

NATIONAL Assessment Centre Services		Date: 12/08/2008		MNA 48/107187	
Date In: 20/08/2008	11:08	Job description	Date & Time Completed	Done by	
Ref No: NBP/INC/80150601		SAS e-filing			
Veh No: SKM 7010H		E-mail (within 3hrs, AIC 2hrs)			
D.O.A: 17/08/2008	09.20	i-Motor Claim Form	M1/1007845-001	20/08/2008	
OD: TP	Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:02	
		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: SKM 2000M	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (		Period: (	Cover Type: (
Confirmed by: (		Date:	Time:
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]			
Year of Registration: ( ) Warranty: YES ( ) / NO ( )			
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )			

General Remarks:

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

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

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

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

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON:				
*N5: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N'n 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	20/08/2018 09:59
Date Of Accident	17/08/2018 09:20
Exact Location Of Accident	CTE TOWARDS AYE AFTER BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7010H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGOH AIK SOON
NRIC No	S8341334D
Email Address	WANTAT.NGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98160423
Alternative Phone No	OTHERS-94500743

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 GLX (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5070134749-03
Cover Note Number	

### Driver

Name of Driver	NGOH WAN TAT
NRIC No	S9041718E
Date Of Birth	26/10/1990
Occupation	INDOOR
Date Of Driving Pass	12/01/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500743
Fax Number	
Contact Number	OTHERS-98160423
Email Address	WANTAT.NGOH@GMAIL.COM

Address	BLK 997B BUANGKOK CRESCENT #08-843
Postcode	532997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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?	NO
If Yes, Please state which Police Station	
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	SKM2000M
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN BINGYU
NRIC/Passport Number	S8414405C
Contact Number	85225739
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

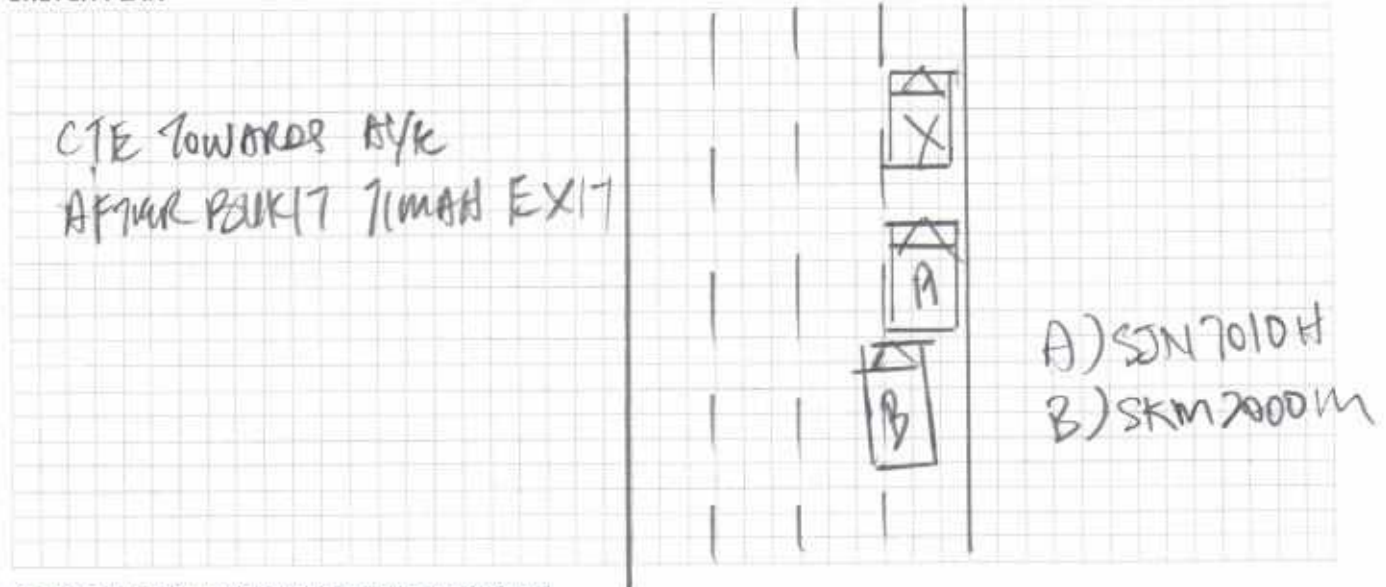
Policyholder's Signature  
Date & Time:

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 travelling on the lane 1 of the road, and when I see the vehicle in front of me hard brake, I followed to brake as well to avoid collision with the vehicle in front. However after my vehicle came to a stop and I glanced through the rear mirror, I see the Volkswagen vehicle coming at me at fast speed, and eventually hit my car.

## 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.:

## Claim Handling

Accident MT/1007845

Policy No.	5070134749-03	Vehicle No.	S/N7010H	GST Registration No.	
Certificate No.					
Policyholder Name	NGOH AIK SOON	Cover Type	drive CLASSIC	Policyholder NRIC	S8341E340
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98160423	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	no *
NRE	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	20/08/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/08/2018	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS AYE AFTER BUKIT TIMAH EXIT				
<b>Benefits</b>					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 665B #11-520	Address 2	PULGGOL DRIVE	Address 3	SINGAPORE 822665
Address 4		Address Type	Singapore address	Post Code	822665
Unit No.		Related Policy Number	5099611047		
<b>01 Driver Info</b>					
Driver Name	NGOH WAN TAT	Driver Type	Named Driver		
Unnamed Driver Name		Driver NRIC	S9041719E	Driver DOB	26/10/1980
Register Date of Driver License	12/01/2018	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	94500743	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.	S/N7010H	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	3 mg	Any Injury?	Yes + No		
Modification History					

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	NGOH AIK SOON	Insured NRIC	S8341E340
Contact No.(Mobile)	98160423	Contact No. (Home)	87471349	Contact No. (Office)	
Email Address	angoh@gmail.com	CI Vehicle Number	S/N7010H	TP Vehicle Number	S/M20
Claim Description	S/N7010H / S/M2000H ON 17 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Correct No. Finalisation	Yes	Repaired Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2018 10:43	Claim Close Date		Date Received	20/08/2018
Report Taken By	ROSJI WAHAB				
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1007845	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	20/08/2018 11:02
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
Message Read		Clear	Please Select
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
			Description



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 11:02	SAS	Normal	SAS 2018-8-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-20
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 10:43	Photos	Normal	Photos 2018-8-20

Video List

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

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 08 / 2018) (DD/MM/YYYY), TIME: (09:20) (HH:MM)

LOCATION: CTE towards AYE before after Bukit Timah Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN7010H  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI LANCER GLX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work  
 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: NGOH AIK SOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2341334D CONTACT: 98160423  
 c) ADDRESS: 665B Ponggol Drive

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

### DRIVER

- a) NAME: NGOH WANTAT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9041718E CONTACT: 94500743  
 c) ADDRESS: 997B BANGKOK CRESCENT #08-843 Singapore (532997)

\* d) DATE OF BIRTH: (26 / 10 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM 2000M MODEL: Volkswagen  
 b) DRIVER'S NAME: Chan Binayin  
 c) NRIC/FIN/PASSPORT: S8414405C CONTACT: 85225739

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = wantat.ngoh@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9041718E



Name

NGOH WAN TAT

吳 旺 達

Race

CHINESE

Date of birth

26-10-1990

Sex

M

Country/Place of birth

SINGAPORE

5444809



NRIC No. S9041718E



Date of issue

11-03-2015

APT BLK B97B BUANGKOK CRESCENT #08-843  
SINGAPORE 532997

NRIC No. S9041718E

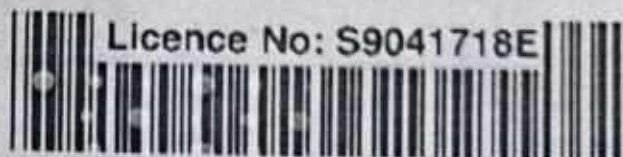
Date: 02/07/2018

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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 12 Jan 2010

NP 428A



Licence No: S9041718E

Printed



Contact Information  
Details below via fax or mail.

Account No :

Contact No :

The name of the authorised  
rubber stamp imprint are required.  
GIRO Form to be sent to my

/ Signature / Date

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9041718E**

Name:

**NGOH WAN TAT**

Birth Date: **26 Oct 1990**

Issue Date: **25 Mar 2015**



**SG  
50**

## 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: 5070134749-03

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN7010H**  
Chassis Number : **JMYSTCS3A9UD05279**
2. Name of Policyholder : **NGOH AIK SOON**
3. Effective Date of Insurance : **25 Feb 2018**
4. Expiry Date of Insurance : **24 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 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	: NGOH AI SOON
NAMED DRIVER (1)	: NGOH WAN TAT
NAMED DRIVER (2)	: NGOH WEN JIE
HIRE PURCHASE COMPANY	: N/A
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 : LIM TAI SIN (00000525310)  
Date of Issue : 22 Feb 2018 10:50 hrs  
Reprint : 22 Feb 2018 10:50 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: MNA418107187 Vehicle Registration No: SEN 7010H  
Name (as shown in NRIC): NGOH WAN TAT NRIC/FIN/Passport No: S9041718E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 94500743  
Email Address: \_\_\_\_\_  
Date of Accident: 17/08/2018 Time of Accident: 09:20  
Place of Accident: CRK TOWARDS AYK AFTER BUKIT TIMAH EXIT  
Insurance Company: NTUC

**(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:

Driver's name to NGOH WAN TAT

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafli Wadood  
NRIC/FIN No.:  
Date: 20/08/2018