

NATIONAL Assessment Centre Services

Ref: JAN03 MNA-18102299

Date In: 07/08/2018 18:46	Job description	Date & Time Completed	Done by
Ref No: N3A/20180/44047	SAS e-filing		
Veh No: 3DM 73884	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/08/2018 00-15	i-Motor Claim Form	M7100644001	08/08/2018 10:20
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBG 33397	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

<p>NA1804973</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Pat 1:</p> <p>Pat 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idco DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N/a INC) against INC \$20</p> <p>9) N12: Idco Mobile 30</p>		<p>Amt (\$)</p> <p>Est Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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 18:46
Date Of Accident	07/08/2018 00:15
Exact Location Of Accident	PIE TOWARDS TUAS (AT BKE TURN OFF)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM7388U
Insured/Policyholder	
Name Of Registered Owner	RAYMOND YUEN CHEE KEEN
NRIC No	S1522939Z
Email Address	RAYD2GO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98503577
Alternative Phone No	OTHERS-98503577

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096978750
Cover Note Number	

Driver

Name of Driver	RAYMOND YUEN CHEE KEEN
NRIC No	S1522939Z
Date Of Birth	12/11/1962
Occupation	INDOOR
Date Of Driving Pass	06/06/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98503577
Fax Number	
Contact Number	OTHERS-98503577
Email Address	RAYD2GO@YAHOO.COM

Address	1 MOUNT SINAI VIEW
Postcode	276804
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	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180807/2004

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG3339T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHARIN
NRIC/Passport Number	
Contact Number	87091914
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

7/8/18 11.20am

Driver's Signature

(If driver is not the policyholder)

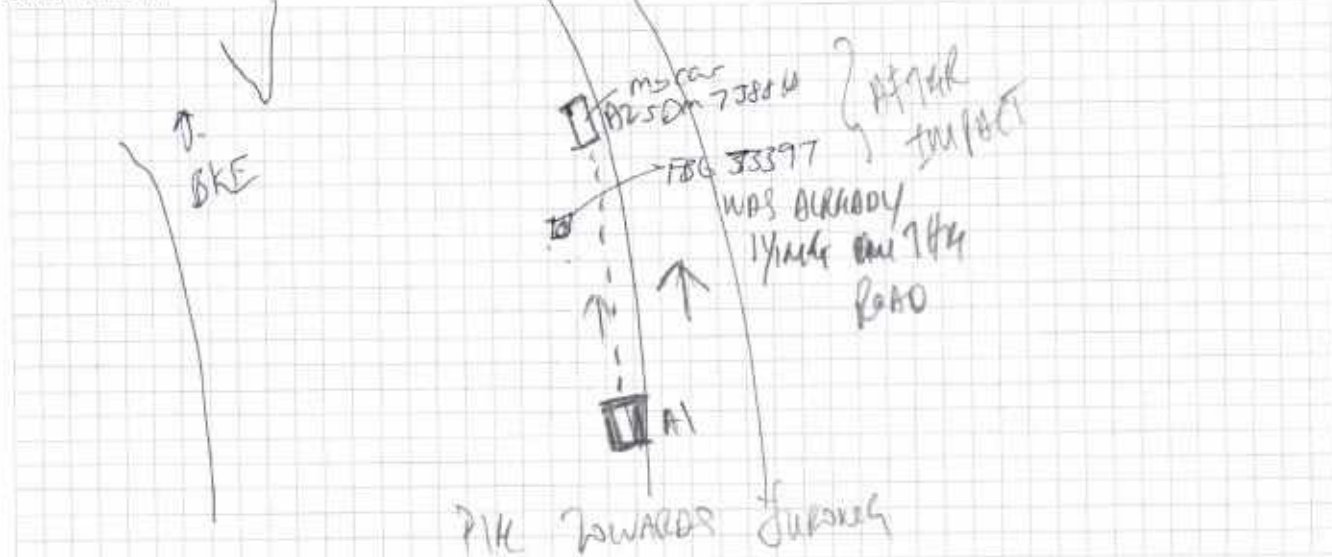
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Jering on lane 2 when I first noticed some black mass on the ground and braked, but I saw the motor bike but despite keeping right, close to the divider, the left side of the car hit the motor bike FBG 33397. Both rider and pillion were out on the bike as they were flung onto the road divider. I stopped the car further up and another got out to check on the motorist. Another kind driver stopped his car to block the traffic and called for the ambulance. I stayed until I had given my statement to the traffic police.

Police Report 7/20/80807/2004

DECLARATION

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

Policyholder's Signature

Date & Time:

7/8/18 11:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

7/8/2018
Roshni Wani



SINGAPORE POLICE FORCE



T/20180807/2004

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180807/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 01:56		Vide Report No.: F/20180807/0007		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: RAYMOND YUEN CHEE KEEN			Address: 1 MOUNT SINAI VIEW SINGAPORE 276804		
ID Type / ID No.: NRIC NO / S1522939Z			Contact No.: Home/Office: Mobile: 98503577		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 12/11/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2018 00:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE(TUAS) 23.3km				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3339T	Motorcycle					1
SDM7388U	Car	SUBARU	FORESTER XT	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDM7388U	NTUC Income Insurance Co-Operative Limited	5096978750	01/01/2018	31/12/2018



**SINGAPORE
POLICE FORCE**



T/20180807/2004

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180807/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SHARIN	ID No.	NIL
Related Vehicle	FBG3339T (Motorcycle)	Contact No.	87091914
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
Driver			
Name	RAYMOND YUEN CHEE KEEN	ID No.	S1522939Z
Related Vehicle	SDM7388U (Car)	Contact No.	98503577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/08/2018 at about 0022hrs, I was travelling along PIE towards Tuas before BKE exit. I was travelling along the first lane. Suddenly, I noticed some grass on the road. Subsequently, I saw a motorcycle on the ground and I tried to avoid it however I slightly hit the motorcycle on the front left side of my vehicle. My vehicle suffered a dent on the front left side of the bumper. I stopped my vehicle to make a check and another driver assisted to divert traffic. Afterwards, I noticed a rider in the bushes in between the divider attending to his pillion. Subsequently, the driver who assisted me called for the ambulance as the pillion seemed to be in a lot of pain and also the rider was bleeding. Both police and ambulance arrived at scene.

I would like to add that there is an in-car camera in my vehicle that managed to capture the incident. I would like to further state that the rider and pillion was no longer at the motorcycle when I attempted to avoid it.



**SINGAPORE
POLICE FORCE**



T/20180807/2004

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180807/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

D /

Sgt 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2018 01:56

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Claim Handling

Accident MT/1006404

Policy No.	5096978758	Vehicle No.	SDM738BU	GST Registration No.	
Certificate No.					
Policyholder Name	RAYMOND YUEN CHEE KEEN	Cover Type	drive CLASSIC	Policyholder NRIC	S1522939Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98503577	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	08/08/2018 10:16	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/08/2018	Time of Accident hh:mm	00:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PEE TOWARDS TUAS (AT BKE TURN OFF)				

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	1 HOUNT SINAI VIEW	Address 2	SINGAPORE 276804	Address 3	
Address 4		Address Type	Singapore address	Post Code	276804
Unit No.		Related Policy Number	5096978750		

OI Driver Info

Driver Name	RAYMOND YUEN CHEE KEEN	Driver Type	Main Driver	Driver DOB	12/11/1962
Unnamed driver Name		Driver NRIC	S1522939Z	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	98503577	Contact No.(Office)		Address 3	
Address 1	1 HOUNT SINAI VIEW	Address 2	SINGAPORE 276804	Post Code	276804
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SDM738BU	Driver Insurer Company	RTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001

NEW

Claim Type *	OD-MX	Insured Name	RAYMOND YUEN CHEE KEEN	Insured NRIC	S1522939Z
Contact No.(Mobile)	98503577	Contact No.(Home)	98503577	Contact No.(Office)	87806
Email Address	Raymond@nus.edu.sg	Vehicle Number	SDM738BU	Vehicle Number	FBG33
Claim Description	SDM738BU / FBG333RT ON 7 Aug 2018				
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	08/08/2018 10:19	Claim Close Date		Date Received	08/08/
Report Taken By	ROSLE WANAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1006404	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/08/2018 10:20
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	A/
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:20	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:20	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:20	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:20	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:20	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	SAS	Normal	SAS 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-8

Video List

uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 07/08/2018 (DD/MM/YYYY), TIME: 00:15 (HH:MM)

LOCATION: PE towards Tias (at BKE turn-off)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDM 7388 U
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5096978750
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: JUBA FORESTER
 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: RAYMOND YUEN CHEE KEEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1522939/2 CONTACT: _____
 c) ADDRESS: 310 CLEMENTI AVENUE 4 #12-287 S(120310)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAYMOND YUEN CHEE KEEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1522939/2 CONTACT: 98503577
 c) ADDRESS: 310 CLEMENTI AVENUE 4 #12-287 S(120310)

*d) DATE OF BIRTH: (12/11/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5 JUNE 1980

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY WITH LEAFS & BRANCHES

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBG 3339T MODEL: _____
 b) DRIVER'S NAME: JARIN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 87091914

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 = rayd250@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1522939Z



Name

RAYMOND YUEN CHEE KEEN

袁志坚

Race

CHINESE

Date of Birth

12-11-1962

Sex

M

Country of Birth

SINGAPORE

S1522939Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1522939Z

Name

RAYMOND YUEN CHEE KEEN

Exp. Date 12 Nov 1982

Issue Date 25 Feb 2003



0373923

NRC No. S1522939Z



Good Group

A+

Date of Issue

06-06-1992

Address

1 MOUNT SINAI VIEW
SINGAPORE 1027

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

Class 3

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

PASS DATE

06 Jun 1980



NP 426A

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: 5096978750

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SDM7388U

Chassis Number

: JF15G5KT55G045830

2. Name of Policyholder

: RAYMOND YUEN CHEE KEEN

3. Effective Date of Insurance

: 01 Jan 2018

4. Expiry Date of Insurance

: 31 Dec 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for hire or reward.

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

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

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

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

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

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

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: YES

PRIMARY DRIVER

: RAYMOND YUEN CHEE KEEN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: OCBC BANK 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 : CAR INNS INSURANCE AGENCY (00000572091)

Date of Issue : 27 Dec 2017 15:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

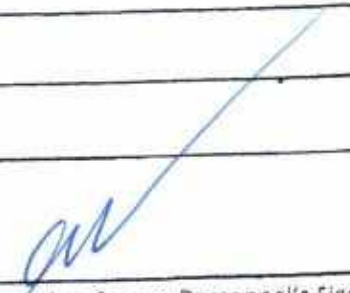
Original Report No: MNAY (R00) 299 Vehicle Registration No: SDM 73884
Name (as shown in NRIC): RAYMOND YUAN CHIA KEAN NRIC/FIN/Passport No.: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98503571
Email Address: _____
Date of Accident: 07/08/2008 Time of Accident: 00:15
Place of Accident: Pik Bazaar Road (A7. BKE TURN OFF)
Insurance Company: NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Postal code to 276804
- ② Amend Police Report 1/20/08 to 07/2004

Policyholder / Driver's Signature
Date:


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