

NATIONAL Assessment Centre Services

Jan 10/05

10/08/2018

Date In: 10/08/2018 14:05	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/8014510/Y	SAS e-filing		
Veh No: SLK 2806D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/2018 12:15	i-Motor Claim Form	MT/1006651-001	10/08/2018
OD <input checked="" type="radio"/> TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHA 25404	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>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>Cal 1:</p> <p>Cal 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: 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: Idas 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 (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Ant (\$)</p> <p>In Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p> </p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p> </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	10/08/2018 14:05
Date Of Accident	08/08/2018 12:15
Exact Location Of Accident	ALONG JALAN BAHAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2806D
Insured/Policyholder	
Name Of Registered Owner	PHUA CHAY LEE
NRIC No.	S1802021A
Email Address	JNA0125@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91548885
Alternative Phone No	OFFICE-85220125

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 GLS (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087631600-01
Cover Note Number	

Driver

Name of Driver	LIM MENG KIAT (LIN MINGJI)
NRIC No.	S8323930A
Date Of Birth	12/08/1983
Occupation	INDOOR
Date Of Driving Pass	17/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91548885
Fax Number	
Contact Number	OFFICE-85220125
Email Address	JNA0125@HOTMAIL.COM

Address	BLK 138B YUAN CHING ROAD #13-131
Postcode	612138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COUSIN
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	
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)	2
Passenger 1	NAME: : LIM JIA AN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SHA2540U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KOK KAH
NRIC/Passport Number	S1461399D
Contact Number	97878183
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM MENG KIAT (LIN MINGJI)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLK2806D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM JIA AN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLK2806D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

Veh A: SLK 2806 D

Veh B: SHA 2540 U

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

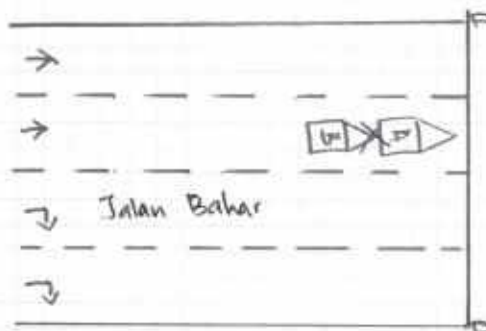
Name:

NRIC/FIN No:

SKETCH PLAN

Veh A: SLK 2806 D

Vehg: SHA 256 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No. T/20180808/2167.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature _____

Name: _____

NRIC/FIN No.



**SINGAPORE
POLICE FORCE**



T/20180808/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180808/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 21:45	Vide Report No.:	Station Diary No.: 218
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Informant's Particulars

Name of Informant: LIM MENG KIAT			Address: APT BLK 138B YUAN CHING ROAD #13-131 SINGAPORE 612138		
ID Type / ID No.: NRIC NO / S8323930A			Contact No.: Home/Office: Mobile: 85220125		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 12/08/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2018 12:15	Type of Location: Flyover
Location: Along Road 1 JALAN BAHAR Jalan Bahar Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SHA2540U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SLK2806D	Car	HYUNDAI	TL TUCSON 2.0 GLS AT 2WD	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180808/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180808/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lim Kok Kah	ID No.	S1461399D
Related Vehicle	SHA2540U (Car)	Contact No.	97878183
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	LIM MENG KIAT	ID No.	S8323930A
Related Vehicle	SLK2806D (Car)	Contact No.	85220125
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	08/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 8/8/2018 at about 1215hrs, I was driving my car bearing plate number SLK2806D and I was travelling along Jalan Bahar Flyover heading towards Lim Chu Kang. I was on the first lane and I was a traffic light junction. At that point of time, the traffic light showed red and thus I stopped my car. I then made a check and I saw that there was one taxi bearing plate number SHA2540U who had also stopped behind me. Suddenly, the taxi started moving forward and it hit the rear portion of my car.

I then stopped my car and went out to exchanged particulars with him. I am unsure if there was any passengers inside his taxi. After that, I just left the scene.

On the same day, I went to see the doctor and received three days MC.

I do have a working CCTV installed inside my car. At that point of time, I was with my son and both of us was not injured. My car sustained damages on the rear portion, below the mudguard area and I am unsure of the total cost of damages.



**SINGAPORE
POLICE FORCE**



T/20180808/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180808/2167

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:
J /
Sgt 1 NURAQILAH BINTE ABdul HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/08/2018 21:45

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

SN 126



Signature :

Singapore Police Force

Claim Handling

Accident MT/1006651

Policy No.	5057631000-01	Vehicle No.	SLK2806D	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA CHAY LEE	Cover Type	Drive PREMIUM	Policyholder NRIC	51802021A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83220125	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	sCode	No
ePK	= No Yes	NCD Entitlement(%)	50	sCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/08/2018 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/08/2018	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BAHAR FLYOVER				
Benefits					
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	45B CORPORATION ROAD	Address 2	#01-08	Address 3	SINGAPORE 649814
Address 4		Address Type	Singapore address	Post Code	649814
Unit No.	11-426	Related Policy Number	5057631000-01		
01 Driver Info					
Driver Name	LIM MENG KIAT	Driver Type	Named Driver	Driver DOB	12/06/1983
Unnamed driver Name		Driver NRIC	58122930A	Driving Experience	10
Register Date of Driver License	14/05/2008	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	83220135	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLK2806D	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		
Modification History					

Claim 001 OD-MX

New






Claim Type *	OD-MX	Insured Name	PHUA CHAY LEE	Insured NRIC	5180
Contact No.(Mobile)	95801694	Contact No. (Home)	85633908	Contact No. (Office)	
Email Address	gchaylee@yahoo.com	01 Vehicle Number	SLK2806D	TP Vehicle Number	5180
Claim Description	SLK2806D DN 8 Aug 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Shows No. Finalisation	Yes	Repaired	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	10/08/2018 15:26
Report Taken By				Workshop Repaired	ROSLI WAHAB
				Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	MT/1006651	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/08/2018 15:45
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:43	SAS	Normal	SAS 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	Photos	Normal	Photos 2018-8-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 15:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-10

Video List

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

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

* Video Footage
No

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 08/08/18 *Time of Accident: 1215
*Accident Location: JALAN BAHAR FLYOVER Toward Hyundai TL 2.0 GLS

Vehicle Details

*Vehicle Number: SLK 28060 *Make & Model: Korea N Tucson

Insured / Policyholder

*Owner Name: PUNA CHAY LOR *NRIC: S1802021A
*Address: 456 CORPORATION RD #46-05-08
*Email: JIN 90125 @HOTMAIL.COM *HP: 8522 9154 8885
*Occupation: (Indoor) Outdoor *Tel / H / Other:

Driver () same as above

*Driver Name: LIM MENG KAT *NRIC: S8323930A
*Address: BLK 138B YUAN CHAN RD #13-131
*Date of Birth: 12081983 *Driving Pass Date: 17 MAY 2008 *HP: 8522 0128
*Email: JIN 90125 @HOTMAIL.COM *Gender: Male / Female
*Occupation: (Indoor) Outdoor *Tel / H / Other:
*Driver an employee: Yes / No (If no, what is relationship with the policyholder: 44157)

Passengers Details

*P/Name: LIM JIA AN (Male/Female) *P/Name: (Male/Female)
*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: 5087631600

Detail of other vehicle / Property 1

Vehicle No.: SHA 2540U
Make & Model: HYUNDAI I7L CRDI 140
Vehicle Category: TAXI
Name of Driver: LIM KOK KAH
NRIC: S1461399D
HP: 9787 8183
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.:
Make & Model:
Vehicle Category:
Name of Driver:
NRIC:
HP:
No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-on / Side swipe / others:
*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: NRIC: HP:)
*Accident reported to police: Yes / No *Summon against whom:
*Injured party: Yes / No *No. of passengers (include driver):
-I/Name: Lim Meng Kat *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: Lim Jia An *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

001604225K

S8323930A

LIM MENG KIAT
(LIN MINGJI)

Date of Birth: 12 Aug 1983

Valid Until: 17 May 2008

001604225K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8323930A

5207694

Name
LIM MENG KIAT
(LIN MINGJI)
林明吉

Race
CHINESE

Date of birth
12-08-1983

Country/Place of birth
SINGAPORE

Sex
M

S8323930A

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

Class 3. Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

17 May 2008

NP 423A

Licence No: S8323930A

5207694

NPIC No. S8323930A

Date of issue
21-08-2013

APT BLK 138B YUAN CHING ROAD #13-131
SINGAPORE 612138

NPIC No: S8323930A

Date: 23/05/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1802021A



Name

PHUA CHAY LEE

潘 静 莉

Race

CHINESE

Date of birth

28-08-1967

Sex

F

Country of birth

SINGAPORE



1989408

NRIC No. S1802021A



Blood Group

O+

Date of issue

07-05-1994

456 CORRELATION ROAD #01-08
SINGAPORE 110814

NRIC No. S1802021A

Date: 22-11-2000

No: 3895805

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: 5087631600-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLK2806D
Chassis Number : KMHJ3813MHU383923
2. Name of Policyholder : PHUA CHAY LEE
3. Effective Date of Insurance : 12 Jan 2018
4. Expiry Date of Insurance : 11 Jan 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 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)	: S\$600
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PHUA CHAY LEE
NAMED DRIVER (1)	: LEE SHIN MEI ABIGAIL
NAMED DRIVER (2)	: LIM MENG KIAT
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : KOMOCO TRADING PTE LTD (00000614810)
Date of Issue : 09 Jan 2018 12:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive