

NATIONAL Assessment Centre Services

(AP - Jan 2018)

MAA/18/00894

Date In: 03/08/2018 16:19	Job description	Date & Time Completed	Done by
Ref No: N/A/18/001457/1	SAS e-filing		
Veh No: TW 31667	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/07/2018 16:50	i-Motor Claim Form	ml1005879001	03/08/2018 17:04
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: SKW 2258	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	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 (N-in 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	03/08/2018 16:19
Date Of Accident	26/07/2018 16:50
Exact Location Of Accident	JUNCTION OF ALEXANDRA ROAD/BUKIT MERAH LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW3166T
Insured/Policyholder	
Name Of Registered Owner	SIM BUAY KWEE
NRIC No	S1501820H
Email Address	RONNIESIM0111@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91494665
Alternative Phone No	OTHERS-91494665

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090624066-01
Cover Note Number	

Driver

Name of Driver	SIM BUAY KWEE
NRIC No	S1501820H
Date Of Birth	20/11/1961
Occupation	INDOOR
Date Of Driving Pass	29/06/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91494665
Fax Number	
Contact Number	OTHERS-91494665
Email Address	RONNIESIM0111@GMAIL.COM

Address	BLK 431 CHOA CHU KANG AVENUE 4 #09-575
Postcode	680431
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	COLLISION - HEAD ON COLLISION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180803/2048 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKW225S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SIM BUAY KWEE
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FW3166T
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.

 3/8/2018

Policyholder's Signature
Date & Time:

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

 03/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO Police Report
1/20180803/2018*

DECLARATION

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

[Signature] 3/8/2018

Policyholder's Signature
Date & Time:

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

[Signature] 03/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180803/2048

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180803/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 11:59		Vide Report No.: D/20180726/0103		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM BUAY KWEE			Address: APT BLK 431 CHOA CHU KANG AVE 4 #09-575 SINGAPORE 680431		
ID Type / ID No.: NRIC NO / S1501820H			Contact No.: Home/Office: Mobile: 91494665		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 20/11/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COURIER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/07/2018 16:50	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 ALEXANDRA ROAD BUKIT MERAH LANE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3166T	Motorcycle	HONDA	WAVE125S	Silver	Slightly Damaged	0
SKW225S	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW3166T	NTUC Income Insurance Co-Operative Limited	5090624066-01	26/02/2018	25/02/2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180803/2048

2 of 3

Report No. T/20180803/2048

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 1649HRS,

I LEFT BUKIT MERAH AREA AND WAS HEADING BACK HOME VIA AYE. I WAS RIDING IN THE SECOND LANE OF 4 LANE ROAD ALONG ALEXANDRA RD TOWARDS WEST COAST HIGHWAY. SOMEWHERE NEAR TO BUKIT MERAH LANE 1, I SAW A BLACK MOTOR CAR (SKW225S) EXITING INTO ALEXANDRA RD. I DID NOT REALLY PAY ATTENTION TO IT WHEN THIS BLACK CAR SUDDENLY CUT INTO MY PATH. I WAS UNABLE TO STOP IN TIME AND THE NEXT MINUTE I GOT KNOCKED DOWN BY THIS BLACK CAR. I WAITED AT THE SCENE TILL THE AMBULANCE ARRIVE AND CONVEYED ME TO NUH. I SUFFERED ABRASIONS ON MY LEFT HAND AND INJURIES ON MY LEFT LEG. I WAS DISCHARGE ON THE SAME DAY WITH 14 DAYS OF HOSPITALISTION LEAVE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180803/2048

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180803/2048

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2018 11:59

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature: 

Claim Handling

Accident MT/1005879

Policy No.	5090624066-01	Vehicle No.	FW3166T	GST Registration No.	
Certificate No.					
Policyholder Name	SIM BUAY KWEE	Cover Type	Third Party	Policyholder NRIC	S1501820H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91494665	Special Remarks		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KFK	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date	03/08/2018 17:01	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/07/2018	Time of Accident (h:mm)	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ALEXANDRA ROAD/BUKIT MERAH LANE 1				

Benefits

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

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

Policyholder Mailing Address	
Address 1	BLK 431 #09-575
Address 2	CHOA CHU KANG AVENUE 4
Address 3	SINGAPORE 680431
Address 4	
Unit No.	09-575
Address Type	Singapore address
Related Policy Number	5090624066-01
Post Code	680431

Driver Info	
Driver Name	SIM BUAY KWEE
Unnamed driver Name	
Register Date of Driver License	20/06/1982
Contact No.(Mobile)	91494665
Address 1	BLK 431 #09-575
Address 2	CHOA CHU KANG AVENUE 4
Address 3	SINGAPORE 680431
Address 4	
Unit No.	09-575
Does he own a Singapore Registered car?	Yes + No
Driver Type	Main Driver
Driver NRIC	S1501820H
Driver Age	36
Contact No.(Office)	
Driver DOB	20/11/1981
Driving Experience	36
Contact No.(Home)	
Address 1	BLK 431 #09-575
Address 2	CHOA CHU KANG AVENUE 4
Address 3	SINGAPORE 680431
Address 4	
Unit No.	09-575
Does he own a Singapore Registered car?	Yes + No
Driver Vehicle No.	FW3166T
Driver Insurer Company	NTUC

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

Modification History

Claim 001 OD-MX **Save**

Claim Type *	OD-MX	Insured Name	SIM BUAY KWEE	Insured NRIC	S150
Contact No.(Mobile)	91494665	Contact No.(Home)	62419333	Contact No.(Office)	
Email Address		Vehicle Number	FW3166T	TP	SKW
Claim Description	FW3166T / SKW2255 ON 26 Jul 2018				
Preferred Workshop	Insured Liability	Not at Fault		Name of Preferred Workshop	
Report No. Finalisation	Engineered	Preferred Workshop, Name unknown	GTA report	Received	
Date Registered	03/08/2018 17:02	Claim Close Date		Date Received	03/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss Sub. Reported	

Print All Letter

Save Submit

Attachment

Accident No.	MT/1005879	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	03/08/2018 17:04
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
------------	------------------	----------	---------	-------------

Claim Handling (accident reporting) Claim Task 001 OD-MX)				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:04	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	Photos	Normal	Photos 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2018 17:03	SAS	Normal	SAS 2018-8-3

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26/07/2018 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: At junction of Alayada Rd / Bukit Merah Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW 3166T
 b) INSURANCE COMPANY: AMC
 c) POLICY NUMBER: SD90624066
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Wave 125.8
 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: SIM BUAY KWAK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91494668
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 20/11/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/06/1982

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW 225 S MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)


* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = Rommesim011@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1501820H






Name
SIM BUAY KWEE

Race
CHINESE

Date of birth
20-11-1961

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: S1501820H

Name
SIM BUAY KWEE

Birth Date: 20 Nov 1961

Issue Date: 14 Sep 2012





002165021C

3932320



NRIC No. S1501820H



Date of issue
22-08-2008

AFT BLK 431 CHOA CHU KANG AVENUE 4 #09-575
SINGAPORE 680431

S1501820 Date: 21/12/2008 No: 6149544

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	29 Jun 1962
Class 3 Motor Cars <= 3000kg with <= 7 passenger of the driver and other motor vehicles	27 Jun 1965

NP 428A

License No. S1501820H



Income

made different

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 : 5090624066-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FW3166T

Chassis Number

: NF125MD0051031

2. Name of Policyholder

: SIM BUAY KWEE

3. Effective Date of Insurance

: 26 Feb 2018

4. Expiry Date of Insurance

: 25 Feb 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: SIM BUAY KWEE

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

SUM INSURED

: N/A

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

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 22 Feb 2018 09:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive