

NATIONAL Assessment Centre Services [ref: 1 Jan 2018] 1904/8082567			
Date In: 26/06/2018 17:57	Job description:	Date & Time Completed	Done by
Ref No: NBA/INC/801/65874	SAS e-filing		
Veh No: FBG 46063	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/06/2018 21:50	i-Motor Claim Form	MY/1000530-001	27/06/2018
OD (1P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:01
	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: GBR 388C	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

1904804661 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	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 (N-in INC) against INC \$20				
9) N12: Idac Mobile \$0				
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 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	26/06/2018 17:57
Date Of Accident	25/06/2018 21:50
Exact Location Of Accident	CROSS JUNCTION OF JURONG WEST AVE 2/JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4406B
Insured/Policyholder	
Name Of Registered Owner	KOH JI SHENG
NRIC No	S9444947B
Email Address	JISHENG.KOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90065020
Alternative Phone No	OTHERS-90065020

Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR-999CC (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	5075006213-02
Cover Note Number	

Driver

Name of Driver	KOH JI SHENG
NRIC No	S9444947B
Date Of Birth	11/11/1994
Occupation	INDOOR
Date Of Driving Pass	22/04/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065020
Fax Number	
Contact Number	OTHERS-90065020
Email Address	JISHENG.KOH@GMAIL.COM

Address	BLK 680A JURONG WEST CENTRAL 1 #15-42
Postcode	641680
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T20180626/2008

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 Witness 1

Name	PETER HUAN
Phone Number	90486163
Email Address	

Details of Witness 2

Name	IRFAN
Phone Number	93835783
Email Address	

Details of Witness 3

Name	RAHIM
Phone Number	98507827

Email Address

Details of Witness 4

Name LOKMAN
Phone Number 91691199
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE3088C
Vehicle Make/Model/Colour
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 KOH JI SHENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBG4406B
Were seat belts worn?
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: 26/06/18

Driver's Signature

(If driver is not the policyholder)

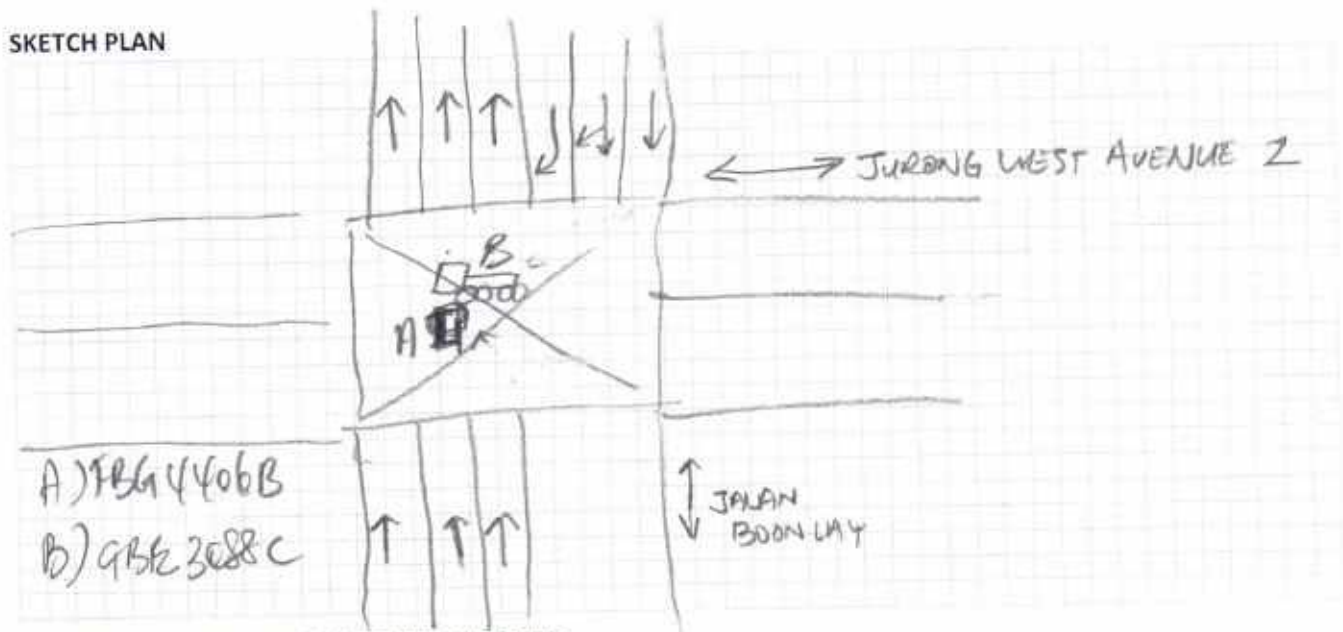
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN



A) 1864406B
B) 98623088C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the form: PLS REFER TO POLICE REPORT 1/20080626/2008

DECLARATION

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

Handwritten signature

Policyholder's Signature
Date & Time:

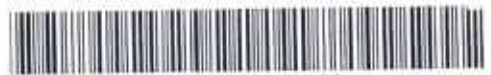
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Handwritten signature and date: 26/06/2008

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



SINGAPORE POLICE FORCE



T/20180626/2008

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180626/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2018 02:43		Vide Report No.: J/20180625/0216		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: KOH JI SHENG			Address: APT BLK 680A JURONG WEST CENTRAL 1 #15-42 SINGAPORE 641680		
ID Type / ID No.: NRIC NO / S9444947B			Contact No.: Home/Office:		Mobile: 90065020
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 11/11/1994	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: ARMY REGULAR			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/06/2018 21:50	Type of Location: X-Junction
Location: Along Road 1 JALAN BOON LAY JALAN BAHAR At the cross junction of Jalan Boon Lay and Jurong West Ave 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4406B	Motorcycle	HONDA	CBR1000RR	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4406B	NTUC Income Insurance Co-Operative Limited	5075006213-02	17/10/2017	16/10/2018



**SINGAPORE
POLICE FORCE**



T/20180626/2008

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20180626/2008

CONTINUATION OF REPORT

Brief Details.

On 25/06/2018 at about 2150hrs, I was riding my motorcycle bearing plate number FBG4406B travelling along Jalan Boon Lay towards Jalan Bahar. As I was reaching at the cross junction of Jalan Boon Lay and Jurong West Ave 4, the traffic light was in my favour and I ride pass the junction.

Subsequently, a white lorry from the opposite side suddenly make a right turn towards Jurong West Ave 4 and I was unable to stop in time and collided with the lorry resulting to a fall off from my bike. I then get up and realised that the lorry did not stop and drove off. My bike was seriously damaged. Traffic police was at scene.

After the accident, I then went to consult a doctor and was given a 3 days medical leave. I suffered bruises at my right butt area, lower back and abrasion on my left arm.

I wish to state that there are a few witnesses happened to saw the accident and I managed to exchange contact with them as their vehicle has an In-Car Camera installed.

Witnesses particulars:

Peter Huan HP: 90486163 - Private hire vehicle (SLL3553M) with a possible In-Car Camera footage.

Irfan HP: 93835783 - Witness to on site accident

Rahim HP: 98507827 - Taxi driver with a possible In-Car Camera footage.

Lokman HP: 91691199 - Person who helped out after the accident.



**SINGAPORE
POLICE FORCE**



T/20180626/2008

3 of 3

Report No. T/20180626/2008

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /

Sgt 2 MUHAMMAD JAMEER S/O MOHAMED
MANSOOR *Sgt/Sst Ong Jie Shen*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

26/06/2018 02:43

Classification Of Case:

Claim Handling

Accident MT/1000530

Policy No.	5075006213-02	Vehicle No.	FBG44068	GST Registration No.	
Policyholder Name	KOH JI SHENG			Policyholder NRIC	S9444947B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90065020	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	27/06/2018 12:58	Accident Report Within 24 Hrs	Yes	Accident Type	Hit and run
Date of Accident	26/06/2018	Time of Accident hh:mm	23:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CROSS JUNCTION OF JURONG WEST AVE 2/JLN BOON LAY				

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 680A #15-42	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 641680
Address 4		Address Type	Singapore address	Post Code	641680
Unit No.	15-42	Related Policy Number	5075006213-02		

Q1 Driver Info

Driver Name	KOH JI SHENG	Driver Type	Main Driver	Driver DOB	11/11/1994
Unnamed driver Name		Driver NRIC	S9444947B	Driving Experience	3
Register Date of Driver License	22/04/2013	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	90065020	Contact No.(Office)		Address 3	SINGAPORE 641680
Address 1	BLK 680A #15-42	Address 2	JURONG WEST CENTRAL 1	Post Code	641680
Address 4		Address Type	Singapore address		
Unit No.	15-42				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBG44068	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	KOH JI SHENG	Insured NRIC	S9444947B
Contact No.(Mobile)	90065020	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	isheng_vah@gmail.com	Q1 Vehicle Number	FBG44068	TP Vehicle Number	GBE3068C
Claim Description	FBG44068 / GBE3068C ON 25 Jun 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	27/06/2018 00:00
Date Registered	27/06/2018 13:00	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print Acknowledgement

Save Submit

Attachment

Accident No.	MT/1000530	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/06/2018 13:01
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
Message Read		Send Message	Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:01	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 12:00	SAS	Normal	SAS 2018-6-27	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 06 / 2018 (DD/MM/YYYY), TIME: 21 : 50 (HH:MM)

LOCATION: CROSS JUNCTION OF JURONG WEST AVENUE 2 AND JALAN BOON LAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG4406B
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5075006213-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB1000R, 2005
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT
 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: KOH JI SHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S94449473 CONTACT: 90065020
 c) ADDRESS: Block 68A Jurong West Central 1 #15-42
5641680

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (11 / 11 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/04/2013

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)

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: NANYANG NEIGHBOURHOOD POLICE CENTRE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE3088C 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: _____

Email = jisheng.koh@gmail.com

fax =

**SINGAPORE ARMED FORCES
IDENTITY CARD**

Name
KOH JI SHENG

NRIC No
S9444947B

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S'9444947B**

Name
KOH JI SHENG

Birth Date: **11 Nov 1994**

Issue Date: **22 Apr 2013**

002173346E

00000050240488

NRIC No/Colour
S9444947B/ PINK

Race
CHINESE

Date Of Birth
11/11/1994

Service Status
REGULAR

Address
**Blk 680A JURONG WEST CENTRAL 1
#15-42 SINGAPORE 641680**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank/Status
OFFICER

Sex
M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	22 Apr 2013
Class 1A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	18 Jul 2014
Class 1	MOTORCYCLES EXCEEDING 400 CC	18 Oct 2015

S / No. 9000228556

Licence No: S9444947B

NP 429A

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 : 5075006213-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **FBG4406B**
Chassis Number : JH2SC57A25M107781
2. Name of Policyholder : KOH JI SHENG
3. Effective Date of Insurance : 17 Oct 2017
4. Expiry Date of Insurance : 16 Oct 2018

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)	: KOH JI SHENG
NAMED DRIVER (2)	: KOH JI EN
HIRE PURCHASE COMPANY	: N/A
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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 16 Oct 2017 13:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive