The second secon	1.1.1.1.1.1	Date &Time Completed	Done by
Date In: 7/8/18 -1):32	Jeb description	Date & Time Completed	Delic o
Ref No: NA INC180 4364 124	SAS e-filing		
Veh No: JimzgzgR	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 4 18-14:30	i-Motor Claim Form	M7/1006126-202	7/6/18 16:17
OD CTD Business Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TR.	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:		Tel:	ax:
TP Particulars: Veh No:	576X87 INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]
Year of Registration: () Warranty: YES ()/NO()	
	\$1,000()/\$2,000()		11 10 10 10 10 10 10 10 10 10 10 10 10 1
General Remarks -			
() Walk-In Customer : Customer's	information strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.	North A	10
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 661		Date&Timb Completed	Done by
Memark2: (118) 310 mmc; 0.00 001	State and the second		200112
1) Apply for Transport Allowance (\/Courteest Cor ()		
)/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	() > \$3000] ()	eparation Checklist	Ant(5) Amt(5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	() > \$3000] ()	eparation Checklist	Ant (5) Amt (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	() ()	at Reporting (\$30); c Assessment (\$100); INC (\$	Ant (\$) Ant (\$) The Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice Property	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4	Ant (5) Ant (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Invoice Property	nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	Ant(\$) Amt(\$) Ant(\$) Amt(\$) Ant(\$) Add Bill A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	Invoice Print Invoice Print	at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 200	Ant(\$) Amt(\$) Ant(\$) Add Bil 80) 0/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Invoice Price Invoice Price Invoice Price Invoice Price Invoice Price Invoice Invo	at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cotion c + SMRT Survey	Anit (5) Amt (5) The Bill Add Bill 80) (0/\$45 \$120 \$30 5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	Invoice Pri	at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cotion c + SMRT Survey	Ant (\$) Amt (\$) 18t Bill Add Bill 80) 0/\$45 \$120 \$30 \$) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	Invoice Print	at Reporting (\$30); c Assessment (\$100); INC (\$50); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cotion 1 + SMRT Survey tional Services.	Ant (\$) Amt (\$) 18 Bill Add Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Print	at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cotion a + SMRT Survey tional Services Ty Car / Tpt Allowance Co-ordination	Anit (\$) Amt (\$) 18t Bill Add Bill 80) 00/\$45 \$120 \$30 \$) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Price Invoice Price Invoice Price Invoice Price Invoice Price Invoice Invo	at Reporting (\$30); c Assessment (\$100); INC (\$50); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cotion a + SMRT Survey tional Services	Ame(\$) Ame(\$) In Bill Add Bill 80) 00/\$45 \$120 \$30 \$) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Price Invoice Price Invoice Price Invoice Price Invoice Price Invoice Invo	at Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cotion A + SMRT Survey tional Services. Ty Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	Ame(\$) Ame(\$) In Bill Add Bill 80) 00/\$45 \$120 \$30 \$) \$75 \$160

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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	07/08/2018 12:32
Date Of Accident	05/08/2018 14:30
Exact Location Of Accident	THE STAR BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM3929R
Insured/Policyholder	
Name Of Registered Owner	SOVEREIGN SIGNATURE SERVICES
Co Reg No	53163308W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE 2.4Z A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089356182-01
Cover Note Number	
Driver	
Name of Driver	TAN KIAN MIN ALBERT
NRIC No	S1542881C
Date Of Birth	25/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97427761
Fax Number	

OFFICE-97427761

NOEMAIL

Address

BLK 489B TAMPINES STREET 45

#10-213

Postcode

521489

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

SDP6368T

Vehicle Make/Model/Colour

BMW

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)

INFORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>trustiful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
 companies.
- Any faise reporting movine referred to the Police for investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 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 Monétary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my-claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

overeign Signature of the company Reg: 53163308W

Authorised Signature

Policyholder's Signature Date & Time: Driver's Signature

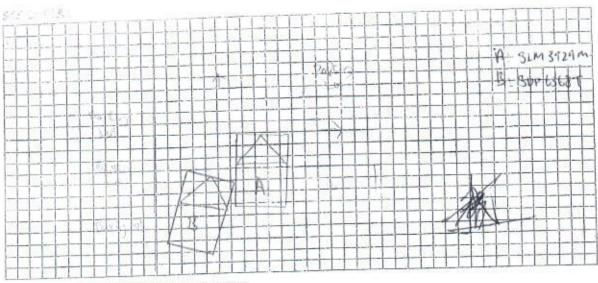
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



I was driving inside The Star underground carpark. While I was driving, I saw a vehicle (SDP6368T) stationary parked on the lefthand side without any signal or indicators. While I was driving pass it, the car suddenly swerves out and hit onto the left portion of my vehicle.

DECLARATION CONTROL SERVICE

NOTICE THE SERVICE SERVICE

DESCRIPTION OF THE SERVICE SE

Authorised Signature

Policyholder's Signature Date & Time:

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

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

GIARMC StotchPlanForm_V3

IMPORTANT IN THEE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.
Information provided must be as fruitful and accurate as possible. Any wilful mist epresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

EN THE TO US A DOME BUT STATE, A SUM

The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

Date of accident	5/8/2018	(DD/MMA/YY
Time of accident	2.30pm	(MM:MRA)
Exact location of socidant	The Star underground Corporth	

Wind to be beginning as well as the con-	D(I	17/2 ((US (O)) 1	VERROLE.	建一种	And harts was a state of
Vehicle registration number	SLM 3979	R.			
Vehicle make and model	Toyota VEI	LFIEC			
Type of vehicle	Saloon Lorry	MPV e		Van de □	Others:
Vehicle category	Private 🗆	Comm	ercial er N	otorcy	cle 🗆
Purpose of using at said time				F	
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗆	if no, please Reporting or		

AND DESCRIPTION OF THE PARTY OF	(INSURVADAGE (IN	FORMATION	in the state of the
Insurance company	NTUC		
Policy number	5089 356 182-01		
Type of policy	Comprehensive D	Third party fire & theft or	TP only [

Name	SOVEREILIN	SIGNATURE	BERVILLS	Male □	Female 🗆
NRIC / Fin / Passport number					
Contact					// (Ten - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Address					

DRIVER	SAME AS INSURED ABOVE © (SKIP TO D.O.B)						
Name	AIBERT TAN KIAN MAN Male D	Female					
NRIC / Fin / Passport number	S1542881C						
Contact	9742 7761						
Address	B 489B THAMPINES ST 45 \$10-213 S(521489)	ů.					
Email address							
Date of birth	25 MAY 1962						
Occupation	Indoor D Outdoor B						
Driving date pass	07 - 11 - 1941	11 CXV					

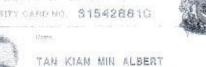
note a fuer an employees?	Yes 🗆	No g	the deligner word Improve	an Owner
einā lasuradis pamijaani			the driver and insur-	En. Autor
Applicant captured by camera?	Yes 🗆	Nop	Otherm	
Weather condition	Clear of	Raining	Others:	
Road surface	Dry	Wet 🗆		(Inclusive of driver
No of passeriger	01			(meidalee of direct
CONTRACTOR SERVICE	a Carolina in	PYASSEEU	SER1	SALES MARKET STATE OF THE SALES
Mame	THN K	HAN MINN WAR	ieri	
Sender	Male Ø	Female i		
STORY COLUMN		7.9		t makematic
APPLICATION STATEMENT	ASSESSED OF	PASSEN	SER 2	STATE OF THE PARTY
Name				
Gender	Maje 🗆	Female		
			410	and the second second second second
THE PERSON NAMED IN COLUMN TWO	100000	PASSEN	GER 3	是
Name				
Gender	Male D	Female	0	
		TO 1 (2) (2)	sea a	
是1000年,1000年1000年100年10	小人们的第一人	PASSEN	GER4	以 有於一個
Name		Female		SECTION SECTIO
Gender	Male 13	remate	<u> </u>	Y .
A STATE OF THE PARTY OF THE PAR	LECHOMIS A M	PASSEN	GERS OF THE STATE OF	AN INDEPENDENT OF THE PARTY OF
Name		Unicellina		
Gender	Male 🗆	Female	0	
Gender .		102		
STATE OF THE PARTY	A CONTRACT	PASSEN	GER 6	Activity Arms assessment to
Name				
Gender	Male 🗆	Female		
"这是我们的人们的人们是不是一个人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人	the Paris of the P	OTHER INFO	RIMATION	PARTIE PROPERTY OF THE PARTY OF
Was anybody Injured?	Yes 🗆	No.Ø	No. 12 10 10 10 10	
Was other vehicle damaged?	Yes,	No 🗆		
	- (a) (s)	ANIS OF PO	LICE ACTION	
n de dés malies ?	Yes 🗆	No Ø	If yes, please state	which police station.
Reported to police? Police station name	100 0			
Once Station name				
en e	A COLOR	WITNE	SS 1	A LONGING CO.
Namo	1. F24 (1. C. (P. 4) - 2. C.			
Vame				

Name

	A THE PARTY MENTALES.
The state of the s	50P 6368T
James registration need to	BMIO
Veida meta model	DP/I/O
Neme	
NRIC / Fin / Passport number	
Contact	
	Course designation (A) E 9
WE REAL TO THE PARTY OF THE	THRUE OF AMERICANE 2
Vehicle registration number	
Vehicle make model	
Nam s	
MRIC / Fin / Passpert number	
Contact	
San deposition have	THIRD PARTY VEHICLES
Vahicle registration number	The second secon
Vehicle make model	
Name	
MRIC / Fin / Passport number	
Contact	
-	
TANKS BEFORE WAS BURNESS OF BURNESS	THURD PARTY VEHUCLE 4
Vehicle registration number	
Vehicle make model	
Name	
WRIC / Fin / Passport number	
Contect	
Comerce	
- or balanta particular by the particular	THURD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
the state of the s	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	WORK - TO THE CARROLL BY THE WAY
A STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 7
TE HELE HAVE	THE TENED TO SEE THE PERSON OF
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Water and the second	GRADE IN CO.	- Continues in Elision in
Additional Control of the Control of		/
Nom5		
Injuries sustained	_	
which vehicle person in?	Yes 🗆	No 🗆
Were seet belts worn?	Yes 🗆	No D
Was injured conveyed to	162 [/
hospital by ambulance?		
	STREET ASSESSED.	(INTURNED) PESSON 2
The state of the s	AUTO STATE	III. I I I I I I I I I I I I I I I I I
Name		
Injuries suscein act		
Which wehicle person in?		
Vivere seet belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Ves □	No 🗆
hospital by ambulance?		
APPRINCIPATION OF THE PARTY OF	Carried Street	INJUINED PERSON 3
Mame	1	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes	No D
Was injured conveyed to	Yes 🗆	No a
hospital by ambulance?	100 000000000	
Hospitel by allianterios		
SAME STORY OF THE SAME	NEW HIGH	INTURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	Non
Was injured conveyed to	Yes□	No a
hospital by ambulance?	/	
Mospital by ambalance.	1	
	Sec. Annual	INTURED PERSON 5
Name	1	
Injuries sustained	1	
Which vehicle person in?	Yes 🗆	No D
Were seat belts worn?	Yes D	No D
Was injured conveyed to	1000	***************************************
hospital by ambulance?		
	No. of Contract of	INJURED PERSON 6
LEADER GOLDEN		THE STATE OF THE S
Name		
Injuries sustained		
Which vehicle person in?	V	Non
Which vehicle person in? Were seat belts worn?	Yes 🗆	No D
Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆
Which vehicle person in? Were seat belts worn?	-	

IDERTITY CARD NO. \$1542881G



陈建民

CHINESE Oals of Linth 25-05-1962 Country/Place of birth

SINGAPORE

815626610



5624564



Oate of lance 20-07-2015

APT BLK 4898 TAMPINES STREET 45 #10-213 SINGAPORE 521489

YOU ARE LICENSED TO DREVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

Class 28 Molorcycles =< 200 cc Class 24 Molorcycles between 201 cc and 400 cc Class 3 Molor Cars = 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg





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: 5089356182-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLM39298

Chassis Number

: ANH208282500

2. Name of Policyholder

: SOVEREIGN SIGNATURE SERVICES

3. Effective Date of Insurance

: 23 Feb 2018

4. Expiry Date of Insurance

: 22 Feb 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 or Hirer's business.

This Policy does not cover

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

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

(c) 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

EXCESS (SECTION 1)	: 5\$2,000	
EXCESS (SECTION 2)	: \$\$1,500	
WINDSCREEN EXCESS	: S\$100	
ADDITIONAL EXCESS	: N/A	
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: YES	
NCD PROTECTION	: NO	
TRANSPORT ALLOWANCE	: NO	
EXCESS WAIVER	: NO	
PRIMARY DRIVER	: N/A	
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: 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)

: LIAN HONG PRIVATE LIMITED

: LIAN HONG PTE LTD (00000611606)

Date of Issue

SUM INSURED

: 05 Feb 2018 12:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

HIRE PURCHASE COMPANY

Authorised Office

Chief Executive

eBao Tech								HAR	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	· Chang	e Password	+ Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		05/08/2018 1	4:30	
	Vehicle No.(For Motor)	SLM39	29R		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NR3C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5089356182- 01		SOVEREIGN SIGNATURE SERVICES	53163308W	GPC	drivo CLASSIC	SLM3929F	SLM3929R	23/02/2018	22/02/2019
					Continue					

cident MT/1006126					
ICY NO.	5089356182-01	Vehicle No.	SLM3929R	GST Registration No.	
rtificate No.					
cynoider Name	SOVEREIGN SIGNATURE SERVICES			Policyholder NR3C	53163306W
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No (Mobile)	NA NA	Contact No. (Office)		Contact No. (Home)	
vi Address		Special Remark		eCode	The M
(2	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
2 Protection	No	NCD Emplement(%)	40	Private Hire	Not available
Accident Details					
ort Date	06/06/2018 15:21	Academ Report Within 24 hrs	Yes	Accident Type	Side Swipe
e of Accident	05/08/2018	Time of Accident nhimm	14/50	Country of Acadent	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	STAR VISTA CARRARK 82				
Benefits					
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	**********	Outside Singapore OD Excess	2,000.00	William Extens	100.00
nd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform		Outside Singapore in Excess	1,500.00		
Registered Informa	No.		CST Section - F		
Registration No.	NV.		GST Registration Date GST Status Verified	Yes	
Offication History	07/08/2018 11:19:19 Nur	Shahira Hassari changed GST Status		143	
Policyholder Hailing Ad	dress				
Yess 1	BLK 4898 #10-213	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 521489
Tress 4	24 14 14 14 14 14 14	Address Type	Singapore address	Post Code	521489
e No.	10-213	Related Policy Number	5089356182-01	CENTRAL SAMPLE CO.	-44700
OI Driver Info	1585	Sentine Cared Member	0.000.000.000		
er Name		Driver Type			
arned driver Name		Driver NASC		Driver DOS	
ister Date of Oriver License					
		Driver Age		Driving Experience	
riact No.(Mobile)		Contact No. (Office)		Contact No.(Home)	
				The state of the s	
		Address 2	ADDITION PROCESSORY	Address 3	
dress 4		Address Type	Foreign address	Address 3 Post Code	
dress 4 t No.			Foreign address		
dress 4 t No. es he own a Singapore	○ Yes ® No		Foreign address		
dress 1 dress 4 it No. es he own a Singapore gistered car?	○ Yes ③ Ng	Address Type	Foreign address	Post Code	
dress 4 it No. es he own a Singapore	○ Yes ③ Ng	Address Type	Foreign address	Post Code	
tress 4 t No. ts the own a Singapore stared car?	○ Yes ③ Ng	Address Type	Foreign address	Post Code	
tress 4 t No. ts the own a Singapore stared car?	() Yes (® Na	Address Type	Foreign address	Post Code	
ress 4 No. In the own a Singapore stered car?	() Yes (® Na	Address Type	Foreign address	Post Code	
reas 4 No. Is he own a Singapore interest car? Accesson History Jaim 002 New	○ Yes ② No	Address Type	Foreign address SOVEREIGN SIGNATURE SERVIS	Post Code	53163308W
Iress 4 T No. Is no own a Singapore justered car? Indication History Italia 002 New		Address Type Draver Vehicle No.		Post Code Driver Insurer Company	53163308W
Ires: 4 t No. es he own a Singapore jatered car? idication History latim 002 New im Type + tact No.(Mobile)	DD-MX	Address Type Driver Vehicle No. Insured Name		Post Code Driver Insurer Company Insured NRIC	\$7163309W SDP6368T
freas 4 t No. es he own a Singapore gatered car? diffication History	GD-MX 97427761	Address Type Driver Vehicle No. Insured Name Contact No.(Home)	SOVEREIGN SOGNATURE SERVIN	Post Code Driver Insurer Company Insured NRIC Consact No. (Office)	
Iress 4 t No. es he own a Singapore patered car? Iffication History Iffication Histo	GD-MX 97427761	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number	SOVEREIGN SIGNATURE SERVIN	Post Code Driver Insurer Company Insured NRIC Consact No. (Office)	
Iress 4 t No. es he own a Singapore patered car? Incation History Italian 002 New Im Type + tact No. (Mobile) all Address Imans Type Claimant Type +	DO-MX 97427761 Please Select	Address Type Driver Vehicle No. Insured Name Contact No.(Home) Ol Vehicle Number Type of Benefit *	SOVEREIGN SIGNATURE SERVIN	Post Code Driver Insurer Company Insured NRIC Consact No. (Office)	
tress 4 t No. es he own a Singapore patered car? Idicasion History Idiam 002 New Im Type + Vact No (Mobile) all Address Imant Type Claimant Type * Imant Name *	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) Ol Vehicle Number Type of Benefit *	SOVEREIGN SIGNATURE SERVI SUM3929R PRENSE SEIECE	Post Code Driver Insurer Company Insured NRIC Consact No. (Office) TP Vehicle Number	
Iress 4 It No. Is he own a Singapore Istared Car? Scation History Sale Model It Appress man Type Clement Type * man Name * m Description erred Workshop Contact	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC *	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	[SDP6368T
tress 4 t No. ts he own a Singapore latered car? fication History laim 002 New m Type + fact No. (Mobile) at Appress marn Type Clement Type + m Type Clement Type + m Description lerred Workshop Contact uire Finalisation	DD-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
Iress 4 t No. is he own a Singapore latered car? ification History laim 002	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC *	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	[SDP6368T
tress 4 t No. Is he own a Singapore Istared car? fication History at Address mann Type * mann Type Claimann Type * mann Name * m Discorption erred Workshop Contact suite Finalisation e Registered out Taken By	DD-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
ress 4 I No. Is he own a Singapore stered car? fication History laim 002 New I Type + tact No. (Mobile) If Appress mann Type Clemann Type + mann Name + m Description erred Workshop Contact uire Finalisation Registered out Taken By	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
ness 4 No. s he own a Singapore stered Car? fication History aim 002 New in Type + cart No. (Mobile) it Address nam Type Claimant Type + nam Name + n Description erred Workshop Contact size Finalisation Registered art Taken By	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVING SUM3929R Please Select Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
ness 4 No. s he own a Singapore stered car? fication History aim 002 New In Type * act No. (Mobile) a Address harn Type Clement Type * non Name * no Description erred Workshop Contact size Finalisation Registered out Taken By Prins Ak setter	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVIS SUM3929R PRESER Select V	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
No. she own a Singapore stered car? Scetion History aim 002 New In Type * act No. (Mobile) A Address nam Type Clement Type * no Description ared Workshop Contact sine Finalisation Registered et Taken By Print Ak witter	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVING SUM3929R Please Select Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
ness 4 No. s he own a Singapore stered car? fication History aim 002 New In Type * act No. (Mobile) a Address harn Type Clement Type * non Name * no Description erred Workshop Contact size Finalisation Registered out Taken By Prins Ak setter	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVING SUM3929R Please Select Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
ness 4 No. s he own a Singapore stered car? fication History aim 002 New In Type + act No. (Mobile) if Address nam Type Clemant Type + nam Name + n Description erred Workshop Contact inter Finalisation if Registered int Taken By Print AK setter Kachment	DO-MX ▼	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option	SOVEREIGN SIGNATURE SERVING SUM3929R Please Select Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
reas 4 No. s he own a Singapore stered car? fication History aim 002 New In Type + fact No. (Mobile) if Address mans Type Clientent Type + mans Name + m Description erred Workshop Contact Live Finalisation if Registered out Taken By Print AK Netter Sechment	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	SOVEREIGN SIGNATURE SERVIS SLM3929R Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SDPS)68T
reas 4 No. s he own a Singapore stered car? fication History aim 002 New In Type + fact No. (Mobile) if Address mans Type Clientent Type + mans Name + m Description erred Workshop Contact Live Finalisation if Registered out Taken By Print AK Netter Sechment	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferent Repair Option Claim Close Date	SOVEREIGN SEGNATURE SERVICE SLM3929R Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 002 07/08/3018 16:59	Post Code Driver Insurer Company Insured NRIC Coreact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received 07/08/2018 00:00
reas 4 No. s he own a Singapore stered car? fication History aim 002 New In Type + fact No. (Mobile) if Address mans Type Clientent Type + mans Name + m Description erred Workshop Contact Live Finalisation if Registered out Taken By Print AK Netter Sechment	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Uplead Date	SQVEREIGN SIGNATURE SERVIS SLM3929R Please Select V Preferred Workshop, Name unknown V Save Submit Category *	Post Code Driver Insurer Company Insured NRIC Corract No. (Office) TP Vericle Number Name of Preferred Workshop GIA report Date Received	Received 07/08/2018 00:00
ness 4 No. s he own a Singapore stered car? fication History aim 002 New In Type + lact No. (Mobile) if Address nam Type Clement Type + nam Name + n Description sered Workshop Contact size Finalisation if Registered wit Taken By Prins AK setter Sachment	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse.	SOVEREIGN SIGNATURE SERVIS SLM3929R Please Select Preferred Workshop, Name unknown O02 O7/08/3018 16:59 Category * Clear Please Select	Post Code Driver Insurer Company Insured NRIC Corract No. (Office) TP Vericle Number Name of Preferred Workshop GIA report Date Received Lugar V Normal	Received 07/08/2018 00:00
ress 4 I No. Is the own a Singapore othered car? Control History Italian 002 New In Type + Eact No. (Mobile) Is Address Imare Type Commant Type + Imare Name + Imare Morkshop Contact Live Finalisation I Registered Out Taken By Print AK Netter Itachment I No.	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	SOVEREIGN SIGNATURE SERVIS SLM3929R Please Select Preferred Workshop, Name unknown O02 O7/08/3018 16:59 Category * Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urger V Normal V Normal	Received V
Iress 4 It No. Is he own a Singapore Island Ooz New Island Ooz New In Type + Bet No. (Mobile) Island Nores Iman: Type Commant Type + Iman: Name +	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse.	SOVEREIGN SEGNATURE SERVICE SLM3929R Please Select Preferred Workshop, Name unknown O02 O7/08/3018 16:59 Category * Clear Please Select Please Select	Post Code Driver Insurer Company Insured NRIC Corract No. (Office) TP Vericle Number Name of Preferred Workshop GIA report Date Received Lugar V Normal	Received 07/08/2018 00:00
Iress 4 t No. es he own a Singapore patered car? Accessor History Italim 002 New m Type + eact No. (Mobile) at Address mant Type Clemant Type + mant Name + m Description	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	SOVEREIGN SEGNATURE SERVICE SLM3929R Please Select Not at Fault Preferred Workshop, Name unknown 002 07/08/3018 16:59 Category * Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urger V Normal V Normal	Received V 07/08/2018 00:00
Iress 4 It No. Is he own a Singapore Island Ooz New Island Ooz New In Type + Bet No. (Mobile) Island Nores Iman: Type Commant Type + Iman: Name +	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Oaim No. Upload Date Browse. Browse.	SOVEREIGN SEGNATURE SERVICE SLM3929R Please Select Not at Fault Preferred Workshop, Name unknown 002 07/08/3018 16:59 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NRTC Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urger V Normal V NO V Normal V NO V Normal	Received V 07/08/2018 00:00

Mitachment	Uploaded By/Date	Category	7	Urgency	Description	Mag Sent? (CO)	Act
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:59	NTRE SERVI NRIC/ Driving Licen	se	Normal	NR3C/ Driving License 2018-8-7		Ed
193	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:59	NTRE SERVI SAS		Normal	SAS 2018-8-7		E
100	NAC PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018.16.58	NTRE SERVI Photos		Normal	Photos 2018-8-7		E
200	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		t
*	NAC_PAYA_UBI_500501(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Printos 2018-8-7		,
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		
0	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		£
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		
	NAC_PAYA_UB1_800601(_NATIONAL_ASSESSMENT_CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal Normal	Photos 2018-8-7		
	NAC_PAYA_LIBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos			Photos 2018-8-7		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CPS) on 07 Aug 2018 16:58	NTRE SERVI Photos			Photos 2018-8-7		ì
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		1
	NAC_PAYA_UBI_BDD601(NATIONAL ASSESSMENT CE CES) bn 07 Aug 2018 16158	NTRE SERVI Photos		Normal	Photos 2018-8-7		1
	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT OF CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal Normal	Photos 2018-8-7		
200	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos			Photos 2018-8-7		,
B Ideo List	NAC_PAYA_UBI_RODGOI(NATIONAL ASSESSMENT CE CES) on 07 Aug 2018 16:58	NTRE SERVI Photos		Normal	Photos 2018-8-7		
eu aret	Uploaded By/Date Folder Da		File Name		P Source		

Display in New Window Scan and uploading

 $https://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2495769\&objectId=... \end{7/8/2018}$