

NATIONAL Assessment Centre Services

Form 1A (2015)

MANA418093496

Date In: 19/07/2018 19:02	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N8A/INC18013088/Y	E-mail (w/ 1000 Mins, A/C 2hrs):		
Veh No: E61Y	i-Motor Claim Form	MT/1003745001	19/07/2018
D.O.A: 18/07/2018 17:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:29
OD: <input checked="" type="checkbox"/> Reporting Only	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: 4BM 743Y

INC () / Non-INC ()

Owner / Driver: ()

Tel: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

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

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

General Remarks:-

() Walk-In Customer: 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

MANA418093496

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

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
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

OR:

- *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: Idao 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 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	19/07/2018 19:02
Date Of Accident	18/07/2018 17:50
Exact Location Of Accident	LORONG 2 TOA PAYOH TWRDS TOA PAYOH SOUTH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E61Y
Insured/Policyholder	
Name Of Registered Owner	CHWEE HAN SIN
NRIC No	S0158115E
Email Address	CHWEEHS88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96180023
Alternative Phone No	OTHERS-96180023

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5076468600-02
Cover Note Number	

Driver

Name of Driver	CHWEE HAN SIN
NRIC No	S0158115E
Date Of Birth	26/10/1952
Occupation	INDOOR
Date Of Driving Pass	17/04/1970
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96180023
Fax Number	
Contact Number	OTHERS-96180023
Email Address	CHWEEHS88@GMAIL.COM

Address	BLK 112 WHAMPOA ROAD #07-75
Postcode	321112
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180719/2126

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	FBM743Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WANG XIN
NRIC/Passport Number	S2676815B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WANG XIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM743Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

19/7/2018

1800 hours



19/07/2018

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

SKETCH PLAN

COLONG

208 PAYOT TOWARD

208 PAYOT SAMA FLYOVER

A) E61 Y

B) FBM 743Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the accident description area:

208 PAYOT TO POLICE REPORT
7/2018/19/2/206

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/7/18

[Signature] 19/07/2018

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

[Signature] 19/07/2018



SINGAPORE POLICE FORCE



T/20180719/2126

1 of 3

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

Report No. T/20180719/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 17:09		Vide Report No.: E/20180718/0122		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: CHWEE HAN SIN			Address: APT BLK 112 WHAMPOA ROAD #07-75 SINGAPORE 321112		
ID Type / ID No.: NRIC NO / S0158115E			Contact No.: Home/Office:		Mobile: 96180023
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 26/10/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Business consultant			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/07/2018 17:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LORONG 1 TOA PAYOH LORONG 2 TOA PAYOH 158 LOR 1 TOA PAYOH TOA PAYOH GREEN to LOR 2 TOA PAYOH TWDS PIE				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
E61Y	Car	VOLKSWAGO N	TOURAN 1.4L AT TSI 1T32B4	Silver	Slightly Damaged	0
FBM743Y	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E61Y	NTUC Income Insurance Co-Operative Limited	5076468600-02	01/02/2018	31/01/2019



**SINGAPORE
POLICE FORCE**



T/20180719/2126

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20180719/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHWEE HAN SIN	ID No.	S0158115E
Related Vehicle	E61Y (Car)	Contact No.	96180023
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
Rider			
Name	WANG XIN	ID No.	S2676815B
Related Vehicle	FBM743Y (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 18/07/2018, about 1750hrs, I was driving along Lorong 2 Toa Payoh towards Toa Payoh South, I was driving in the middle lane. I stopped at the traffic light. When the traffic light was in my favour, I signaled right and moved to the right lane after making a check with all of my mirrors. After I was fully filtered into the right lane, suddenly, I felt a knock onto my right side of the vehicle. I then stopped to make a check. I got down and saw that a three wheeled motorcycle has grazed the right side of my car. I called for ambulance and police. The rider was conveyed to the hospital. My vehicle suffered scratches to the right side while his motorcycle suffered scratches to his left side.



**SINGAPORE
POLICE FORCE**



T/20180719/2126

3 of 3

Police Station Of Origin:

Cairnhill NPP

9 Gloucester Road #01-03 SINGAPORE

210009

Tel No: 1800-2968999

Report No. T/20180719/2126

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:

A /

Sgt 2 SHAWN ANG YI XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

19/07/2018 17:09

Classification Of Case:

Claim Handling

Accident HT/1003745

Policy No.	5076468600-02	Vehicle No.	E61Y	GST Registration No.	
Policyholder Name	CHWEE HAN SIN			Policyholder NRIC	S0158115E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96180023	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	< No Yes	TCA	< No Yes	eCode Reason	
NCD Protection	No	NCD Endorment(%)	0	Private Hire	NO

Accident Details

Report Date	19/07/2018 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/07/2018	Time of Accident (hh:mm)	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG 1 TOA PAYOH TOWARDS LORONG 2 TOA PAYOH				

Benefits

Coverage	Sum Insured				
Excess Waiver	99999999.99				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 112 #07-75	Address 2	WHAMPOLA ROAD	Address 3	SINGAPORE 321112
Address 4		Address Type	Singapore address	Post Code	321112
Unit No.		Related Policy Number	5076468600-02		

OT Driver Info

Driver Name	CHWEE HAN SIN	Driver Type	Main Driver	Driver DOB	26/10/1952
Unnamed driver Name		Driver NRIC	S0158115E	Driving Experience	48
Register Date of Driver License	01/01/1970	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 321112
Address 1	BLK 112 #07-75	Address 2	WHAMPOLA ROAD	Post Code	321112
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	E61Y	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes < No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHWEE HAN SIN	Insured NRIC	S0158115E
Contact No.(Mobile)	96180023	Contact No.(Home)	N/A	Contact No.(Office)	
Email Address	etkinisaw88@gmail.com	OT Vehicle Number	E61Y	TP Vehicle Number	FW743Y
Claim Description	E61Y / FW743Y ON 18 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2018 19:28	Claim Close Date		Date Received	19/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	HT/1003745	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/07/2018 19:29

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Jul 2018 19:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Jul 2018 19:29	Photos	Normal	Photos 2018-7-19		Edit

Claim Handling(accident reporting Claim Task)

[📺 Video List](#)

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18/07/2018) (DD/MM/YYYY), TIME: (17:50) (HH:MM)

LOCATION: To A Payer South Myover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EG14
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: CHWE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S01581151E CONTACT: 96180023
 c) ADDRESS: 112 Whampoa Road #07-75
Singapore 321112

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHWE HAN SIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S01581151E CONTACT: 96180023
 c) ADDRESS: 112 Whampoa Road #07-75
Singapore 321112

*d) DATE OF BIRTH: (26/10/1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1970 APRIL 17

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)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: see Police Report

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM 743 Y MODEL: _____
 b) DRIVER'S NAME: WANG XIN
 c) NRIC/FIN/PASSPORT: S2676815B CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email = chwehs88@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0158115E



Name

CHWEE HAN SIN

水涵成

Race

CHINESE

Date of Birth

26-10-1952

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0158115-E

Name

CHWEE HAN SIN

Birth Date 26 Oct 1952

Issue Date 06 Jan 2004



2749895



NRIC No. S0158115E



Blood Group Date of issue

A+ 07-12-1995

APT BLK 112 WHAMPOA ROAD #07-75

SINGAPORE 321112

NRIC No. S0158115E

Date: 16-10-2000

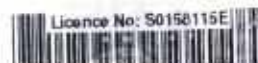
No: 3661201

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Apr 1970



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5076468600-02

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : E61Y
Chassis Number : WVGZZZ1TZCW116862
2. Name of Policyholder : CHWEE HAN SIN
3. Effective Date of Insurance : 01 Feb 2018
4. Expiry Date of Insurance : 31 Jan 2019
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 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
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHWEE HAN SIN
NAMED DRIVER (1)	: TAY KIM IT
NAMED DRIVER (2)	: WONG PO CHU
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INCOME-BRANCH SERVICES (00000081333)
Date of issue : 17 Jan 2018 11:54 hrs
Reprint : 17 Jan 2018 11:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MN1A418093496 Vehicle Registration No: E61Y
Name (as shown in NRIC): CHNAN HAN SIM NRIC/FIN/Passport No: S0158115E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96680023
Email Address: _____
Date of Accident: 18/07/2018 Time of Accident: 17:50
Place of Accident: LOR 2 TOA PAYAH TOWARDS TOA PAYAH SOUTH FLYOVER
Insurance Company: MUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① LOCATION OF ACCIDENT LOR 2 TOA PAYAH TOWARDS TOA PAYAH
SOUTH FLY OVER
- ② SCENE PHOTO
- ③ ISSUE THE CORRECT POLICE REPORT

Policyholder / Driver's Signature
Date:

Chen

Reporting Centre Personnel's Signature
Name: Rosly
NRIC/FIN No: u10002
Date: 20/07/2018