

# NATIONAL Assessment Centre Services: (ver 1 Jan 2005)

Date In: 02/06/2018 10:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009986/44	SAS e-Milling		
Veh No: SJM 9304C	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 01/06/2018 21:45	I-Motor Claim Form	MT/0996992-001	4/6/18 10:15
OD TP Reporting Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
TP Insureh:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SHD9760P. INC( ) / Non-INC( )		
Owner / Driver: ( )	Tel:	
Policy No: ( ) Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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 refer of repeler.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) INC hotline 6788 6616  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Actions: \_\_\_\_\_

NA1803450	Invoice Preparation Checklist	Amended (S)	Amended (S)
main's Particulars:	1) AR: Accident Reporting (\$30)		
er/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
act No:	3) TP: Towing Fee	\$40/\$45	
aged Portion:	4) FT: Follow-Through Survey	\$120	
Checked by (Owner-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For e-mailing against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: iday DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: iday DA + SMRT Survey	\$160	
	10) NI: iday DA + SMRT Survey	\$160	
	11) NI: iday DA + SMRT Survey	\$160	
	12) NI: iday DA + SMRT Survey	\$160	
	13) NI: iday DA + SMRT Survey	\$160	
	14) NI: iday DA + SMRT Survey	\$160	
	15) NI: iday DA + SMRT Survey	\$160	
	16) NI: iday DA + SMRT Survey	\$160	
	17) NI: iday DA + SMRT Survey	\$160	
	18) NI: iday DA + SMRT Survey	\$160	
	19) NI: iday DA + SMRT Survey	\$160	
	20) NI: iday DA + SMRT Survey	\$160	
	21) NI: iday DA + SMRT Survey	\$160	
	22) NI: iday DA + SMRT Survey	\$160	
	23) NI: iday DA + SMRT Survey	\$160	
	24) NI: iday DA + SMRT Survey	\$160	
	25) NI: iday DA + SMRT Survey	\$160	
	26) NI: iday DA + SMRT Survey	\$160	
	27) NI: iday DA + SMRT Survey	\$160	
	28) NI: iday DA + SMRT Survey	\$160	
	29) NI: iday DA + SMRT Survey	\$160	
	30) NI: iday DA + SMRT Survey	\$160	
	31) NI: iday DA + SMRT Survey	\$160	
	32) NI: iday DA + SMRT Survey	\$160	
	33) NI: iday DA + SMRT Survey	\$160	
	34) NI: iday DA + SMRT Survey	\$160	
	35) NI: iday DA + SMRT Survey	\$160	
	36) NI: iday DA + SMRT Survey	\$160	
	37) NI: iday DA + SMRT Survey	\$160	
	38) NI: iday DA + SMRT Survey	\$160	
	39) NI: iday DA + SMRT Survey	\$160	
	40) NI: iday DA + SMRT Survey	\$160	
	41) NI: iday DA + SMRT Survey	\$160	
	42) NI: iday DA + SMRT Survey	\$160	
	43) NI: iday DA + SMRT Survey	\$160	
	44) NI: iday DA + SMRT Survey	\$160	
	45) NI: iday DA + SMRT Survey	\$160	
	46) NI: iday DA + SMRT Survey	\$160	
	47) NI: iday DA + SMRT Survey	\$160	
	48) NI: iday DA + SMRT Survey	\$160	
	49) NI: iday DA + SMRT Survey	\$160	
	50) NI: iday DA + SMRT Survey	\$160	
	51) NI: iday DA + SMRT Survey	\$160	
	52) NI: iday DA + SMRT Survey	\$160	
	53) NI: iday DA + SMRT Survey	\$160	
	54) NI: iday DA + SMRT Survey	\$160	
	55) NI: iday DA + SMRT Survey	\$160	
	56) NI: iday DA + SMRT Survey	\$160	
	57) NI: iday DA + SMRT Survey	\$160	
	58) NI: iday DA + SMRT Survey	\$160	
	59) NI: iday DA + SMRT Survey	\$160	
	60) NI: iday DA + SMRT Survey	\$160	
	61) NI: iday DA + SMRT Survey	\$160	
	62) NI: iday DA + SMRT Survey	\$160	
	63) NI: iday DA + SMRT Survey	\$160	
	64) NI: iday DA + SMRT Survey	\$160	
	65) NI: iday DA + SMRT Survey	\$160	
	66) NI: iday DA + SMRT Survey	\$160	
	67) NI: iday DA + SMRT Survey	\$160	
	68) NI: iday DA + SMRT Survey	\$160	
	69) NI: iday DA + SMRT Survey	\$160	
	70) NI: iday DA + SMRT Survey	\$160	
	71) NI: iday DA + SMRT Survey	\$160	
	72) NI: iday DA + SMRT Survey	\$160	
	73) NI: iday DA + SMRT Survey	\$160	
	74) NI: iday DA + SMRT Survey	\$160	
	75) NI: iday DA + SMRT Survey	\$160	
	76) NI: iday DA + SMRT Survey	\$160	
	77) NI: iday DA + SMRT Survey	\$160	
	78) NI: iday DA + SMRT Survey	\$160	
	79) NI: iday DA + SMRT Survey	\$160	
	80) NI: iday DA + SMRT Survey	\$160	
	81) NI: iday DA + SMRT Survey	\$160	
	82) NI: iday DA + SMRT Survey	\$160	
	83) NI: iday DA + SMRT Survey	\$160	
	84) NI: iday DA + SMRT Survey	\$160	
	85) NI: iday DA + SMRT Survey	\$160	
	86) NI: iday DA + SMRT Survey	\$160	
	87) NI: iday DA + SMRT Survey	\$160	
	88) NI: iday DA + SMRT Survey	\$160	
	89) NI: iday DA + SMRT Survey	\$160	
	90) NI: iday DA + SMRT Survey	\$160	
	91) NI: iday DA + SMRT Survey	\$160	
	92) NI: iday DA + SMRT Survey	\$160	
	93) NI: iday DA + SMRT Survey	\$160	
	94) NI: iday DA + SMRT Survey	\$160	
	95) NI: iday DA + SMRT Survey	\$160	
	96) NI: iday DA + SMRT Survey	\$160	
	97) NI: iday DA + SMRT Survey	\$160	
	98) NI: iday DA + SMRT Survey	\$160	
	99) NI: iday DA + SMRT Survey	\$160	
	100) NI: iday DA + SMRT Survey	\$160	



## 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	02/06/2018 10:03
Date Of Accident	01/06/2018 21:45
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9304C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93897018
Alternative Phone No	OFFICE-93897018

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GT 5M/T
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095398310
Cover Note Number	

### Driver

Name of Driver	LIM JIAN LONG
NRIC No	S8712826A
Date Of Birth	13/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897018
Fax Number	
Contact Number	OTHERS-93897018
EMail Address	NOEMAIL

Address	BLK 170 LORONG 1 TOA PAYOH #07-1124
Postcode	310170
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	CHAIN COLLISION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180602/2005

#### 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	SHD9760P
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN1613X  
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 LIM JIAN LONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJM9304C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
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.:

2/6/2018

SKETCH PLAN

A → SJM9304C

B → SHD9760P

C → SEN1613X



PIE TOWARDS CHANGI BEFORE EUNOS EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20180602/2005

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.:

2/6/2018





# SINGAPORE POLICE FORCE



T/20180602/2005

1 of 4

Report No. T/20180602/2005

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2018 02:10	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: LIM JIAN LONG		Address: APT BLK 170 LORONG 1 TOA PAYOH #07-1124 SINGAPORE 310170	
ID Type / ID No.: NRIC NO / S8712826A		Contact No.: Home/Office:	Mobile: 93897018
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 13/05/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Along PIE towards Changi Airport, before Eunos exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
SHD9760P	Taxi	RENAULT		Red	Slightly Damaged	0	
SJM9304C	Car	MITSUBISHI	Lancer	Grey	Slightly Damaged	2	
SKN1613X	Car	CITROEN		Black	Slightly Damaged	4	





# SINGAPORE POLICE FORCE



T/20180602/2005

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180602/2005

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LER SAY SHING	ID No.	S7615240C
Related Vehicle	SHD9760P (Taxi)	Contact No.	91713038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM JIAN LONG	ID No.	S8712826A
Related Vehicle	SJM9304C (Car)	Contact No.	93897018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	02/06/2018	Date Discharge	02/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ZHANG DENGKE	ID No.	S8809616I
Related Vehicle	SKN1613X (Car)	Contact No.	97555219
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 01/06/2018 at about 2145hrs, I was driving my vehicle bearing registration no.SJM9304C along PIE towards Changi Airport before Eunos exit. I was driving on the first lane. Subsequently, the vehicle bearing registration no.SKN1613X which was travelling in front of me applied his brake. As such, I applied my brakes. Suddenly, the vehicle bearing registration no.SHG9760P which was travelling behind me collided with the rear portion of my car. The impact caused my car to jerk forward and collide with the car in front of me. All parties alighted our vehicles and exchanged particulars.

My two passenger informed that they were not injured. My vehicle suffered damages to the front and rear





**SINGAPORE  
POLICE FORCE**



T/20180602/2005

3 of 4

Report No. T/20180602/2005

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**

portion of my car. My in-vehicle camera was not in recording mode at the point of time. I felt pain on my neck and shoulder as such I went to Mount Alvernia Hospital seek medical attention and I was given 5 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20180602/2005

4 of 4

Report No. T/20180602/2005

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL  
BAHRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

02/06/2018 02:10

Classification Of Case:

Authentication Stamp

NP168

SN 168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8712826A



Name

LIM JIAN LONG

林 劍 龍

Race

CHINESE

Date of birth

13-05-1987

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8712826A

Name

LIM JIAN LONG

Birth Date: 13 May 1987

Issue Date: 21 Dec 2006



5840357



NRIC No. S8712826A

Date of issue

15-12-2017

Address

APT BLK 170 LORONG 1 TOA PAYOH  
#07-1124  
SINGAPORE 310170

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	DATE
Class 2B Motorcycles <= 200 CC	21 Dec 2006
Class 2A Motorcycles between 201 CC and 400 CC	18 Mar 2008
Class 2 Motorcycles > 400 CC	14 Oct 2016
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Sep 2013
Class 4 Heavy motor cars and motor tractors > 2500 kg	11 Feb 2014

S8712826A

S / No. 9000252720

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:** 5095398310

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM9304C**  
Chassis Number : JMYSNCY4A8U001109
2. Name of Policyholder : CARSONRENT
3. Effective Date of Insurance : 27 Oct 2017
4. Expiry Date of Insurance : 26 Jul 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	: LIAN HONG PRIVATE LIMITED
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)

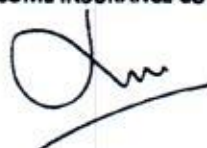
Agency : GI-SHOP (00000572282)  
Date of Issue : 27 Oct 2017 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095398310	CARSONRENT	53320759B	GPC	drive CLASSIC	SJM9304C	SJM9304C	27/10/2017	26/07/2018

## ▼ Policy Information

Policy No.	5095398310	Policyholder Name	CARSONRENT	Policyholder NRIC	53320759B
Address	61 UBI AVENUE 2 #08-04B AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/10/2017	Effective Date	27/10/2017 00:00	Expiry Date	26/07/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMA	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-03	Related Policy Number	5088482263-01		

▶ Insured Object: **SJM9304C**

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel



## Claim Handling

## Accident MT/0996992

Policy No.	5095398310	Vehicle No.	SJM9304C	GST Registration No.	
Policyholder Name	CARSONRENT			Policyholder NRIC	533.
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93897018	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	04/06/2018 10:04	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	01/06/2018	Time of Accident hh:mm	21:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI AIRPORT B4 EUNOS EXIT				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.
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	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMA	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	02-03	Related Policy Number	5088482263-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM JIAN LONG	Driver NRIC	S8712826A	Driver DOB	13/0
Register Date of Driver License	24/09/2013	Driver Age	31	Driving Experience	4
Contact No.(Mobile)	93897018	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 170	Address 2	LORONG 1 TOA PAYOH	Address 3	
Address 4		Address Type	Singapore address	Post Code	310
Unit No.	#07-1124				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

## Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	CARSONRENT	Insured NRIC	533.
Contact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	674.
Email Address		OI Vehicle Number	SJM9304C	TP Vehicle Number	SHD
Claim Description	SJM9304C / SHD9760P ON 1 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼	GIA report	Rec
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	04/C
Date Registered	04/06/2018 10:18	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



6/4/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0996992

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

04/06/2018 10:15

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:18	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:17	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:15	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:14	Photos	Normal	Photos 20