

NATIONAL Assessment Centre Services (Ref: 25/03) MINA 48082003			
Date In: 25/06/2018 19/80	Job description:	Date & Time Completed	Done by:
Ref No: X1A1804062	SAS e-filing		
Veh No: SLG 8172E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/06/2018 08.15	I-Motor Claim Form	MY/1000312-001	26/06/2018 16.01
OD: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: YN 9546M	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

X1A1804062	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idan 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: Idan Mobile \$10			
Cat 1:	Invoice dated	Fee Charged		
Cat 2 / 3:	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 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	25/06/2018 19:40
Date Of Accident	25/06/2018 08:15
Exact Location Of Accident	PIE EXIT CTE AMK THEN BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8172E
Insured/Policyholder	
Name Of Registered Owner	J. ANG SERVICES
Co Reg No	53327374M
Email Address	JOHNNYANG17@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96918477
Alternative Phone No	OFFICE-96918477

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	GOING TO 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084716213-01
Cover Note Number	

Driver

Name of Driver	ANG PIAK HENG
NRIC No	S1691390A
Date Of Birth	17/01/1965
Occupation	INDOOR
Date Of Driving Pass	26/07/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96918477
Fax Number	
Contact Number	OTHERS-96918477
Email Address	JOHNNYANG17@YAHOO.COM.SG

Address	BLK 633 BEDOK RESERVOIR ROAD #12-01
Postcode	410633
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	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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180625/2144 AND T/20180625/2168

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	YN9546M
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ANG PIAK HENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLG8172E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

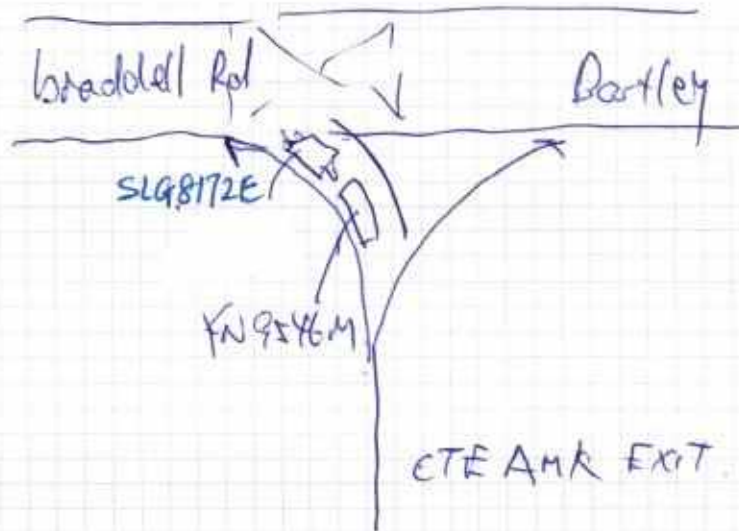
[Signature]

25/6/18/1715

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

[Signature] 26/06/2018
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/6/18, 08:54hrs, I was driving along A1E towards CTE (AMK) exit, before Braddeell exit, my vehicle SLG8172E was stationary, I was on the left lane out of the 2 lanes while waiting to turn to main road. I noticed there was a lorry, at that point of time I had felt a vibration, I did not think too much however, I felt confused for a slight minutes and felt some pain on my neck, despite that I went ahead and continued to drive to my office car park located 38, Jalan Perumahan. That was where I observed that the rear portion of my vehicle was dented, I then proceeded to check the footage installed and noticed that a lorry YN9546M had hit the rear portion of my vehicle and it was visibly dented. The vibration I had felt earlier at Braddeell exit was actually due to the said lorry, and not due to the vibrating caused by the bus that had done post main road.

Police Report T/20180625/2144 & T/20180625/2168

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/6/18, 17:15

[Signature] 26/6/2018

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

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180625/2144

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20180625/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2018 16:52		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: ANG PIAK HENG			Address: APT BLK 633 BEDOK RESERVOIR ROAD #12-01 SINGAPORE 410633		
ID Type / ID No.: NRIC NO / S1691390A			Contact No.: Home/Office: Mobile: 96918477		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 17/01/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/06/2018 08:15	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY Before Braddel Exit				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8172E	Car				Slightly Damaged	0
YN9546M	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180625/2144

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No: T/20180625/2144

CONTINUATION OF REPORT

Driver			
Name	ANG PIAK HENG	ID No.	S1691390A
Related Vehicle	SLG8172E (Car)	Contact No.	96918477
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2018	Date Discharge	25/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 25.06.2018 at about 0815 HRS, I was driving along PIE towards CTE, before the Braddel exit, my vehicle, SLG8172E was stationary. I was on the left lane out of the 2 lanes. I noticed that there was a bus that was driving along the main road as I was about to exit. At that point of time, I had felt a vibration. I did not think too much however, I felt confused for a slight minute and felt some pain on my neck. Despite that, I went ahead and continued to drive my office car park located at 38 Jalan Pemimpin.

That was where I observed that the rear portion of my vehicle was dented. I then proceeded to check the footage installed in my vehicle and noticed that a lorry, YM9546M had hit the rear portion of my vehicle and it was visibly dented. The vibration I had felt earlier at Braddel exit was actually due to the said lorry, and not due to the vibrations caused by the bus that had drove past the main road.

I wish to state that I do not have the particulars of the driver who had hit my vehicle. The vehicle, YM9546M also did not stop to alert me when the incident happened. I had went to Shalom Clinic & Surgery for a medical check up and received 5 days MC.

YM9546M



**SINGAPORE
POLICE FORCE**



T/20180625/2144

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180625/2144

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 NUR AIIN BINTE JAAIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 46

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

25/06/2018 16:52

Classification Of Case:



T/20180625/2168

1 of 3

Report No. T/20180625/2168

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180625/2144

Report Number T/20180625/2168

Vide Report Number

Date/Time of Report Made 25/06/2018 18:19

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant ANG PIAK HENG

ID Type / ID No. NRIC NO / S1691390A

Home/Office

Mobile 96918477

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 25/06/2018 08:15

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8172E	Car				Slightly Damaged	0
YN9546M	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180625/2168

2 of 3

Report No. T/20180625/2168

Continuation of CSF For NP168

Driver			
Name	ANG PIAK HENG	ID No.	S1691390A
Related Vehicle	SLG8172E (Car)	Contact No.	96918477
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2018	Date Discharge	25/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Facts.

On 25.06.2018 at 0815 HRS, I was driving along PIE towards CTE, before Bradell exit, my vehicle SLG8172E was stationary. I was on the left lane out of the 2 lanes. I noticed that there was a bus that was driving along the main road as I was about to exit. At the point of time, I had felt a vibration. I did not think too much, however I felt confused for a slight minute and felt some pain on my neck. Despite that, I went ahead and continued to drive my officer car park located at 38 Jalan Pemimpin.

That was where I observed that the rear portion of my vehicle was dented, I then proceeded to check the footage installed in my vehicle and noticed that a lorry, YN9546M had hit the rear portion of my vehicle and it was visibly dented. The vibration I had felt earlier at Bradell exit was actually due to the said lorry, and not due to the vibrations caused by the bus that had drove past the main road.

I wish to state that I do not have the particulars of the driver who had hit my vehicle. The vehicle, YN9546M also did not stop to alert me when the incident happened. I had went to Shalom Clinic & Surgery for a medical check up and received 5 days MC.

This report is vide to T/20180625/2144



T/20180625/2168

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Report No. T/20180625/2168

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / SITIMARSITA BINTE BOHARI
Classification of Case	1) INJURY / OTHERS

Claim Handling

Edit

Accident MT/1000312

Policy No.	5084716213-01	Vehicle No.	SLG8172E	GST Registration No.	
Policyholder Name	J. ANG SERVICES			Policyholder NRIC	53327374H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96918477	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No

Accident Details

Report Date	26/06/2018 15:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/06/2018	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE EXIT CTE AMK THEN BRADDELL ROAD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	BLK 633 #12-01	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE
Address 4	SINGAPORE 410633	Address Type	Singapore address	Post Code	410633
Unit No.	12-01	Related Policy Number	5084716213-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG PEAK HERG	Driver NRIC	S1991390A	Driver DOB	17/11/1985
Register Date of Driver License	26/07/1982	Driver Age	33	Driving Experience	34
Contact No.(Mobile)	96918477	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 633 #12-01	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE
Address 4	SINGAPORE 410633	Address Type	Foreign address	Post Code	410633
Unit No.	12-01				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLG8172E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001

Back

Claim Type *	OD-MX *	Insured Name	J. ANG SERVICES	Insured NRIC	53327374H
Contact No.(Mobile)	96918477	Contact No.(Office)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLG8172E	TP Vehicle Number	YH9546H
Claim Description	SLG8172E / YH9546H ON 25 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault *		
Require Finalisation	Yes *	Preferred Repair Option	Preferred Workshop, Name unknown *	GSA report	Received *
Date Registered	26/06/2018 15:52	Claim Close Date		Date Received	26/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Print Ack letter

Save Submit

Attachment

Accident No.	MT/1000312	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	26/06/2018 16:01
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jun 2018 16:01	Photos	Normal	Photos 2018-6-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jun 2018 16:01	Photos	Normal	Photos 2018-6-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jun 2018 16:01	Photos	Normal	Photos 2018-6-26		Edit

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Police Report

ACCIDENT STATEMENT

ACCIDENT DATE: 25/06/2018 (DD/MM/YYYY), TIME: 08:15 (HH:MM)

LOCATION: Off P.E. exit CTE then to Braddell Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIC 812 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5084716213-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Vezel
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: to work
 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: J. Ang Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53321314M CONTACT: 9691947
 c) ADDRESS: 633, Bedok Reservoir Rd
#12-01, 5410653

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Pak Heap (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51691510A CONTACT: 9691877
 c) ADDRESS: 633, Bedok Reservoir Rd
#12-01, 5410653

*d) DATE OF BIRTH: 17/01/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/07/1983

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)

IF YES, PLEASE STATE WHICH POLICE STATION: QueensTown NTC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN9546M MODEL: ISUZU
 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: _____

Email = johnnyang17@yahoo.com.sg
 Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1691390A



ANG PIAK HENG
洪 澈 兴
CHINESE
Date of Birth: 17-01-1965
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1691390A
Name: ANG PIAK HENG
Birth Date: 17 Jan 1965
Issue Date: 03 Nov 2003



1598460



NRIC No. S1691390A



Shoulder: B+ Date of issue: 17-01-1994

NT 428A

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: 26 Jul 1983

Licence No: S1691390A



NT 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: 5084716213-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG8172E**
Chassis Number : RU11203368
2. Name of Policyholder : **J. ANG SERVICES**
3. Effective Date of Insurance : **14 Oct 2017**
4. Expiry Date of Insurance : **13 Oct 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
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 : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 29 Sep 2017 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive