MILL OF TOTAL	e Services 1000 1 35 7951 MUHY (100) 15 11		
Date In Do Olo 90 X	Job description Date &Time Completed	Done by	
Ret NUMBERTAN CTON/165914	SAS e-filing		
Veh No SKA TIOIF	E-mail (within 8hrs, AlC 2hrs)		
DOA STONOG BEST	i-Motor Claim Form M/ 1000504-001	27 ch	20/0
28/60/sed 19/22	i-Motor W/O (Within, OD 2hrs, TP 4hrs)	TILL	Nu
OD TP Peparing Only	i-Photo Uploaded	1170	
	Assessment/Survey Report		-
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No: SU	(473) R INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: () Cover Type: ()	
Confirmed by : (Date: Time:)	
Insured/Driver Liability (%)	Note-Est Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%	1	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	00 () / \$2,000 ()		
General Remarks:-		-	
() Walk-In Customer: Customer's info	rmation strictly Confidential & Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur-	er URGENTLY.		
Drive-In ()/Towed-In (); Invoice	: YES () / NO () ; Towing Co. (30)
Remarks:- (INC hotline: 6788 6616)	Date&Time Comple⁺ud	Done by	
	Courtesy Car ()	. Donot	-
2) QC Check / Post Repair Inspection	Courtesy Car ()		
Upload Resurvey Photo [Repair Cost > \$:	30001 ()		
		-	
Injury:			
Date/Time Actions			_
CONTROL OF THE PARTY OF THE PAR		WIN-SORY	
STATE OF STA		Mosan .	
THE PARTY OF THE P		Moses	
PATRIMAN III. III. III. III. III. III. III. II		ik Wasan	
PARTITION DE LA COMPANIA DE LA COMPA		N (1050E)	
		N (NOSOZNI)	
	Invoice Preparation Checklist	To the 28 St. Co.	
NA1804660	1) AR Accident Reporting (\$30):	- 1- 15 15 15	
MALSO 4060 Claimant's Particulars:-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)	let Bill &	
NALO 4060 Claimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120	tet Bill /	
MALSO 4060 Claimant's Particulars:- Driver/Owner:	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) FT : Follow-Through Survey (Resurvey) \$30	tet Bill /	
NAUSO 4060 Claimant's Particulars:- Oriver/Owner: Contact No:	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-suspection \$75	tet Bill /	
MALSO 4060 Claimant's Particulars:- Driver/Owner: Contact No:	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (well 10 Jan 2005)	tet Bill /	
MALSO 4660 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-suspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services- Onl*	tet Bill /	
NAW 4660 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (well 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services- OD1* *N5: Courtesy Car / Tpt Allowance \$5	lat Bill &	
MALSO 4060 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-suspection \$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: Fast Repair Inspection \$25	Ist Bill &	
MAUSO 4060 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments:-	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-suspection \$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: Fast Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55	Ist Bill	Amt (\$)
NA1804060	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-suspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- Onl* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fast Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55	Ist Bill &	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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

ACCIDE	ENT STAT	EMENT
--------	----------	-------

Date Of Report

26/06/2018 18:17

Date Of Accident

25/06/2018 18:55

Exact Location Of Accident

AIRPORT BOULEVARD TOWARDS TERMINAL 3 EXIT

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKN5101E

Insured/Policyholder

Name Of Registered Owner

OW SIEW WENG

NRIC No

S0264060J

Email Address

DAVE OW@YAHOO.COM

Mobile Phone No

(LOCAL) +65-97995119

Alternative Phone No

OTHERS-98427750

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA-1.6 ELITE (MD) (A)

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?

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

5066296165-04

Cover Note Number

Driver

Name of Driver

OW SIAK WEI (OU XUWEI)

NRIC No

S7313323H

Date Of Birth

07/04/1973

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

21/08/1996 21 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97995119

Fax Number

OTHERS-98427750

Contact Number EMail Address

DAVE OW@YAHOO.COM

Page 1 of 22

Address

BLK 19 GHIM MOH ROAD

#04-241

Postcode

270019

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLE4733B

Vehicle Make/Model/Colour

TOYOTA SIENTA

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

MOHAMAD HANIM BIN ALIYAS

NRIC/Passport Number

S1592534E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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: 7

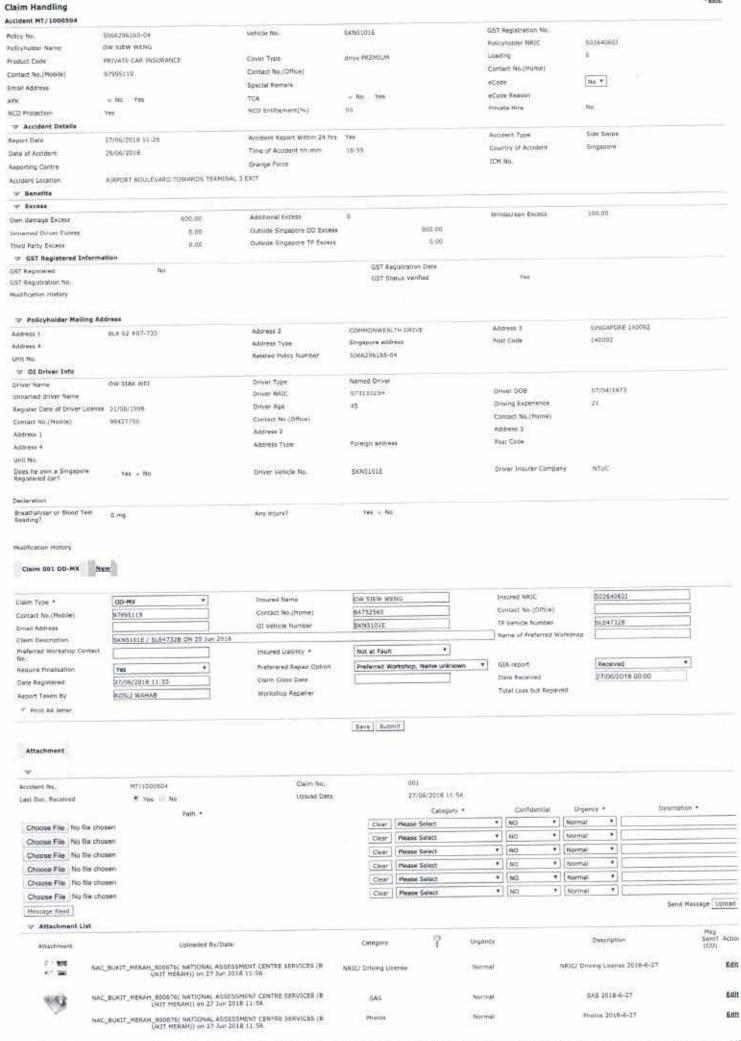
1000am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

AIRFORM BOULKUARD TOWNEDS THEMIUM 3 FEXIT A) SKN STOLE B) SLE 4132B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT into DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personne Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Date & Time: 26/ NRIC/FIN No.



	CONTRACTOR OF THE PARTY.	89694 A 24V L A	New Window Stan and u			
→ Video List	Upmeded By/Deta	Folder Date	P3e Name	9	Source	Action
	NAC_BURIT_MERAM_BURGOW, NATIONAL ASSESSMENT CENTRE SERVICES (B URIT MERAM) on 27 Jun 2018 11:56		Photos	blormal	Photos 2018-6-27	Edit
-	NGC_BURIT_MERAH_BOOGZE(NATIONAL ASSESSMENT CENTRE MERVICES (B. UKIT MERAH)) on 27 Jun 2018 11:56		Photos	Normal	Photos 2019-6-27	Edit
	NAC_BURIT_MERAN_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAN)) on 27 Am 2036 11:56		Photos	Normal	Procos 2018-6-27	Edit
	MAC_BUKIT_MIRAM_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAM)) to 27 Jun 2018 11:56		Photos	Normal	Process 2018-6-27	Edit
1	NAC BURIT MERAH BOOKTAL NATIONAL ASSESSMENT CENTRE SERVICES (B ORT MERAH) on 27 Jun 2016 11:56		Photos	Normal	Unotos 2018-6-27	Edit
	NAC_BURIT_MERAH_BOOKTE NATIONAL ASSESSMENT CENTRE SERVICES (6 DRIT MERAH)) on 27 Jun 2018 11:36		Photos	Hormal	Motos 2018-6-27	sain
	NAC_BUKIT_MERAH_BOOK76; NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH) on 27 Jun 2018 11:56		Phutus	Normel	Profes 2018-6-27	Edis
	HAC_BLATT_MERAH_BOOK76; NATIONAL ASSESSMENT CENTRE SERVICES IN UKIT MERAH)) NO 27 Jun 2018 11:56		Photos	Normal	Phonos 2918-6-27	Edit
A	NAC_BURIT_MERAH_BOOKF6(NATIONAL ASSESSMENT CENTRE SERVICES (B URIT MERAH)) on 27 Jun 2018 11:56		Photos	Normal	Priotos 2018-6-27	Edit
	NAC_BURIT_MERAN-800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAN)) on 27 Jun 2018 11:56		Photos	Normal	Photos 2018-6-27	Edit
	NAC_BURIT_MERAH_BD0678(UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AN)(or 27 Jun 2018 11:36	Multiple	Nermal	Photos 2018-6-27	Edit
Eller						

Display in New Window Scan and uploading

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE O] VEHICLE NUMBER: D INSURANCE COMPANY: O POLICY NUMBER: O POLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE & THEFT) O MAKE & MODEL: TITYPE: (SALOON / COUPE / MEV / VAN / LORRY / MOTORCYCLE / OTHERS) O VEHICLE CATEGORY: (FINITATE / COMMERCIAL / MOTORCYCLE / OTHERS) O NEICHOLD A THEOLOGY / COMMERCIAL / MOTORCYCLE / OTHERS) O ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/MO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: O SIEN WES D) NRIC/FINI/PASSPORT: SOLUTION OF THE ONLY TO THE ONLY TO THE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Д	CCIDENT DA	TE: 25 06 2	018)(DD/MM/		3 : 54)(HH:MM)
1. DETAILS OF VEHICLE OIVEHICLE NUMBER: DINSURANCE COMPANY: NTUC Income OIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE &THEFT] e) MAKE & MODEL: Hyundai Clotes Cite I) TYPE: (SALOON / COUPE / MEV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 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: ON SICH Wes D) NRIC/FIN/PASSPORT: SOLUTION OF ALLOY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SOLUTION OF ALLOY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SOLUTION OF ALLOY CONTACT: OINTER	L L			Chingi Tupo	7 lerminal	3 GX17.
OVERICLE NUMBER: STATE PRINCE COMPANY: NTUC INCOME DINSURANCE COMPANY: NTUC INCOME DIPOLICY NUMBER: 506296165-03 DIPOLICY NUMBER: 506296165-03 DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: Hunday Clarke Clife TITYPE: (SALOON / COUPE / MEY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) DIPURPOSE OF USING AT ACCIDENT TIME: PLANTE (15E DIPURPOSE OF USING AT ACCIDENT TIME: PLANTE (15E) DIPURPOSE OF USING AT ACCIDENT TIME: PLANTE (15E	<u> </u>	1 DETAIL	C OF VEHICLE	-200 HU/W NEW H	1	
DINSURANCE COMPANY: NTUC 2 acome c)POLICY NUMBER: 506296165-03 d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE & THEFT) e)MAKE & MODE: Hundai Clase Cite fitype: (SALOOM / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Pract use i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/60) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Ow Sign Wese D)NRIC/FIN/PASSPORT: SOLOHOGO CONTACT: 979919 c)ADDRESS: 92 COMMERC WORLD CONTACT: 979919 c)ADDRESS: 92 COMMERC WORLD CONTACT: 979919 c)ADDRESS: 93 Sha Make Cold \$104-201 **CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: \$73/3373H CONTACT: 979777750 c)ADDRESS: 94 Sha Make Cold \$104-201 **CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: \$73/3373H CONTACT: 979777750 c)ADDRESS: 94 Sha Make Cold \$104-201 **CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: \$73/3373H CONTACT: 979777750 c)ADDRESS: 94 Sha Make Cold \$104-201 **CONTINUE TO 3:d IF DRIVER WITH INSURED: COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE D) VEHICLE NUMBER: SLEY 432B MODEL: Toyota Senta Insulation divisor D) NRIC/FIN/PASSPORT: \$1591504E CONTACT: C) NRIC/FIN/PASSPORT: \$1591504E CONTACT: C) HIRD PARTY VEHICLE D) VEHICLE NUMBER: MODEMEN MODEL: Toyota Senta	40	# ENTREMEDIAL PROPERTY.		SKN 5/0	I E	* *
C)POLICY NUMBER: 506296165-03 d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: Hyundai Clote Clite fitype: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/40) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Ow Siew West D)NRIC/FIN/PASSPORT: 50264667 CONTACT: 9949519 C)ADDRESS: 91 CONTACT: 9049519 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINNEC/FIN/PASSPORT: 57313323H CONTACT: 92477750 C)ADDRESS: 19 Shik Mak Kock HOV-24/1 C)ADDRESS: 19 Shik Mak Kock HOV-24/1 e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (27 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF BIRTH: (17 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR /				y. NTUC	Income	
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT) B) MAKE & MODEL: Hunda! Clate Clife (TYPE: (SALOON / COUPE / MRY / VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Product use l) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Ow Sigh Wese D) NRIC/FIN/P ASSPORT: SOLUTION OF THE PARTY CLAIM / REPORTING ONLY) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q) NAME: Ow Sigh Wesi C) ADDRESS: 12 Continue was the fire of 120 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q) NAME: Ow Sigh Wesi C) ADDRESS: 19 Ship Mode Kod \$104-24/1 **CONTACT: 92477750 C) ADDRESS: 19 Ship Mode Kod \$104-24/1 C) ADDRESS: 19 Ship Mode Kod \$104-24/1 **CONTACT: 92477750 C) ADDRESS: 19 Ship Mode Kod \$104-24/1 C) ADDRESS: 19 Ship Mode Kod \$104-24/1 SOLUTION: (INDOOR / OUTDOOR) I) DATE: OF DRIVING PASS TO THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (Q'EAR / RAINING / OTHERS D) ROAD SURFACE: (D'RY / WET / OTHERS D) ROAD SURFACE: (D'RY / WET / OTHERS D) ROAD SURFACE: (D'RY / WET / OTHERS D) REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: D) VEHICLE NUMBER: NOME AND HARM BIN Allies C) NRIC/FIN/PASSPORT: S159254E C) NRIC/FIN/		50950.0900.000		506629616	5-03	
## AMAKE & MODEL: Hyundai Clate Clife		dirou	CY TYPE: ICOMPR		D PARTY / THÍRD	PARTY FIRE &THEFT)
ITYPE: (SALOON / COUPÉ / MEY / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:		DIMAK	E & MODEL H	undai Elentra	6 ste	
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PLANTE USE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A) NAME: Ow Siew Wese D) NRIC/FIN/PASSPORT: SOZEWOGO CONTACT: 9749519 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: S7313323H CONTACT: 98477750 C) ADDRESS: 19 6hb Mob ROS A HOV-241 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: S7313323H CONTACT: 98477750 C) ADDRESS: 19 6hb Mob ROS A HOV-241 **C)		f)TYPE:	SALOON / COUP	E/MEV/VAN/	LORRY / MOTOR	CYCLE / OTHERS)
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: Ow Siew Was D) NRIC/FIN/PASSPORT: \$02640607 CONTACT: 9799519 C) ADDRESS: 12 COLUMB WAS ACCOUNTED TO SIEW WES S (140092) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) INCluding claiver D) NRIC/FIN/PASSPORT: \$73/3323H CONTACT: 98477750 C) ADDRESS: 19 Shu Mah Road \$104-24/1 **CITCOINT (INDOOR / OUTDOOR) 1) DATE OF BIRTH: (07 / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS = 21/08/1996 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. DIWEATHER CONDITION: (QIEAR / RAINING / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SLE 4732B MODEL: Toyota Siental b) DRIVER'S NAME: Modernad Having Bin Alices C) NRIC/FIN/PASSPORT: \$159254E CONTACT: 9. THIRD PARTY VEHICLE		g)VEHI	CLE CATEGORY: (F	RIVATE / COMM	MERCIAL / MOTO	RCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Ow SIEW Wes MALE / FEMALE b)NRIC/FIN/PASSPORT: S'22640607 CONTACT: 9799519 C)ADDRESS: 92 CONTACT: 9799519 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: Ow SIEW Wei MALE / FEMALE b)NRIC/FIN/PASSPORT: S73/3323H CONTACT: 98477750 C)ADDRESS: 19 Ghi Med Road \$104-24/1 *CONTACT: 98477750 *CONTACT: 984777750 *CONTACT: 98477750 *CONTACT: 984777750 *CONTACT: 98477770 *CON		h)PURP	OSE OF USING AT	ACCIDENT TIME	: Private use	
2. INSURED / POLICY HOLDER A)NAME: Ow Sign Wes b)NRIC/FIN/PASSPORT: SOZENOGO CONTACT: 9799519 *CONTINUE TO 3. di PRIVER ALSO POLICY HOLDER C)NAME: Ow Sign Wes S (140092) *CONTINUE TO 3. di PRIVER ALSO POLICY HOLDER DRIVER G)NAME: Ow Sign Wes S (140092) *CONTINUE TO 3. di PRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7313373 H CONTACT: 98477750 C)ADDRESS: 19 Ship Mach Road #104-2011 *C)ADDRESS: 19 Ship Mach Road #104-2011 *C)ADDRESS: 19 Ship Mach Road #104-2011 *C)ADATE OF BIRTH: (07 / 04 / 1973) (DD/MM/YYYY) ### ### ### ### ### ### ### ### ### #		I) ARE Y	OU CLAIMING UN	DER YOUR OWN	I INSURANCE (Y	S/RO)
A)NAME: Ow SIGN WERE D)NRIC/FIN/PASSPORT: SOZENOGO CONTACT: 9799519 C)ADDRESS: 12 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER S (140092) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q)NAME: Ow Sight Wei D)NRIC/FIN/PASSPORT: \$73/3323H CONTACT: 98427750 C)ADDRESS: 19 Ghis Most Road \$104-24/1 **CONTACT: 98427750 **CONTINUE TO 3.d IF DRIVER WITH INSURED: 01/24/27750 C)ADDRESS: 19 Ghis Most Road \$104-24/1 **CONTACT: 98427750 C)ADDRESS: 19 Ghis Most Road Road Road Road Road Road Road Road					M / REPORTING	ONLY)
DINRIC/FIN/PASSPORT: SOLUTION: Q199519 CIADDRESS: Q12 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER S (140092) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUSING SINIVER DINRIC/FIN/PASSPORT: S73/3323H CONTACT: 98427750 CIADDRESS: Q9 Shim Moh Road \$\frac{1}{2}\text{OUTDOR}\$, \$\frac{1}{2}\text		INSURE	D / POLICY HOLD	ER		(LEENALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUSTING STORT: ST3/3373H CONTACT: 98477750 CINCLUSTING STORT: ST3/3373H STORT: ST3/3373H CONTACT: 99. THIRD PARTY VEHICLE CINCLUSTING STORT: ST3/3373H CONTACT: 99. THIRD PARTY VEHICLE CINCLUSTING STORT: ST3/3373H CONTACT: 99. THIRD PARTY VEHICLE CINCLUSTING STORT: ST3/3373H CONTACT: 98477750 CINCLUSTING STORT: ST3/3373H STORT: ST3/3373H CONTACT: 99. THIRD PARTY VEHICLE CINCLUSTING STORT: ST3/3373H CONTACT: 98477750 CONTACT: 98477750 CONTACT: ST3/3373H CONTACT: 98477750 CONTACT: 98477750 CONTACT: 98477750 CONTACT: 98477750 CONTACT: 98477750 CONTACT: 984777750 CONTACT: 9847777750 CONTACT: 9847777750 CONTACT: 9847777750 CONTACT: 9847777770 CONTACT: 9847777770 CONTACT: 984777770 CONTACT: 98477770 CONTACT: 98477770 CONTACT: 98477770 CONTACT:					20171	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including claver) (Including claver) (Including claver) (Including claver) (Including claver) DINRIC/FIN/PASSPORT: \$73/3373H CONTACT: 98477750 CIADDRESS: 19 6h.h. Moh. 1204 \$104-24/1 CIADRESS: 19 6h.h. Moh. 1204 \$104-24/1 CIADR					AINOS - SONIA	GI:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including claiver) (2) CINCRICATION SPORT: S73/3323H CONTACT: 78427750 CIADRESS: 19 6hh Moh 1000 #104-24/1 CIADRESS: 19 6hh Moh 1000 #10		c)ADD			71 5 7 7 6 7	+)
DRIVER (Including shiver) (2) DRIVER (Including shiver) DINRIC/FIN/PASSPORT: S73/3323H CONTACT: 98477750 CJADDRESS: 19 6hia Moh 12040 #104-24/1 S(27019) *d)DATE OF BIRTH: (07 / 04 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF DRIVING PASS - 21/08 1996 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: On 5. DIWEATHER CONDITION: (QLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SLE 4732 B MODEL: Toyota Stenta b) DRIVER'S NAME: Mobiling Bin Aliges C) NRIC/FIN/PASSPORT: S159254E CONTACT: THIRD PARTY VEHICLE		* CONT	The second secon		CY HOLDER	
DINRIC/FIN/PASSPORT: S73/3323H CONTACT: 98477750 C) Claddress: 19 6his Mos 100 d floy-24/1 e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF BIRTH: (07 / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF BIRTH: (07 / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF BIRTH: (07 / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYYY) e) OCCUPATION: (INDOOR / 04 / 1973) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / 0	White of approx			TER PERSON		10
bjnric/fin/passport: \$73/3323H CONTACT: 74427730 cjaddress: 19 6hh Mah Kold #04-24/1 sciaddress: 19 6hh Ma	4 140 at het 720x	DINAM	Charles Charles	'Wei		(MALE) / FEMALE)
*d)DATE OF BIRTH: (D7 / O4 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS -: 21 08 199 6 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON 5. DIWEATHER CONDITION: (QLEAR / RAINING / OTHERS DIROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SLEYTSSB MODEL: Toyota Sienta b) DRIVER'S NAME: MODEL: Toyota Sienta C) NRIC/FIN/PASSPORT: S1592504E CONTACT: 9. THIRD PARTY VEHICLE						CT: 9847++50
*d)DATE OF BIRTH: () OY / 1973)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE) OF DRIVING PASS : 21 08 1996 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON 5. a)WEATHER CONDITION: (QLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. a)REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SLE 4732 B MODEL: Toyata Sienta b) DRIVER'S NAME: Moderned Havin Bin Aliyes c) NRIC/FIN/PASSPORT: S1592574E CONTACT: 9. THIRD PARTY VEHICLE	(2)	CIADO	14 0000 44		#104-241	
e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS : 21 08 1996 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. a) REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SLE 4732B MODEL: Toyota Sienta b) DRIVER'S NAME: Moderned Havin Bin Aligns c) NRIC/FIN/PASSPORT: S1592514E CONTACT: 9. THIRD PARTY VEHICLE				1000		
1) DATE OF DRIVING PASS : 2108 1996 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON 5. OWEATHER CONDITION: (QLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS DIROAD SURFACE: ON OTHERS DIROCH SURFACE: ON OTHER DIROCH SURFACE: OTHER DIR					(DD/MM/YYYY)	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON 5. DIWEATHER CONDITION: (QLEAR / RAINING / OTHERS					08/1996	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:		T) DATE	OF DRIVING PI			BANYZ (YES / NO)
5. a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS		4. WAS D	RIVER AN EMPL	OF THE DRIVER	WITH INSURE	D: Con
b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. D)REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SLE 4732B MODEL: Toyota Sienta b) DRIVER'S NAME: Moderned Havin Bin Alives c) NRIC/FIN/PASSPORT: S159254E CONTACT: 9. THIRD PARTY VEHICLE		5 alwea	THER CONDITION:	COLEAR / RAINI	NG / OTHERS	
6. WAS ANYBODY INJURED (YES /NO) 7. OJREPORTED TO POLICE (YES /NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6) VEHICLE NUMBER: SLE 4732B MODEL: Toyota Sienta 6) DRIVER'S NAME: Moderned Havin Bin Aliges 6) NRIC/FIN/PASSPORT: S1592534E CONTACT: 9. THIRD PARTY VEHICLE		b)ROA	D SURFACE: (DRY	/ WET / OTHERS		
IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE SLE 4732B MODEL: Toyota Sienta: No of passinger of Vehicle Number: Mobamad Hanim Bin Aligns C) DRIVER'S NAME: Mobamad Hanim Bin Aligns C) NRIC/FIN/PASSPORT: \$1592534E CONTACT: 9. THIRD PARTY VEHICLE		6. WAS A	NYBODY INJURED	(YES (NO)		
B. THIRD PARTY VEHICLE SLE 4732B MODEL: Toyota Sienta Discolation delice b) Vehicle Number: Moderned Hamin Bin Aliques C) NRIC/FIN/PASSPORT: \$1592534E CONTACT: 9. THIRD PARTY VEHICLE		7. OJREPC	RTED TO POLICE	(YES /(NO))		
has a passinger a) VEHICLE NUMBER: SLEY 932B MODEL: 1040T4 STENIAL LINGUISTING SUPER: 6) DRIVER'S NAME: MODEL: MODEL: 1040T4 STENIAL C) NRIC/FIN/PASSPORT: \$1592574E CONTACT: 9. THIRD PARTY VEHICLE				HICH POLICE STA	ATION:	
C) NRIC/FIN/PASSPORT: \$15925345 CONTACT:	·	B. THIRD P	ARTY VEHICLE	01-1172212		. Touata Sienta
9. THIRD PARTY VEHICLE	t ye of betterni	er a) VE	HICLE NUMBER:	shamed Harin	Bin Alives	109013
9. THIRD PARTY VEHICLE	Linduding di	ir) b) DR	IVER'S NAME: T	· S159204F	CONT	ACT:
UCCE!	(2)	C) NA	SARTY VEHICLE			As the
			the second of the second of the second		MODEL	
STATE PRIZED - AL DRIVER'S NAME:	Service Priza	ight all DE	EIVER'S NAME:			
d) VEHICLE NUMBER:	I to training d	TOTAL OF NE	C/FIN/PASSPORT		CONT	ACT:
1	1 8	F111178F 10011	January Commission (Commission Commission Co			

email = dave_ow@yahoo.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7313323H

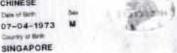


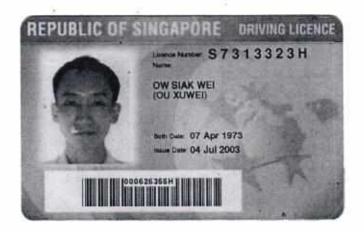


OW SIAK WEI (OU XUWEI)

區 栩 維

CHINESE 07-04-1973 M











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) Cover : drivo PREMIUM

Certificate Number: 5066296165-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SKN5101E

: 21 Jun 2017

: 20 Jun 2018

: KMHDH41CMEU208486

: OW SIEW WENG

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.

\$\$600 EXCESS (SECTION 1) 11/A EXCESS (SECTION 2) \$\$100 WINDSCREEN EXCESS N/A ADDITIONAL EXCESS PLEASE REPER OVERLEAR

UNNAMED DRIVER EXCESS YES

REPAIR AT OWNER'S PREFERRED WORKSHOP VES. INSURE WITH COE VES (FREE NCD PROTECTION NO TRANSPORT ALLOWANCE

EXCESS WAIVER OW SIEW WENG PRIMARY DRIVER : OU FENG LING NAMED DRIVER (1) OW SIAK WEI NAMED DRIVER (2)

: N/A HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: CHONG BOON SHIONG (00000520881) Agency

Date of issue : 18 May 2017 17:14 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive