

NATIONAL Assessment Centre Services (wef 1 Jan 2005) *NA 618734117*

Date In: <i>15/10/2008</i> <i>20:45</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA 618734117</i>	SAS e-filing		
Veh No: <i>SGX 8663A</i>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <i>13/10/2008</i> <i>15:45</i>	i-Motor Claim Form	<i>mt1015802001</i>	<i>16/10/2008</i> <i>09:49</i>
OD: TP: <u>Reporting Only</u>	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: *UNKNOWN VAN* 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

NA 606623

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	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 / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/10/2018 20:14
Date Of Accident	13/10/2018 15:45
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8663A
Insured/Policyholder	
Name Of Registered Owner	CHEONG YEE CHIEW
NRIC No	S1220807C
Email Address	ENZYMIST@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97669938
Alternative Phone No	OTHERS-96453604

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	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	5102388335
Cover Note Number	

Driver

Name of Driver	CHEONG LICHANG
NRIC No	S8608840A
Date Of Birth	12/04/1986
Occupation	INDOOR
Date Of Driving Pass	04/12/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96453604
Fax Number	
Contact Number	OTHERS-97669938
Email Address	ENZYMIST@HOTMAIL.COM

Address	BLK 810 YISHUN RING ROAD #06-4185
Postcode	760810
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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)	2
Passenger 1	NAME: : MOTHER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181014/2068

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	UNKNOWN
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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:

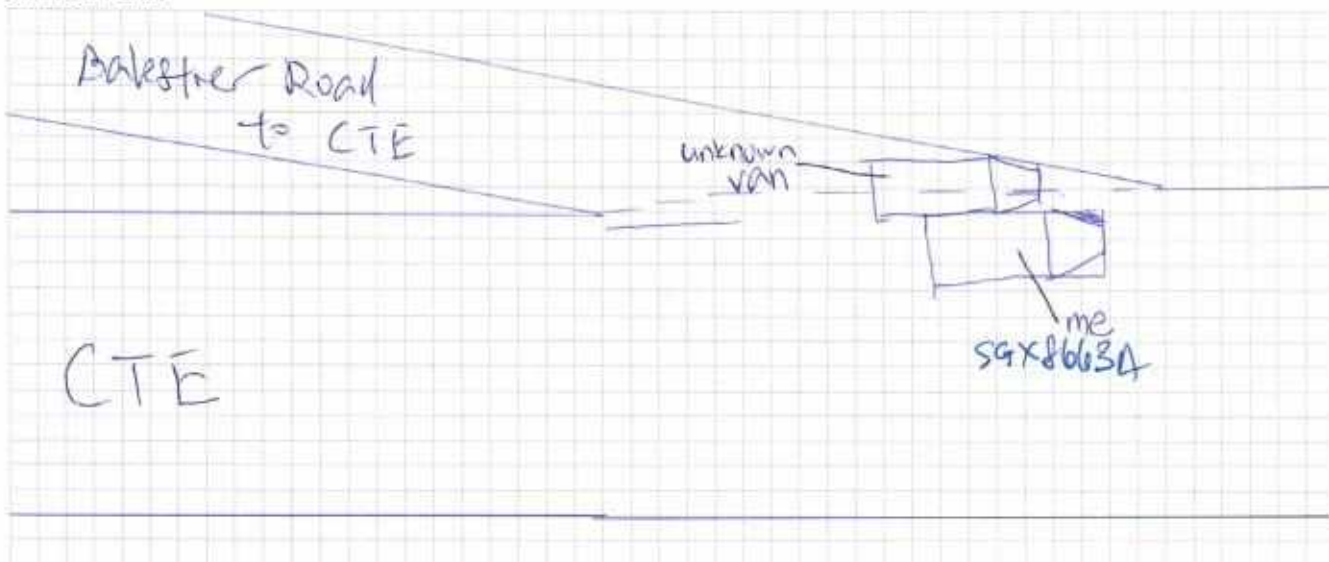


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Rashid Lim
NRIC/FIN No. 15110/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Police Report to Police Report
7/20/10/14/2068

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/20181014/2068

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20181014/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2018 17:35	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: CHEONG LICHANG			Address: APT BLK 810 YISHUN RING ROAD #06-4185 SINGAPORE 760810		
ID Type / ID No.: NRIC NO / S8608840A			Contact No.: Home/Office: Mobile: 96453604		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 12/04/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards city				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX8663A	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181014/2068

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Report No. T/20181014/2068

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver			
Name	CHEONG LICHANG	ID No.	S8608840A
Related Vehicle	SGX8663A (Car)	Contact No.	96453604
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 13/10/18 at about 1545hrs, I was driving my father car, one Silver Toyota, vehicle registration plate number, SGX8663A along CTE towards city. Inside the vehicle, I have another female passenger sitting at the front passenger seat. There is a front camera installed inside my father car. Traffic volume was heavy. As I was driving along CTE, I felt a impact coming from the left side of my father car. I then noticed one white van, unknown vehicle plate number had hit onto the left rear of my father car. The said white van was seen coming from Balestier Road, trying to filter into CTE. I then tried to slow down my father car and also honked however the other driver from the white van did not even stop, and slowed down his car and went behind me and managed to filter into CTE and filter to the most right lane of the road. I was unable to see the vehicle plate number as there were a lot of vehicles on the road. No one was injured. There are damage found near to the left rear wheel.



**SINGAPORE
POLICE FORCE**



T/20181014/2068

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Report No. T/20181014/2068

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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:
F /
Sgt 2 OOI JIA JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/10/2018 17:35

Classification Of Case:

SN 085

Signature:

Singapore Police Force

Claim Handling

Accident MT/1015602

Policy No.	5102388335	Vehicle No.	SGX8663A	GST Registration No.	
Certificate No.					
Policyholder Name	CHEONG YEE CHIEW			Policyholder NRIC	S1220897C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97669938	Contact No.(Office)		Contact No.(Home)	
Email Address		Social Remark		eCode	No
ATK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	16/10/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/10/2018	Time of Accident (hr:min)	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS CITY				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreens Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 810 #05-4185	Address 2	YISHUN KING ROAD	Address 3	KHATIB GARDENS
Address 4	SINGAPORE 760810	Address Type	Singapore address	Post Code	760810
Unit No.		Related Policy Number	5102388335		

▼ DT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEONG LICHANG	Driver NRIC	S8608A0A	Driver DOB	12/04/1986
Register Date of Driver License	04/12/2006	Driver Age	32	Driving Experience	11
Contact No.(Mobile)	97669938	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 810 #04-4185	Address 2	YISHUN KING ROAD	Address 3	KHATIB GARDENS
Address 4	SINGAPORE 760810	Address Type	Foreign address	Post Code	760810
Unit No.	04-4185				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGX8663A	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHEONG YEE CHIEW	Insured NRIC	S1220897C
Contact No.(Mobile)	97669938	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	cheong_yee_chiew@hotmail.com	OT Vehicle Number	SGX8663A	TP Vehicle Number	LNKNC
Claim Description	SGX8663A / UNKNOWN VAN ON 18 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Reported No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered	16/10/2018 09:48	Claim Close Date		Date Received	16/10/
Report Taken By	MOULI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1015602	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/10/2018 09:48
Path *		Category *	Confidential
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 *

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File
NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49		Photos	Normal	Photos 2018-10-16	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving Licence 2018-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:49	SAS	Normal	SAS 2018-10-16

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13/10/2018) (DD/MM/YYYY), TIME: (15:45) (HH:MM)

LOCATION: Along Road 1 (Central Expressway, CTE towards city)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGX 8663 A
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5102388325
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA, ALTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Cheng Yee Chiew (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1220807C CONTACT: 97669938
 c) ADDRESS: Block 810 Yishun Ring Road #06-4185
Singapore 760810

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Cheng Liheng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8608840A CONTACT: 96457604
 c) ADDRESS: Block 810 Yishun Ring Road #06-4185
Singapore 760810

*d) DATE OF BIRTH: (12/09/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04 Dec 2006

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

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: Yishun South N.P.C

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: unknown van MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = enzymest@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8608840A



Name

CHEONG LICHANG

張立昌

Race

CHINESE

Date of birth

12-04-1986

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S8608840A

CHEONG LICHANG

Birth Date 12 Apr 1986

Issue Date 31 Jan 2015



002392297F

SG
50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1220807C



CHEONG YEE CHIEW

張尔超

Race

CHINESE

Date of birth

03-04-1956

Country of Birth

SINGAPORE

Sex
M

S1220807C

owner

5403392



NRIC No. S8608840A



Date of issue
06-12-2014

Address

APT BLK 810 YISHUN RING ROAD
#06-4185
SINGAPORE 760810

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 04 Dec 2006

DRIVER

NP 428A



Licence No: S8608840A

2337004



NRIC No. S1220807C



Blood Group Date of issue

B+ 01-09-1994

APT BLK 810 YISHUN RING ROAD #06-4185
SINGAPORE 760810

NRIC No: S1220807C

Date: 25-08-2005 No: 5171747

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: 5102388335

Cover : drive-CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGX8663A |
| Chassis Number | : MROS3ZEE106169766 |
| 2. Name of Policyholder | : CHEONG YEE CHIEW |
| 3. Effective Date of Insurance | : 27 Jul 2018 |
| 4. Expiry Date of Insurance | : 02 Sep 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEONG YEE CHIEW
NAMED DRIVER (1)	: CHEONG JIETING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : **TAN MOTOR-CAR ENTERPRISES (00000612294)**
Date of Issue : **25 Jul 2018 11:01 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive