

NATIONAL Assessment Centre Services

(APR - JAN 2021)

MMA48596163

Date In: 25/07/2018 14:47	Job description	Date & Time Completed	Done by
Ref No: NBA/20180135424	SAS e-filing		
Veh No: SGR 8286H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2018 19:55	i-Motor Claim Form	MT/1004567-001	25/07/2018 15:42
OD: (TP) 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: JNF 7767

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
	Int 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) FT: 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:-		
ON*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile \$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	25/07/2018 14:47
Date Of Accident	24/07/2018 19:55
Exact Location Of Accident	JUNCTION OF UPPER BUKIT TIMAH ROAD/HUME AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8286H
Insured/Policyholder	
Name Of Registered Owner	LEONG MUN CHAI
NRIC No	S0523970B
Email Address	LEONGSHA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94889627
Alternative Phone No	OTHERS-94889627

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5046503025-07
Cover Note Number	

Driver

Name of Driver	LEONG SHARON
NRIC No	S8008630Z
Date Of Birth	01/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94889627
Fax Number	
Contact Number	OTHERS-94889627
Email Address	LEONGSHA@GMAIL.COM

Address	BLK 134 BUKIT BATOK WEST AVENUE 6 #07-459
Postcode	650134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Foreign Vehicle Registration Number	JNF7767 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180724/2200

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	JNF7767
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIEW TECK WENG
NRIC/Passport Number	F7523094W
Contact Number	90939339
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

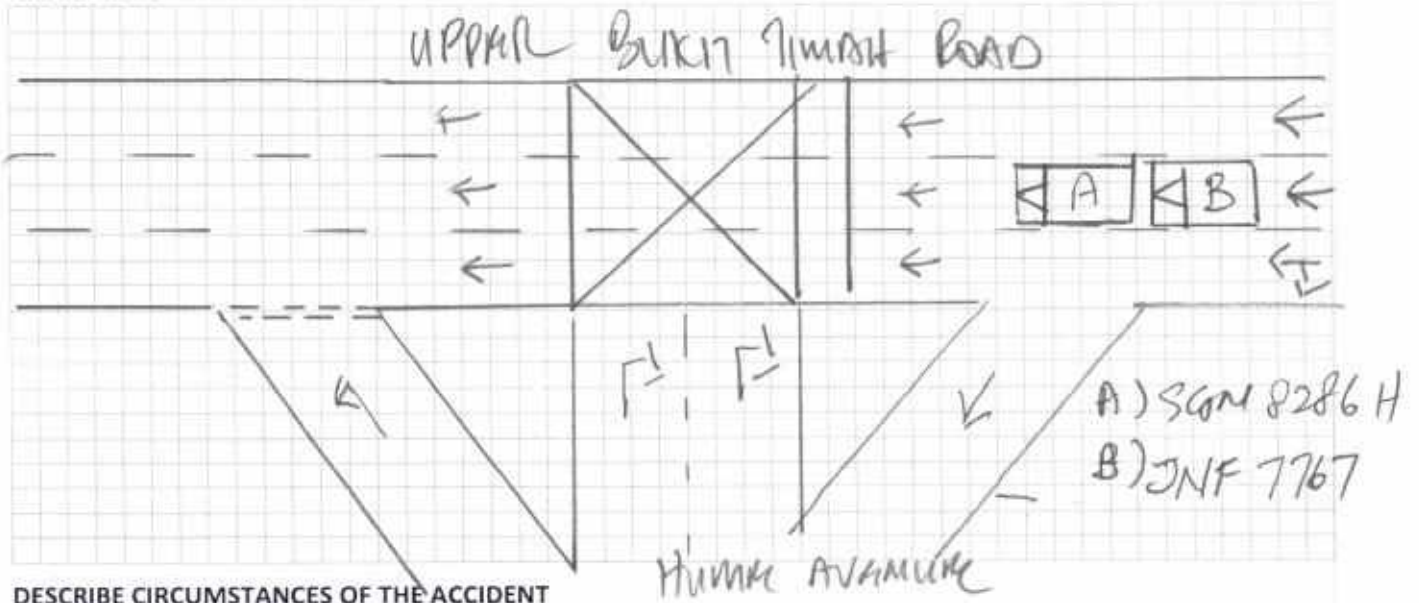
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 25/7/18
2.30pm

Reporting Centre Personnel's Signature
Name: 25/07/2018
NRIC/FIN No. 9001 1111 1111

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20/80724/2200

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/7/18

2:35 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/07/2018
Fahri A. A. A. B.



SINGAPORE POLICE FORCE



T/20180724/2200

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No: T/20180724/2200

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2018 23:10	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: LEONG SHARON			Address: APT BLK 134 BUKIT BATOK WEST AVENUE 6 #07-459 SINGAPORE 650134		
ID Type / ID No.: NRIC NO / S8008630Z			Contact No.: Home/Office: Mobile: 94889627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 01/03/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/07/2018 19:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER BUKIT TIMAH ROAD HUME AVENUE Near to Traffic Junction of Upper Bukit Timah Road and Hume Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNF7767	Car				Slightly Damaged	0
SGN8286H	Car	TOYOTA	Vios	Gold	Seriously Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180724/2200

CONTINUATION OF REPORT

Driver			
Name	HIEW TECK WENG	ID No.	F7523094W
Related Vehicle	JNF7767 (Car)	Contact No.	90939339
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
Driver			
Name	LEONG SHARON	ID No.	S8008630Z
Related Vehicle	SGN8286H (Car)	Contact No.	94889627
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/07/2018 at about 1956hrs, I was father's car bearing registration plate number of SGN8286H along Upper Bukit Timah Road on the second lane of a 3 lanes road. I saw the traffic light ahead was amber from far. I slowed down my speed when approaching the T-Junction of Upper Bukit Timah Road and Hume Avenue. Then I came to a stop as the traffic light was red. Suddenly, I felt an impact from the rear of my car. Then I alighted from my car and the saw a car bearing registration plate number of JNF7767 was behind my car. I spoke to the driver and he told me that he was unable to stop on time and hit onto my car. I exchanged particulars with him and left.

I did not sustain any injuries and I do not have any camera installed in my car. The rear bumper of my car was dented and damaged and for his car was some dents at the bonnet.



**SINGAPORE
POLICE FORCE**



T/20180724/2200

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180724/2200

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 MERVYN PEA JIA WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
24/07/2018 23:10

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1004567

Policy No.	SO46503025-07	Vehicle No.	SGNR286H	GST Registration No.	
Policyholder Name	LEONG MUN CHAI			Policyholder NRIC	SGS239708
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94889627	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KFC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	25/07/2018 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/07/2018	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JUNCTION OF UPPER BUKIT TIMAH ROAD/HUME AVENUE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Registration No.		GST Status Verified	Yes
Modification history			

Policyholder Mailing Address

Address 1	BLK 134 #07-459	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650134
Address 4		Address Type	Singapore address	Post Code	650134
Unit No.		Related Policy Number	SO46503025-07		

O1 Driver Info

Driver Name	LEONG SHARON	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8008630Z	Driver OOB	01/03/1980
Register Date of Driver License	01/01/2000	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	94889627	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SGNR286H	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	OD-HX *	Insured Name	LEONG MUN CHAI	Insured NRIC	SGS239708
Contact No.(Mobile)	90821198	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SGNR286H	TP Vehicle Number	JNF7767
Claim Description	SGNR286H / JNF7767 ON 24 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/07/2018 15:38	Claim Close Date		Date Received	25/07/2018 00:00
Report Taken By	ROSLL WAMAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1004567	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	25/07/2018 15:42

Path *

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Message Read

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 25 Jul 2018 15:42	Photos	Normal	Photos 2018-7-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jul 2018 15:42	Photos	Normal	Photos 2018-7-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jul 2018 15:42	Photos	Normal	Photos 2018-7-25		Edit

<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 25 Jul 2018 15:38

Photos

Normal

Photos 2018-7-25

[Edit](#)NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 25 Jul 2018 15:38

SAS

Normal

SAS 2018-7-25

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 25 Jul 2018 15:38

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-25

[Edit](#)

▼ Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 24/07/2018 (DD/MM/YYYY), TIME: 19:55 (HH:MM)

LOCATION: TRAFFIC JUNCTION OF UPPER BUKIT TIMAH ROAD AND HUME AVENUE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 8286H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5046503025-07
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA VIOS
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: LEONG MUN CHAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0523970B CONTACT: 94889627
 c) ADDRESS: BLK B4 BUKIT BATOK WEST AVE 6 #07-459
S(650134)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONG SHARON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8008630Z CONTACT: 94889627
 c) ADDRESS: BLK B4 BUKIT BATOK WEST AVE 6 #07-459
S(650134)

*d) DATE OF BIRTH: 01/03/1980 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 02/11/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

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: JURONG EAST

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNF 7767 MODEL: _____
 b) DRIVER'S NAME: HIEW TECK WENG
 c) NRIC/FIN/PASSPORT: F7523094W CONTACT: 90939339

9. THIRD PARTY VEHICLE

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

Email = leongsha@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8008630Z



Name

LEONG SHARON

梁雪伦

Race

CHINESE

Date of birth

01-03-1980

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8008630Z

Name

LEONG SHARON

Birth Date: 01 Mar 1980

Issue Date: 17 Feb 2003



DRIVER



4843178

NRIC No: S8008630Z



Date of issue
27-10-2010

Address

APT BLK 134 BUKIT BATOK WEST AVENUE 6
#07-459
SINGAPORE 650134

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

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

PASS DATE
02 Nov 2001



NP 429A



OWHKE



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: 5046503025-07

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGN8286H**
Chassis Number : **MR053HY4204210691**
2. Name of Policyholder : **LEONG MUN CHAI**
3. Effective Date of Insurance : **29 Nov 2017**
4. Expiry Date of Insurance : **28 Nov 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 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: LEONG MUN CHAI
NAMED DRIVER (1)	: LEONG SHARON
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **ANG LIAN HIN (00000525255)**
Date of Issue : **25 Oct 2017 21:16 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive