

NATIONAL Assessment Centre Services [Ref: 1 Jan 05] *MANAGER 073512*

Date In: <i>06/06/2008 15:30</i>	Job description:	Date & Time Completed	Done by
Ref No: <i>NBA/INC/010311/Y</i>	SAS e-filing		
Veh No: <i>SKW 1083C</i>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <i>16/04/2008 14:00</i>	i-Motor Claim Form	<i>MT/0997553-001</i>	<i>06/06/2008</i>
OD / TP: <i>Preparing Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>16:26</i>
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *PRODRISION* 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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

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

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	06/06/2018 15:30
Date Of Accident	16/04/2018 14:00
Exact Location Of Accident	MANDARIN ORCHARD PICK UP/DROP OFF POINT LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1083C
Insured/Policyholder	
Name Of Registered Owner	WOO KEONG FIE
NRIC No	S1032801B
Email Address	WOOKEONGFIE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96743511
Alternative Phone No	OTHERS-96743511

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5096529908
Cover Note Number	

Driver

Name of Driver	WOO KEONG FIE
NRIC No	S1032801B
Date Of Birth	23/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1972
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96743511
Fax Number	
Contact Number	OTHERS-96743511
E-Mail Address	WOOKEONGFIE@YAHOO.COM.SG

Address	105 BUKIT TERESA ROAD
Postcode	099744
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180806/2096

Attachment(s)

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

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.

Doo Keong Jie

Policyholder's Signature

Date & Time: 6/6/18 1440

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06/06/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Reshitha

SKETCH PLAN

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180606/2016

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 6/6/2018 1440

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

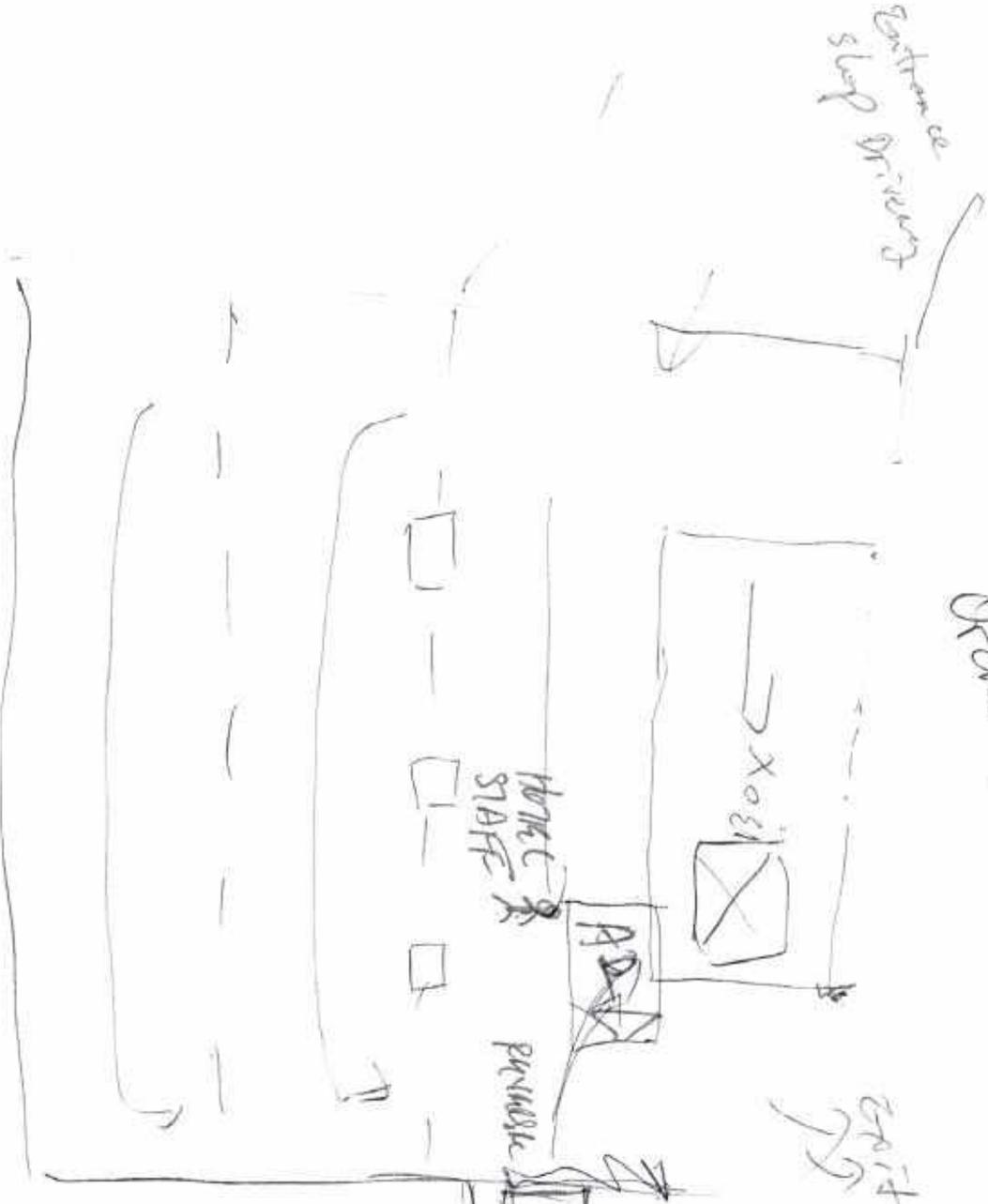
NRIC/FIN No:

[Signature]

SKW 1083C

Orchard Link

Entrance
Stop Driving



EXIT

HOTEL STAFF

AD

AD

Stop ←
Drive away
from
Basement

A) SKW 1083C

can delete/pull
passli matters

Swalkey Jr

Wm Kendall GLE

51032801B

6/6/2018 1440

MANNAPEN ORCHARD



**SINGAPORE
POLICE FORCE**



T/20180606/2096

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180606/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WOO KEONG FIE	ID No.	S1032801B
Related Vehicle	SKW1083C (Car)	Contact No.	96743511
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 04/06/2018 at about 1730hrs, I received a letter from TP and I open the letter. The letter stated that I was involve in a Traffic Accident along Orchard Road on 16/04/2018 at 2.02pm. The letter quote a reference: TP/IP/31727/2018, In-Charge Case Kasmawati Samian.

On 16/04/2018 at about 1402hrs, I was driving my Grab car bearing SKW1083C, at Mandarin Orchard Pickup/drop off lobby as I am going to fetch a passenger there. One of the elderly staff there then guide me to another spot as my customer have yet to come down. After a short while, the same staff then redirect me to another spot and told me to reverse to the spot and I complied. While reversing halfway, the same elderly staff suddenly tap on the back of my car and he told me that I had accidentally knock onto one of his colleague. Upon hearing this, I immediately cancelled the booking and went out of my vehicle to go render assistance. I then saw a young hotel staff was standing beside the car and I approach him immediately. I then check that he does not have any visible injuries and I did told him whether does he requires any help from me but he said that he is fine and this is a small matter.

I wish to state that while reversing, I had check on both side mirror and rear mirror to make sure no one was behind my vehicle before I proceed to made the reverse. I wish to state that I did not felt anything at all when I reverse. I asked him again if he is alright and he told me that he is fine. I did not take down his particulars and neither did he asked for my particulars as well and I drove off after that. I wish to add that I had installed Built-in-CCTV inside my vehicle however the data has been override.



**SINGAPORE
POLICE FORCE**



T/20180606/2096

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180606/2096

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 2 TAN HWA TIONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	

Signature Of Informant:	
Date/Time:	06/06/2018 13:31
Classification Of Case:	

Authentication Stamp
NP168

Claim Handling

Accident MT/0997553

Policy No.	5096529908	Vehicle No.	SKW1083C	GST Registration No.	
Policyholder Name	WOO KEONG PIE			Policyholder NRIC	S10326018
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96743511	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/06/2018 16:16	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	16/04/2018	Time of Accident (Approx)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDARIN ORCHARD PICK UP/DROP OFF POINT LOBBY				

Benefits

Excess

Own damage Excess	3,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,300.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	105 BUKIT TERESA ROAD	Address 2	SINGAPORE 099744	Address 3	
Address 4		Address Type	Singapore address	Post Code	099744
Unit No.		Related Policy Number	5096529908		

01 Driver Info

Driver Name	WOO KEONG PIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S10326018	Driver DOB	23/07/1952
Register Date of Driver License	20/01/1972	Driver Age	65	Driving Experience	46
Contact No.(Mobile)	96743511	Contact No.(Office)		Contact No.(Home)	
Address 1	105 BUKIT TERESA ROAD	Address 2	SINGAPORE 099744	Address 3	
Address 4		Address Type	Singapore address	Post Code	099744
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKW1083C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 [View](#)

Claim Type *	OD-MX	Insured Name	WOO KEONG PIE	Insured NRIC	S10326018
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SKW1083C	TP Vehicle Number	PEDESTRIAN
Claim Description	SKW1083C / PEDESTRIAN ON 16 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/06/2018 00:00
Date Registered	06/06/2018 16:22	Claim Close Date			
Report Taken By	BOSLI WAHAS				

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0997553	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	06/06/2018 16:26

Path *	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	
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 Send				Send Message Upload

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6		Edit
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6		Edit
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	SAS	Normal	SAS 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-6	Edit

Video List

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



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 31 May 2018

Your Ref :
Our Ref : TP/IP/31727/2018

WOO KEONG FIE
105 BUKIT TERESA ROAD
SINGAPORE 099744

000052



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG ORCHARD ROAD ON 16 APR 2018 @ 2.02 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer KASMAWATI SAMIAN at his / her office number: 65476179 or the supervisor CHEN SIEW LEE at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

ACCIDENT STATEMENT

ACCIDENT DATE: (16/04/2018) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: ORCHARD LINK, MANDARIN ORCHARD Pick up/drop off Lobby

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 1083 C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5096529908
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN TEANA 2.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
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: WOO KEONG FIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 1032801 B CONTACT: 96743511
c) ADDRESS: 105, BUKIT TERESA ROAD
SINGAPORE 099744

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (23/07/1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/01/1972

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 CLEAR)
b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERIM WEST

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

1) EMAIL: wookeongfie@yahoo.com.sg

2) VIDEO:

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1032801B



Name

WOO KEONG FIE

胡 強 輝

Race

CHINESE

Date of birth

23-07-1952

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1032801B

Name: WOO KEONG FIE

Birth Date: 23 Jul 1952

Issue Date: 04 Oct 2014

002351546K

5374152



NRIC No. S1032801B



Date of issue

25-10-2014

Address

105 BUKIT TERESA ROAD
SINGAPORE 099744

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 20 Jan 1972

NP 423A

License No. S1032801B

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: 5096529908 | Cover : drivo CLASSIC |
|---------------------------------------|------------------------------|
1. Index mark and Registration Number of Vehicle : **SKW1083C**
Chassis Number : JN18BUJ32Z0001406
 2. Name of Policyholder : WOO KEONG FIE
 3. Effective Date of Insurance : 11 Dec 2017
 4. Expiry Date of Insurance : 28 Dec 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)	: \$52,000
EXCESS (SECTION 2)	: \$51,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WOO KEONG FIE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : WORLD-WIDE IND & COMM ENT (00000614221)
Date of issue : 08 Dec 2017 18:04 hrs



Countersigned By:



Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive