NATIONAL Assessment Centi	un Camilana	With Advise, Const William		
Date In a to the second Centil		A STATE OF THE STA		-
Date In: 13 10 18 - 17.17	Jcb description	Date &Time Completed	Done	py.
Res No: 44 INC 180 8593/24	SAS e-filing			
Veh No: 57676R	E-mail (within Shrs, AIC 2hrs)			(A)
D.O.A: 12/10/18-19:30	i-Motor Claim Form	M7 1015521-001	1310/8	7:39
OD TP ! Reporting Only	i-Motor W/O (Within: OD 2hr			
- Topotonig Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i		-
ir insurei.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Suk 6	nur INC)/Non-INC()		
Owner / Driver: () j	Tel:		-
Policy No: () Pe	eriod: (Cover Type: (
Confirmed by : (Date:	Time:	,	377
	Note-Est. Status (WO): N: 0-2		00%1	
	Warranty: YES ()/NO (1	10076]	
	000 ()/\$2,000 ()	<i>'</i>		
		THE PROPERTY OF THE PARTY OF TH	AND THE PERSON	
AND AND A PARTY AND ADDRESS OF A STATE OF THE PROPERTY OF THE PARTY OF		And Proposition Co. L. C.	Same Services	
() Walk-In Customer: Customer's info		rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	The second second		
Drive to () ()				
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: ()
			Bone)
Cemarks: (INC horline: 6788 6616)		Owing Co. (Date&Time Completed	Done) by
Remarks:. (INC hotline: 6788 6616)			Done) jby
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	Courtesy Car ()		Done) jby
Remarks: (INC hotline: 6788'6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()		Done) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()		Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()	Date&Time Completed.		
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Remarks: (INC hotline: 6788'6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Allow C stimant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For cleiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100), INC (\$50); Through Survey Action (\$100), INC (\$100); Through Survey (\$100); Throu	Ant (5) Tit Bill 10) 1/545 5120 530) 575	AHU
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For cleiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repeir C *N7: Fost Rep *N8: DV / Co	Date & Time Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$00) Frough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services: Condition in Inspection licet Excess Coordination (Non INC) against INC	Amt (5) Tri Bill 10) 1/545 5120 530) 575 5160 55 510 525 55 520 30	Ant

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. 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

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and the second of the Control of the	ACCIDENT STATEMENT
Date Of Report	13/10/2018 17:17
Date Of Accident	12/10/2018 19:30
Exact Location Of Accident	TANNERY LANE
Country/State of Loss	SINGAPORE
Commission of the Commission o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ2676R
Insured/Policyholder	
Name Of Registered Owner	LOY CHYE ZHUANG
NRIC No	S8224113B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91059453
Alternative Phone No	OFFICE-91059453
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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	5082651273-02
Cover Note Number	
Driver	
Name of Driver	LOY CHYE ZHUANG
NRIC No	S8224113B
Date Of Birth	31/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2002
Driving Experience	16 YEARS AND 8 MONTHS
20 5	

MALE

NOEMAIL

(LOCAL) +65-91059453

OFFICE-91059453

BLK 408 BUKIT BATOK WEST AVENUE 4 Address

#03-122

Postcode 650408

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 RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LOY WEI HANH

GENDER: : MALE

Passenger 2

NAME:

: LOY XIN RU

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLK6324B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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)
 - 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:
 - 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.:

		NA 1115 211	
		TANKIBRY Z	WE
		NO.66	a present year
	15	1,40,90	- HXMSD104
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		-	D-7CV 020+5
			
111			
		1	
ESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT		
	THE ACCIDENT		
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KAREKERI	AND HIT OUR	WTO MY USH =	PRONT PORTION.
			- 1 10-104
	articulars are true in every r		
	articulars are true in every r		
St		espect.	
	articulars are true in every r Driver's Signature (If driver is not th	espect.	Reporting Centre Personnel's Signature



BIk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 87	18676R	MAKE/MODEL:	-14	E AGNO	FIT		
DATE OF ACCIDENT	DAY/MONTH/YEAR	TIME	9 HR	30	MIM	AM/(PM)	
LOCATION OF ACCIDENT	TAKIN	UTRRY X	ANE				
EXACT PURPOSE USE DUR	RING ACCIDENT	STOIN	14 H	BULE			
CAR OWNER							
NAME OF CAR OWNER	LOY CHYE	ZHUAKI 6	7				
CONTACT NO	91059453		1):	
NRIC	SYDDANBB						
CLAIM TYPE	7	OD	L	THIRD PARTY		REPORTING ONLY	
INSURANCE COMPANY	15 Juc		100 mm				
TYPE OF COVERAGE		COMPREHENSIN	VE	THIRD PARTY		THIRD PARTY FIRE & THEFT	
POLICY NO	5082651273	-02					
ACCIDENT DRIVER	7	AS ABOVE		IF NOT- KINDLY	Y FILL IN E	BELOW	
NAME OF DRIVER	As Above.	ista.	×====				
NRIC	S8224113B	10011000-0-00-0-0	NO	OF PASSENGER	/s	DLOY WEI HAN	H (W
DATE OF BIRTH	31-07-182		20.00			DLOY XIN RU(F)
OCCUPATION			1	OUTDOOR		INDOOR	
DATE OF DRIVING PASS	14 JAN 2002				a residence of		
GENDER			L	MALE		FEMALE	
CONTACT NO		(i) 11.23 (15) (N)	SALES SALES	Theoretical Position	av v	OF POSSESS RECORDS	
ADDRESS	BOK 208 BU	LIT BATT	okw	BET AVI	14.	4103-197	
DRIVER OWN ANY VEHIC	NO/ IF YES- REGISTRATIO			_	26	50408	
RELATIONSHIP EN	MPLOYEE/ IF NOT:	OWA	jar				
WEATHER CONDITION	_	CLEAR	RAINI	NG	OTHER		
ROAD SURFACE	1	_DRY	WET		OTHER		
ANY INJURIES	NO	/ IF YES- NAME:				6	
CONTACT NO			89-11-				
POLICE REPORT		/ IF YES- LOCATIO	ON:				
3RD PARTY INFO	NO	/ YES					
VEHICLE B NO	SLK 6324B		N	O OF PASSENGER	/s	1	
NAME	2110001			J OF FASSENGER	/3	J	
CONTACT NO							
VEHICLE C NO		T-4-7-X2		O OF PASSENGER	le	7	
VEHICLE D NO				O OF PASSENGER		1	
VEHICLE E NO			900	O OF PASSENGER	1000	1	
VEHICLE F NO				O OF PASSENGER	2020	1	
ANY WITNESS						-	
WITNESS CONTACT NO	50.5						

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8224113B





Name

LOY CHYE ZHUANG

壮

CHINESE

Date of birth

Sex

Country/Place of birth

SINGAPORE

31-07-1982

S8224113B

5186179



NRIC No. S8224113B

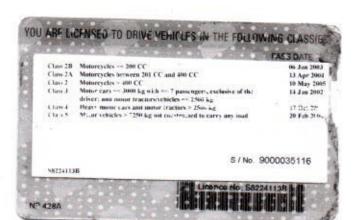


Date of issue 25-06-2013

APT BLK 408 BUKIT BATOK WEST AVENUE 4 #03-122 SINGAPORE 650408

NRIC No: \$8224113B Date: 19/01/2015





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Certificate of Insurance

Western 2007	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	ATION) RULES, 1960
Certificate Number: 5082651273-02	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SJJ2676R
Chassis Number	: GE61083073
2. Name of Policyholder	: LOY CHYE ZHUANG
Effective Date of Insurance	: 05 Sep 2018
4. Expiry Date of Insurance	: 04 Sep 2019
5. Persons or Classes of Persons entitled to drive#	1907/2006/00000
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	
Provided that the person driving is permitted in	accordance with the licensing or other laws or regulations to drive
enactment or regulation in that behalf from driv	d is not disqualified by order of a Court of Law or by reason of any
Limitations as to Use#	ving the Motor Vehicle.
	and in connection with the Policyholder's business or profession.
This Policy does not cover	and in connection with the Policyholder's desiness of profession.
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or s	peed-testing.
(c) Use for the carriage of goods (other than sample	les) in connection with any trade or business.
(d) Use for any purpose in connection with the Mo	
# Limitations rendered inoperative by Section 8 o	f the Motor Vehicle (Third Party Risks and Compensation)
	ansport Act, 1987 (Malaysia), are not to be included under these
headings.	1000
EXCESS (SECTION 1)	: \$\$600
EXCESS (SECTION 2)	; N/A
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE	: NO
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO : NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	LOY CHYE ZHUANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
	The state of the s
I/We hereby Certify that the Policy to which this Certifi	cate relates is issued in accordance with the provisions of the Motor
Vehicles (Third Party Risks and Compensation) Act (Cha	opter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : HUANG GUOQING TERRY (DD000	0573375)
Date of Issue : 24 Aug 2018 12:46 hrs	
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
1	TO NICOME INSURANCE CO-OPERATIVE LIMITED
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Country in a district Res	
Countersigned By:	2
Authorised Office	cer Chief Executive

eBao Tech						h.		世大学	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		THE PERSON NAMED IN	One and large of		• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	[12/10/2018	19:30	
	Vehicle No.(For Motor	S33267	6R		Certif	icate Number	[
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5082651273- 02		LOY CHYE ZHUANG	S8224113B	GPC	drivo CLASSIC	S332676F	(1)-100-1100-1	05/09/2018	04/09/2019
					Continue	1				

Policy No. Certificate	5082651273-02	Policyholder Name	LOY CHYE Z	HUANG	Policyholder NRIC	S8224113B	
No.							
Address	BLK 408 #03-122 BUKIT BAT	OK WEST AVENU	JE 4 SINGAPO	RE 650408			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/08/2018	Effective Date	05/09/2018	00:00	Expiry Date	04/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent Co- Insurance Flag	HUANG GUOQING TERRY	Agent Tel.	91278514		GST Flag	Y	
open olicy							
Open Policy Info Certificate Info	holder Mailing Address						
olicy olicy ofo ertificate ofo Policy	holder Malling Address BLK 408 #03-122	Addre	ess 2	BUKIT BATOK WES	T AVENUE 4	Address 3	SINGAPORE 650408
open olicy onfo certificate onfo Policy oddress 1	121000000000000000000000000000000000000		ess 2 ess Type	BUKIT BATOK WES	T AVENUE 4	Address 3 Post Code	SINGAPORE 650408 650408
Open Policy nfo Certificate nfo	121000000000000000000000000000000000000	Addre	ess Type ed Policy		T AVENUE 4		
open olicy of ertificate of Policy ddress 1 ddress 4	121000000000000000000000000000000000000	Addre Relat	ess Type ed Policy	Singapore address	T AVENUE 4		
pen olicy of the period of the	BLK 408 #03-122	Addre Relat	ess Type ed Policy	Singapore address	T AVENUE 4		
Open Policy Info Policy Open Open Open Open Open Open Open Open	BLK 408 #03-122 ed Object: SJJ2676R sements	Addre Relat Numt	ess Type ed Policy	Singapore address 5082651273-02	T AVENUE 4 Endorsement	Post Code	

Kcy No.	5082651273-02	Vehicle No.	entropia.		
reficate No.		Valida Mil	5J12676R	GST Registration No.	
icyholder Name	LOY CHYE ZHUANG			MANUFACTURES DESCRIBER	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NR3C	582241138
ntact No.(Mobile)	91059453	Contact No.(Office)	0	Loading	0
neil Address		Special Remark	0	Contact No.(Home)	0
K	® No ○ Yes	TCA	® No ⊜Yes	eCode	W. V
D Protection	No	NCD Entitlement(%)	40	eCode Reason	
Accident Details		ACD EMMANDE (10)	40	Private Hire	No
port Date	13/10/2018 17:27	Accident Report Within 24 hrs.	Yes	***************************************	
te of Accident	12/10/2018	Time of Accident history	19:30	Accident Type	Collision - Head to Rear
porting Centre		Orange Force	19130	Country of Accident	Singapore
cident Location	TANNERY LANE			ICM No.	
Excess					
n damage Excess	600.00	Additional Excess	0	20000000	
named Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	100.00
nd Party Excess	0.00	Outside Singapore TP Excess	600.00		
Benefits	1070	source original in taxees	0.00		
GST Registered Informa	ation .				
F Registered	No.		GET Basistantias Para		
Registration No.			GST Registration Date GST Status Verified	Yes	
thication History				163	
Policyholder Mailing Ad					
dress 1	BLK 408 #03-122	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650408
dress 4		Address Type	Singapore address	Post Code	650408
it No.		Related Policy Number	9082651273-02		
OI Driver Info					
ver Name	LOY CHYE ZHUANG	Driver Type	Main Driver		
lamed driver Name		Driver NRIC	\$82241138	Driver DOS	31/07/1982
gister Date of Driver License		Driver Age	36	Driving Experience	16
ritact No.(Mobile)	91059453	Contact No. (Office)	0	Contact No.(Home)	0
dress t	BLK 408	Address 2	BURIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650408
dress 4		Address Type	Singapore address	Post Code	650408
it No.	03-122				
es he own a Bingapore gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
MANAGE S					
laration athalyser or Blood Test					
ading?	0 mg	Any injury?	○ Yes ® No		
diffication History					
Claim 001 OD-MX New	h				
- 10	98				
	-				
т Туре •	0D-MX	Insured Name	LOY CHYE ZHUANG	Insured NRIC	582241138
Wact No. (Mobile)	91059453	Contact No.(Home)	NOL	Contact No.(Office)	NIL
	adrianicy53@gmail.com	OI Vehicle Number	\$312676A	TP Vehicle Number	SUK6324B
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Type Claimant Type * mant Name *	Please Select ≥≥	Type of Benefit * Claimant NRIC *	Please Select		
mant Type Claimant Type * mant Name * mant Address			Please Select 🔻		
mant Type Claimant Type * imant Name * imant Address im Description			Please Select	Name of Preferred Workshop	
mant Type Claimant Type * imant Name * imant Address im Description	22		Please Select	Name of Preferred Workshop	
imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact	22	Claimant NRIC *	Not at Pault	Name of Preferred Workshop GIA report	Received
imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact pure Finalisation	≥≥ 5332676R / SLK6324B ON 12 Oct 2018	Claimant NRIC *	Not at Pault	GIA report	Received V
imant Type Claimant Type * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered	≥≥ 5332676R / SLK6324B ON 12 Oct 2018 Yes	Claimant NRIC * Insured Lieblity * Preferend Repair Option	Not at Pault	- 50 	Received 9
mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact use Finalisation is Registered out Taken By	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29	Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Not at Pault	GIA report Date Received	province of the control of the contr
mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact use Finalisation is Registered out Taken By	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29	Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Not at Pault	GIA report Date Received	province of the control of the contr
main Type Claimant Type * main Name * main Address in Description ferred Workshop Contact use Finalisation e Registered ort Taken By Print AK letter	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29	Claimant NRIC + Insured Liebility + Preferend Repair Option Claim Glose Date Workshop Repairer	Not at Pault	GIA report Date Received	province of the control of the contr
main Type Claimant Type * main Name * main Address in Description ferred Workshop Contact ture Finalisation e Royatered oo't Taken By Print AK letter	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29	Claimant NRIC + Insured Liebility + Preferend Repair Option Claim Glose Date Workshop Repairer	Not at Pault Preferred Workshop, Name unknown	GIA report Date Received	province of the control of the contr
imant Type Claimant Type * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered Jort Taken Dy Print AX letter MEACHment	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29	Claimant NRIC + Insured Liebility + Preferend Repair Option Claim Glose Date Workshop Repairer	Not at Pault Preferred Workshop, Name unknown	GIA report Date Received	province of the control of the contr
imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact ture Finalisation te Registered Jort Taken By Print AX letter MEAChment	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29 Jeckson	Claimank NRIC + Insured Liability + Preferend Repair Option Claim Close Date Workshop Repairer	Not at Pault Preferred Workshop, Name unknown	GIA report Date Received	province of the control of the contr
imant Type Claimant Type * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered Jort Taken By Print AK letter MEACHment Mident No.	E332676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29 Jeckson	Claimant NRIC + Insured Liebility + Preferend Repair Option Claim Glose Date Workshop Repairer	Not at Pault Preferred Workshop, Name unknown	GIA report Date Received	province of the control of the contr
imant Type Claimant Type * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered Jort Taken By Print AK letter MEACHment Mident No.	≥≥ 532676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29 Jeckson	Claimank NRIC + Insured Liability + Preferend Repair Option Claim Close Date Workshop Repairer	Not at Pault Preferred Workshop, Name unknown Save Submit	GIA report Date Received	province of the control of the contr
mant Type Claimant Type * mant Name * mant Address im Description ferred Workshop Contact user Finalisation e Registered out Taken by Print AK letter ttachment	E332676R / SLX6324B ON 12 Oct 2018 Yes 13/10/2018 17:29 Jeckson	Claimank NRIC + Insured Liability + Pireferend Repair Option Claim Close Date Workshop Repairer	Not at Paut Preferred Workshop, Name unknown Save Submit	GIA report Date Received	13/10/2018 17:29
imant Type Claimant Type * imant Address im Description ferred Workshop Contact ture Finalisation e Registered out Taken By Print AK letter Attachment ident No.	≥≥ 5332676R / SLX6334B ON 12 Oct 2018 Yes	Claimank NRIC + Insured Liability + Pireferend Repair Option Claim Close Date Workshop Repairer	Not at Paut Preferred Workshop, Name unknown Save Submit 001 13/10/2018 17:31 Category •	CIA report Date Received Total Loss but Repaired	13/10/2018 17:29
mant Type Claimant Type * mant Name * mant Address im Description ferred Workshop Contact user Finalisation e Registered out Taken by Print AK letter ttachment	≥≥ 5332676R / SLX6334B ON 12 Oct 2018 Yes	Claimank NRIC + Insured Liability + Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date	Not at Paut Preferred Workshop, Name unknown Save Submit 001 13/10/2018 17:31 Category *	Confidential Urgen	13/10/2018 17:29 (b)
mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description efferred Workshop Contact b. graine Finalisation aire Registered port Taken By If Print AK letter Attachment grained print AK letter attachment grained print AK letter attachment grained grained port Taken By If Print AK letter	≥≥ 5332676R / SLX6334B ON 12 Oct 2018 Yes	Claimank NRIC + Insured Liability + Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date Browse.	Not at Paut Preferred Workshop, Name unknown 5ave Submit 001 13/10/2018 17:31 Category *	GIA report Date Received Total Loss but Repaired Confidential Urgen	13/10/2018 17:29 E

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