

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18094530

Date In: 26/7/18-12:07	Job description	Date & Time Completed	Done by
Ref No: NA/AWA180/TS90/24	SAS e-filing		
Veh No: GBE1655D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/7/18-11:20	i-Motor Claim Form		
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: 5J293N94	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

NA809474	Invoice Preparation Checklist	Amf (\$) Inc Bill	Amf (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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 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	26/07/2018 12:07
Date Of Accident	21/07/2018 11:20
Exact Location Of Accident	ALONG JUNC OF BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1655D
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Insured/Policyholder

Name Of Registered Owner	FORTUNECITY ENTERPRISE PTE LTD
Co Reg No	200400377C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0089311700
Cover Note Number	

Driver

Name of Driver	ANG CHEOK KWEE
NRIC No	S1175704I
Date Of Birth	04/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96620192
Fax Number	
Contact Number	OFFICE-96620192
EMail Address	NOEMAIL

Address	BLK 143 BISHAN STREET 12 #03-564
Postcode	570143
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SJR9349Y
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU KARWAI
NRIC/Passport Number	405120135
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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. This report will be forwarded by the insurers to 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.
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.

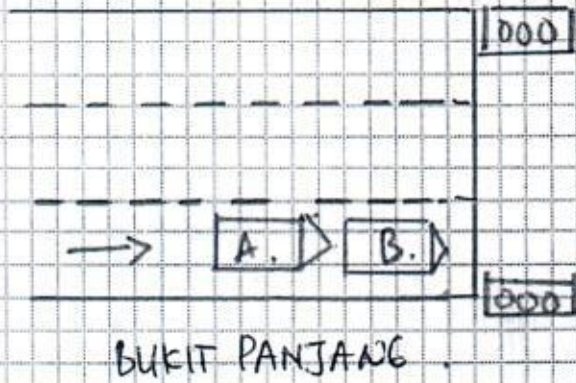


Policyholder's Signature
Date & Time

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

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

SKETCH PLAN



A : GBE 1650D.

B : SJR 9340Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Bukit Panjang RD, the traffic light was on the red prepared to change green.

I was prepared to move forward suddenly I slightly hit on to the car in front of me.

There is no damage for my van & the car in front of me.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

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

SINGAPORE ACCIDENT STATEMENT



IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Police for investigation.
7. 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.
8. By 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 and Time of Accident	Date: 21/07/18 Time: 1122 AM.
Exact Location of Accident	Along Bukit Panjang Traffic Light
Country / State of Loss	
Acc / Loss GPS Coordinates	Latitudes: Longitudes:
	Click on "Map" button to pinpoint exact location of accident/loss on the map

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE 1655D.
Insured / Policyholder	
Name of Registered Owner (See Insurance Cert.)	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company FORTUNE CITY ENTERPRISE PTE LTD.
ID of Registered Owner	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No. 200400377C.
Email Address	
Mobile Phone No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign	
Alternative Phone No.	

Vehicle Particulars (Own Vehicle)

Manufacturer	
Model	NISSAN
Type of Vehicle*	<input type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input checked="" type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle

Insurance Company (Own Vehicle)

Name of Insurance Company *	ALLIED WORLD
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	AVCP SB 0089311700
Motor CI	

Phat-11

DRIVER	<input type="checkbox"/> Same as Insured above	
Name of Driver	ANG CHEDK KWEE	
ID of Driver	<input type="checkbox"/> Co Reg No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No. 51275704 I	
Date of Birth	04 / 03 / 1956.	
Occupation		
Driving Date Pass	21 / 01 / 1977.	
Year of Driving Experience in Singapore	Year(s)	Month(s)
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone No. <input checked="" type="checkbox"/> Local <input type="checkbox"/> Foreign	9662 0192	
Fax No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign		
Alternative Phone No.		
Address of Driver	BLK 143 BISHAN ST 12. #03-564. Postcode (570143.)	
Email Address	-	
Was driver an employee of the Insured's Company?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured		
Does the Driver Own Any Vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	(Vehicle 1) (Vehicle 2) (Vehicle 3)	
Insurance Company of Driver's Own Vehicle (if applicable)	(Vehicle 1) (Vehicle 2) (Vehicle 3)	
General Information Of The Accident		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	FRONT TO REAR.	
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, _____	
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, _____	
Other Information		
Was any foreign vehicle involved in this accident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Number of vehicles involved in the accident	SJR 9349Y	
Was any body injured in the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any other vehicle or property damaged? (including witness)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I have been approached by unknown person(s) soliciting / offering accident claim assistance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Number of Passengers (Including Driver)		
Passenger 1	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 2	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 3	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 4	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 5	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

(Note - Please use page 7 if you need to add more details)

Details Of Police Action

Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, against whom?)

Attachment(s)

Are accident photographs available for attachment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by Car Camera?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was there any audio recorded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SJR 9349 Y .
Vehicle Make/ Model/ Colour	TOYOTA VTOS .
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	LAU KAR WAH .
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input checked="" type="checkbox"/> Work Permit No. 4 05120135 .
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 7 if you need to add more vehicles)

Details of Witness 1

Name	
Phone	
Email Address	

Details of Witness 2

Name	
Phone	
Email Address	

DETAILS OF INJURED PERSON 1

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INJURED PERSON 2

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INJURED PERSON 3

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INJURED PERSON 4

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Note - Please use page 8 if you need to add more injured person)

Number of Passengers (Including Driver).. Continue		
Passenger 6	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 7	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 8	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 9	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 10	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE/PROPERTY	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 5	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INJURED PERSON 6	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INJURED PERSON 7	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Registration Number		
Vehicle Make/ Model/ Colour		
Details of Property Damaged in Accident		
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Name of Driver		
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		

DETAILS OF INJURED PERSON 5

Name		
Address		
Approximate Age		
Injuries Sustained		
If vehicle occupants, state in which vehicle?		
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF INJURED PERSON 6

Name		
Address		
Approximate Age		
Injuries Sustained		
If vehicle occupants, state in which vehicle?		
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF INJURED PERSON 7

Name		
Address		
Approximate Age		
Injuries Sustained		
If vehicle occupants, state in which vehicle?		
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5885713



NRIC No: S11757041

Date of issue
07-03-2018

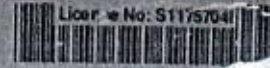
Address

APT BLK 143 BISHAN STREET 12
#03-564
SINGAPORE 570143

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

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1990
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 May 1990
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	14 Jun 1990

21.01.1991



No: 4281

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S11757041

Name

ANG CHEOK KWEE

洪石贵

Race

CHINESE

Date of birth

04-03-1956

Country/Place of birth

SINGAPORE

Sex
M

S117570-11

REPUBLIC OF SINGAPORE DRIVING

S11757041

Name

ANG CHEOK KWEE

Birth Date: 04 Mar 1956

Exp. Date: 16 Dec 2002



CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE

THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCP5B0089311700

ChaNo: VSKYBAM2020098320

1. Index Mark and Registration Number of Vehicle GBE 1655 D
2. Name of Policyholder FORTUNECITY ENTERPRISE PTE LTD
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 19 September 2017
4. Date of Expiry of Insurance 18 September 2018
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
 ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER :

1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PAPF

Hire Purchase Owner : ETHOZ CAPITAL LIMITED

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)

