

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MMAY 18 10 17 96**

Date In: <b>06/08/2018</b> <b>09:17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NPA/INC/001/4365/4</b>	SAS e-filing		
Veh No: <b>FBK 794P</b>	E-mail (w/tdun 8hrs, AIC 2hrs)		
D.O.A: <b>06/08/2018</b> <b>08:30</b>	i-Motor Claim Form	<b>MT/1006415-001</b>	<b>08/08/2018</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>10.52</b>
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **YL 3605B** 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

**NA1804969**

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	07/08/2018 09:17
Date Of Accident	06/08/2018 08:30
Exact Location Of Accident	SLIP RD ON WOODLANDS AVE 6 TOWARDS WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7794P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONG KIN FAI (JIANG JIANHUI)
NRIC No	S8932671J
Email Address	XZENONX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91882151
Alternative Phone No	OTHERS-91882151

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RLO-1,3
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099807169
Cover Note Number	

### Driver

Name of Driver	KONG KIN FAI (JIANG JIANHUI)
NRIC No	S8932671J
Date Of Birth	18/09/1989
Occupation	INDOOR
Date Of Driving Pass	04/04/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91882151
Fax Number	
Contact Number	OTHERS-91882151
Email Address	XZENONX@GMAIL.COM

Address	BLK 683C WOODLANDS DRIVE 62 #06-145
Postcode	733683
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 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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180806/2110

#### 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	YL3605B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN CHOONG YIH
NRIC/Passport Number	S7979635B
Contact Number	94524666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name

KONG KIN FAI (JIANG JIANHUI)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK7794P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 06/08/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

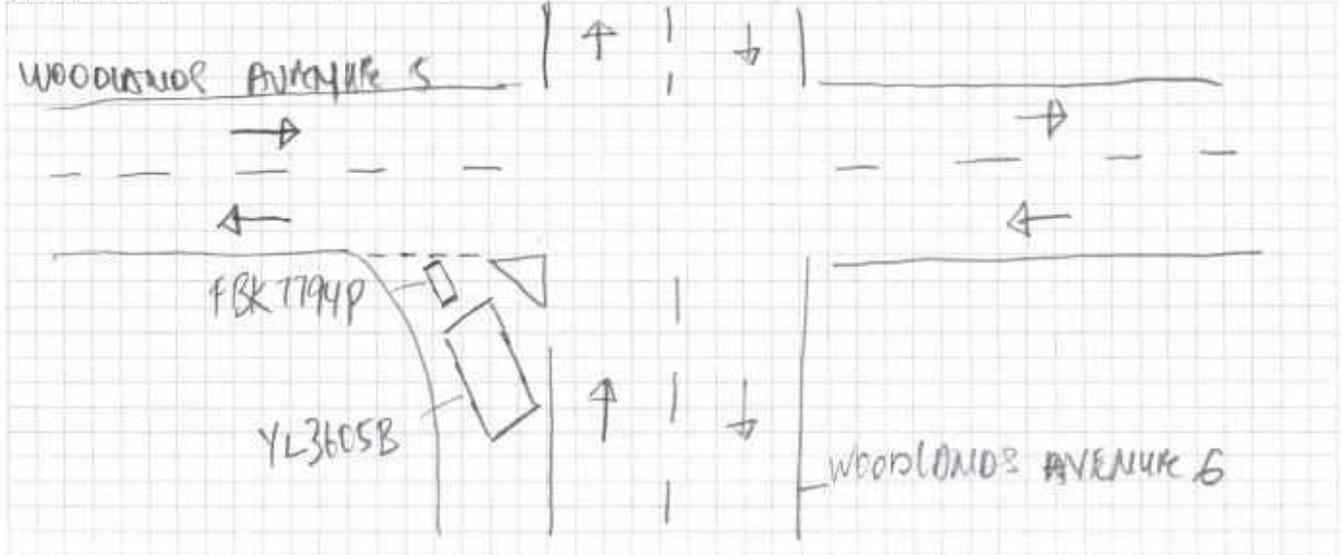
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Slip Road From WOODLANDS AVENUE 6 TOWARDS AVENUE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT THROUGHOUT

DECLARATION

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

Policyholder's Signature  
 Date & Time: 06/08/2018

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

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



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2018 15:10	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars			
Name of Informant: KONG KIN FAI		Address: APT BLK 683C WOODLANDS DRIVE 62 #06-145 SINGAPORE 733683	
ID Type / ID No.: NRIC NO / S8932671J		Contact No.: Home/Office: Mobile: 91882151	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 18/09/1989	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROCUREMENT OFFICER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2018 08:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 6 WOODLANDS AVENUE 5 Slip road of Woodlands Avenue 6 towards Woodlands Avenue 5				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7794P	Motorcycle	SUZUKI	GSX1300RA L6 (HAYABUSA ABS)	Red	Seriously Damaged	0
YL3605B	Lorry	NISSAN	YU41T4	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7794P	NTUC Income Insurance Co-Operative Limited	5099807169	11/04/2018	10/04/2019

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Rider</b>				
Name	KONG KIN FAI		ID No.	S8932671J
Related Vehicle	FBK7794P (Motorcycle)		Contact No.	91882151
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/08/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
<b>Driver</b>				
Name	Chan Choong Yih		ID No.	S7979635B
Related Vehicle	YL3605B (Lorry)		Contact No.	94524666
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On the 6th August 2018, at about 0830am, I was riding my motorcycle along Woodlands Avenue 6. I then made a left into the slip road, and stopped at the give way line to check for incoming vehicle along Woodlands Avenue 5. As I was checking a lorry from behind hit onto my motorcycle and I toppled to the ground. I then got up to check on my vehicle for damages. The exhaust of my motorcycle had been cracked, rear taillight broken, reflector broken, scratches on the front left fairing and handle bar misaligned. I then took pictures of my vehicle damages and exchanged particulars with the lorry driver. Towing was called as my vehicle handle bar was misaligned and unable to be driven. No ambulance was called as I was feeling normal. However after a few hours, I felt pain in my back hence proceeded for a medical checkup at Shalom Clinic.



**SINGAPORE  
POLICE FORCE**



T/20180806/2110

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180806/2110

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 3 NG YONG XIN, ALESTER 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 15:10
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 

Authentication Stamp  
NP168

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**Shalom Clinic + Surgery**

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

**MEDICAL CERTIFICATE**

Number: 0000069519

Date: 06-Aug-2018

This is to certify that the following patient:

Name: **KONG KIN FAI** NRIC: S6932671J

is UNFIT FOR DUTY for 3 days

from 06/08/2018 to 08/08/2018 inclusive.

**DR. LAWRENCE SOH**  
MA, MBBS, MSc(OM), FAMS  
MCR: M02610G

**Claim Handling**

Accident **MT/1006415**

Policy No.	5095807595	Vehicle No.	FBK7794P	GST Registration No.	
Certificate No.					
Policyholder Name	KONG KIN FAI (JIANG JIANHU)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8932671J
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Licensing	0
Contact No. (Mobile)	91882151	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	MCD Entitlement(%)	0	eCode Reason	
MCD Protection	No			Private Hire	No

**Accident Details**

Report Date	08/08/2018 10:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/08/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD ON WOODLANDS AVE 5 TOWARDS WOODLANDS AVE 5				

**Excess**

Own damage Excess	0.00	Additional Excess		Wholesaler 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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 883C #06-145	Address 2	WOODLANDS DRIVE 62	Address 3	SINGAPORE 733683
Address 4		Address Type	Singapore address	Post Code	733683
Unit No.	06-145	Related Policy Number	5095807160		

**DI Driver Info**

Driver Name	KONG KIN FAI (JIANG JIANHU)	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S8932671J
Register Date of Driver License	07/11/2015	Driver Age	28
Contact No. (Mobile)	91882151	Contact No. (Office)	
Address 1	BLK 883C #06-145	Address 2	WOODLANDS DRIVE 62
Address 4		Address Type	Singapore address
Unit No.	06-145	Post Code	733683
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBK7794P
		Driver Insurer Company	NTUC

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KONG KIN FAI (JIANG JIANHU)	Insured NRIC	S8932671J
Contact No. (Mobile)	91882151	Contact No. (Home)	88947895	Contact No. (Office)	
Email Address		DI Vehicle Number	FBK7794P	Vehicle Number	YL7794
Claim Description	FBK7794P / YL7794P ON 6 Aug 2018				
Preferred Workshop		Insured Liability	Not at fault	OTIA report	Received
Workshop Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	Claim Close Date	08/08/2018 10:50
Date Registered				Date Received	08/08/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1006415	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/08/2018 10:52
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			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:52		Photos	Normal	Photos 2018-8-8	



# ACCIDENT STATEMENT

ACCIDENT DATE: 06/08/2018 (DD/MM/YYYY), TIME: 08:30 (HH:MM)

LOCATION: Slip Road on Woodlands Ave 6 towards Woodlands Ave 5

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7794P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5099807169  
d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI ~~ER6~~ GSXR 1300 RAL6 (HAYABUSA)  
f) TYPE: (~~SALOON~~ / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: KONG KIN FAI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8932671J CONTACT: 91882151  
c) ADDRESS: 683C Woodlands Dr 62 #06-145 8733683

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: DR. ABRAHAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 18/09/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)

f) DATE OF DRIVING PASS: 04/04/2018

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: Queenstown

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YL3605B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHAU CHOONG YIH  
c) NRIC/FIN/PASSPORT: S7979635B CONTACT: 9452 4666

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = xzenonx@gmail.com

VIDEO = NIL

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8932671J



Name

KONG KIN FAI  
(JIANG JIANHUI)

江建辉

Race

CHINESE

Date of birth

18-09-1989 M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

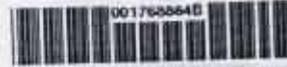
Licence Number S8932671J



KONG KIN FAI  
(JIANG JIANHUI)

Valid Until: 18 Sep 2009

Issue Date: 21 Jul 2009



3616775



NRIC No. S8932671J



Date of issue

24-09-2004

Address

APT BLK 683C WOODLANDS DRIVE 62  
#05-145  
SINGAPORE 733663

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1B	Motorcycles <= 200 CC	02 Nov 2015
Class 1A	Motorcycles between 201 CC and 400 CC	21 Dec 2014
Class 2	Motorcycles > 400 CC	04 Apr 2019
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/tractors <= 2500 kg	21 Jul 2009

S8932671J

S / No. 9000279537

NF 425A



**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 : 5099807169 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : FBK7794P  
Chassis Number : JS1CK1116G0100191  
2. Name of Policyholder : KONG KIN FAI (JIANG JIANHUI)  
3. Effective Date of Insurance : 11 Apr 2018  
4. Expiry Date of Insurance : 10 Apr 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.

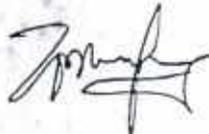
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	:	N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NAMED DRIVER (1)	:	KONG KIN FAI (JIANG JIANHUI)
NAMED DRIVER (2)	:	ONG BOON KIANG BRYAN (WANG WENQIANG)
HIRE PURCHASE COMPANY	:	SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 11 Apr 2018 13:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive