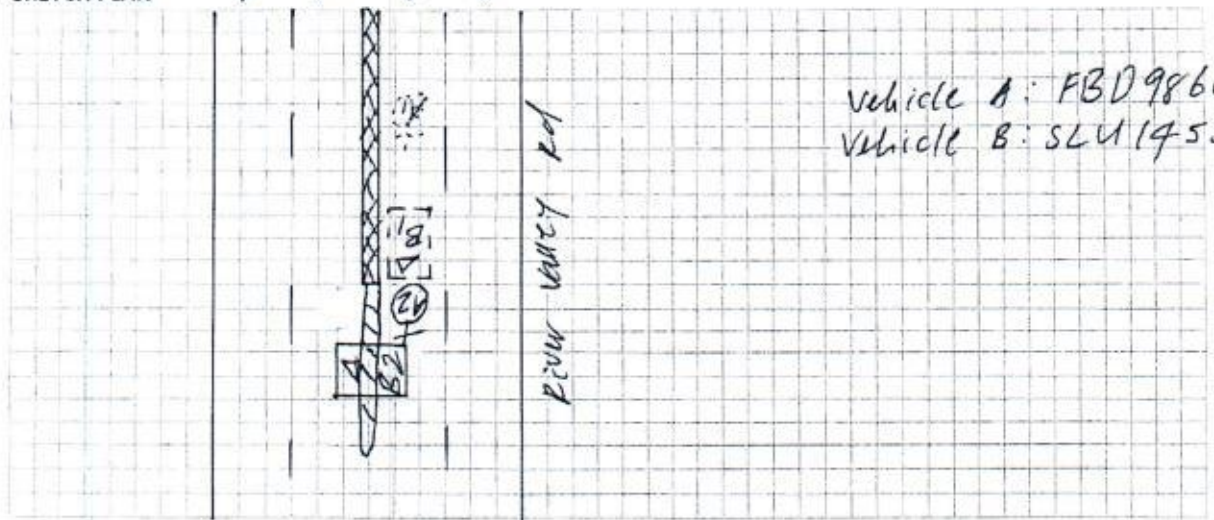
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE STATEMENT: T/20180524/2072

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20180524/2072

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180524/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 12:23	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: TAN SHIH HOW			Address: APT BLK 874 TAMPINES STREET 84 #11-05 SINGAPORE 520874	
ID Type / ID No.: NRIC NO / S9204821G			Contact No.: Home/Office: Mobile: 91466924	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 11/02/1992	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Rider			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

General Information on the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/05/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD				
River valley road towards Killiney road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9860E	Motorcycle	YAMAHA	YZF-R15	Blue	Seriously Damaged	0
SLU1455L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD9860E	NTUC Income Insurance Co-Operative Limited	5053396892-06	05/04/2018	04/04/2019



**SINGAPORE
POLICE FORCE**



T/20180524/2072

2 of 3

Report No. T/20180524/2072

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN SHIH HOW	ID No.	S9204821G
Related Vehicle	FBD9860E (Motorcycle)	Contact No.	91466924
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	23/05/2018	Date Discharge	23/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 23/05/2018 at around 1800hrs while travelling along River valley road towards Killiney road. Suddenly there is a black in colour car make a U-turn resulting my bike hit the car rear right side. I then fell to the ground and few minutes later there is ambulance and Traffic Police came. I was then been conveyed to hospital and was given 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20180524/2072

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20180524/2072

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:

G /

Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:
24/05/2018 12:23

Classification Of Case:



**SINGAPORE
POLICE FORCE**

SIGNATURE

Claim Handling

Accident MT/0995943

Policy No.	5053396692-06	Vehicle No.	FBD9860E	GST Registration No.	
Policyholder Name	TAN KIAT HUNG			Policyholder NRIC	S1453915H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91466924	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	25/05/2018 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/05/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVER VALLEY ROAD TOWARDS KILLINEY ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore CO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 874 #11-05	Address 2	TAMPINES STREET 84	Address 3	SINGAPORE 520874
Address 4		Address Type	Singapore address	Post Code	520874
Unit No.		Related Policy Number	5053396692-06		

OI Driver Info

Driver Name	TAN SHIH HOW	Driver Type	Main Driver	Driver DOB	11/02/1992
Unnamed driver Name		Driver NRIC	S9204821G	Driving Experience	6
Register Date of Driver License	26/01/2012	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBD9860E	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TAN KIAT HUNG	Insured NRIC	S1453915H
Contact No.(Mobile)	97932159	Contact No.(Home)	67812562	Contact No.(Office)	
Email Address		OI Vehicle Number	FBD9860E	TP Vehicle Number	SLU1455L
Claim Description	FBD9860E / SLU1455L ON 23 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/05/2018 17:25	Claim Close Date		Date Received	25/05/2018 00:00
Report Taken By	ROSLE WAMAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0995943	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/05/2018 17:26
Path *		Category *	Confidential Urgency *
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
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
Message Read			Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	Photos	Normal	Photos 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-25	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 17:26	SAS	Normal	SAS 2018-5-25	Edit

Video List

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/05/2018 (dd/mm/yy) Time of Accident: 18:00 (24-HR-FORMAT)
Vehicle No.: FB09860E Vehicle Make & Model: Yamaha YZF-R15
Exact location of Accident: River Valley Rd towards Killiney Road
Policyholder's Name / IC No.: Tan Kiat Heng / S1453915H
Driver's Name / IC No.: Tan Shih How / S92048216 (As Above) ☐
Driver's Contact No.: 9146 6924 Company Contact No.: -
Driver's Address: 874 Tampines St 84 #11-05 S1520874
Insurance Company: NTUC Email address (if any): -

Relationship between Owner & Driver (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Tampines NPC

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SL41455L

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9204821G



Name

TAN SHIH HOW

陳仕豪

Race

CHINESE

Date of birth

11-02-1992

Sex

M

S9204821G

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



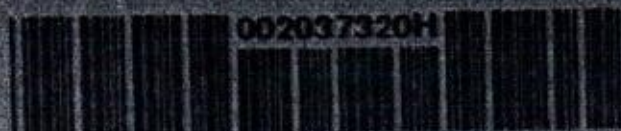
Expiry Number S9204821G

Name

TAN SHIH HOW

Birth Date 11 Feb 1992

Issue Date 26 Jan 2013



002037320H

4000607

NRIC No. **S9204821G**

Date of issue

09-02-2007

Address

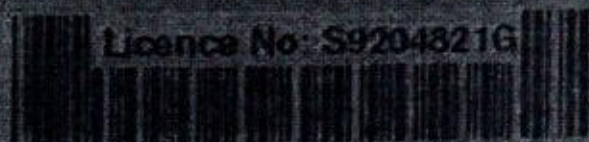
**APT BLK 874 TAMPINES STREET 84
#11-05
SINGAPORE 520874**

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

Class 2B	Motorcycles <= 200 CC	26 Jan 2012
Class 2A	Motorcycles between 201 CC and 400 CC	17 May 2016
Class 2	Motorcycles > 400 CC	23 Jan 2018

S9204821G**S / No. 9000277549**

NP 428A

Licence No: **S9204821G**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1453915H



Name

TAN KIAT HUNG



陳傑杭

Race

CHINESE

Date of Birth

05-08-1960

Sex

M

Country of Birth

SINGAPORE



1541292



NRIC No. **S1453915H**



Blood Group Date of Issue

A+

26-12-1993

Address

APT BLK 874 TAMPINES STREET 84
#11-05
SINGAPORE 1852

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a man with glasses.

Licence Number: **S1453915H**
Name: **TAN KIAT HUNG**

Birth Date: **05 Aug 1960**
Issue Date: **04 Jan 2003**

Barcode: 000117752A

Emblem of the Republic of Singapore.

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

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

PASS DATE: **08 Aug 1989**

Barcode: Licence No: **S1453915H**

NP 428A

Emblem of the Republic of Singapore.

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 : 5053396692-06

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBD9860E

Chassis Number

: ME120P01192019513

2. Name of Policyholder

: TAN KIAT HUNG

3. Effective Date of Insurance

: 05 Apr 2018

4. Expiry Date of Insurance

: 04 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: TAN SHIH HOW
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ATAN MOTORING SUPPLY PTE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 04 Apr 2018 14:54 hrs

Reprint : 04 Apr 2018 14:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive