

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA98/46890

Date In: 08/11/2008 19:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 6020277/V	SAS e-filing		
Veh No: SLW 456 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/11/2008 08:25	i-Motor Claim Form	MTU018962001	08/11/2008 19:57
OID / 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: FBA 6823Z

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%. P: 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:

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:

Ref. 1:

2/3

Invoice/Repairation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: 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) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MAA98/46890

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	08/11/2018 19:40
Date Of Accident	08/11/2018 08:25
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE ROAD/TAN QUEE LAN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4516P
Insured/Policyholder	
Name Of Registered Owner	YVONNE THOMSEN-GHAI
NRIC No	S7368283E
Email Address	YTHOMSEN1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96433127
Alternative Phone No	OTHERS-96433127

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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	5099954029
Cover Note Number	

Driver

Name of Driver	YVONNE THOMSEN-GHAI
NRIC No	S7368283E
Date Of Birth	23/03/1973
Occupation	INDOOR
Date Of Driving Pass	21/03/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96433127
Fax Number	
Contact Number	OTHERS-96433127
EMail Address	YTHOMSEN1@GMAIL.COM

Address	18 HOLLAND HILL #04-16
Postcode	278746
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181107/2024

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	FBA6823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RHYAN
NRIC/Passport Number	S8213977Z
Contact Number	97999766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RYHAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBA6823Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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: 8/11/2018

Driver's Signature

(If driver is not the policyholder)

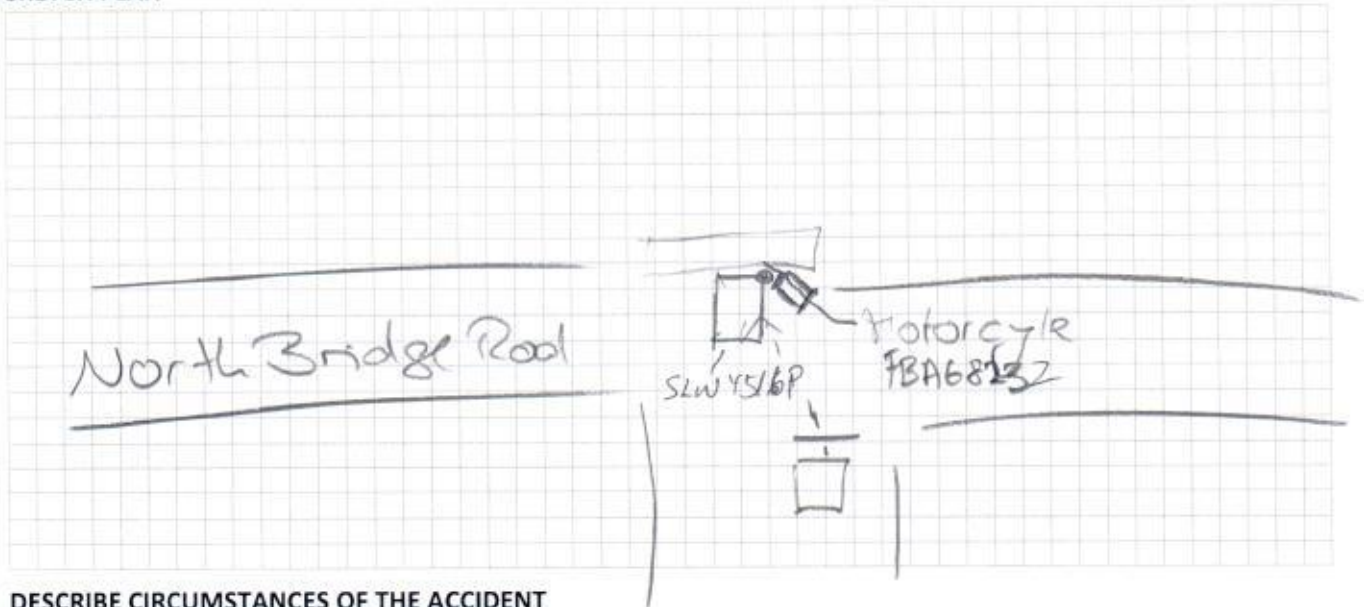
Date & Time:

Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
17/08/2018

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: *8/11/2018*

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

[Signature] *18/11/2018*
Reporting Centre Personnel's Signature
Name: *Rashid Wadood*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181108/2024

1 of 4

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20181108/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 10:30		Vide Report No.: A/20181108/0026		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: YVONNE THOMSEN-GHAI			Address: 18 HOLLAND HILL #04-16 SINGAPORE 278746		
ID Type / ID No.: NRIC NO / S7368283E			Contact No.: Home/Office: Mobile: 96433127		
Nationality: GERMAN			Email:		
Sex: Female	Age: 45	Date of Birth: 23/03/1973	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: FINANCE DEPARTMENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/11/2018 08:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NORTH BRIDGE ROAD TAN QUEE LAN STREET Junction of North Bridge Road and Tan Quee Lan Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA6823Z	Motorcycle			Black	Slightly Damaged	0
SLW4516P	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20181108/2024

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Report No. T/20181108/2024

Police Station Of Origin:

Kreta Ayer NPP

32 North Canal Road SINGAPORE 059282

Tel No: 1800-5359999

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	5099954029	18/04/2018	17/04/2019
SLW4516P	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Rider		ID No.	S8213977Z	
Name	RYHAN	Contact No.	97999766	
Related Vehicle	FBA6823Z (Motorcycle)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment	NIL	Date Discharge
		No. of Days granted Medical Leave	NIL	Degree of Injury
			NIL	NIL
Driver		ID No.	S7368283E	
Name	YVONNE THOMSEN-GHAI	Contact No.	96433127	
Related Vehicle	SLW4516P (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment	NIL	Date Discharge
		No. of Days granted Medical Leave	NIL	Degree of Injury
			NIL	NIL

Brief Details.

On 08/11/2018 at about 0825hrs, I was travelling along Tan Quee Lan Street towards North Bridge Road. Upon reaching the junction, I made a check on my right and saw that there was no traffic. I proceeded to cross North Bridge Road to enter Bugis Junction, which was across the street. While I was on the rightmost lane of North Bridge Road, I felt an impact on the front of my vehicle and saw one motorcycle (FBA6823Z) collided into the front right of my vehicle. Thereat, he fell on the pavement. I went out of my vehicle and made a check on him. It was witnessed by a security guard working at the Bugis Junction building namely Chow Peng Kong, DID: 64325183 whom then called for the police.

Thereafter, the traffic police and ambulance came where the rider was subsequently conveyed to the hospital.

As a result from the accident, there were dents and scratches on my vehicle's front right fender. I do not know the damages on the motorcycle.



**SINGAPORE
POLICE FORCE**



T/20181108/2024

3 of 4

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20181108/2024

CONTINUATION OF REPORT

I wish to state that I had check that the traffic on my right was clear prior to crossing the road. I was then advised to lodge a traffic accident report.

My Investigation Officer of the case is Shahrul Nizam, DID: 65476904.



**SINGAPORE
POLICE FORCE**



T/20181108/2024

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

4 of 4

Report No. T/20181108/2024

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:

A /

Sgt 2 LEOW JUN CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Signature Of Informant:

Date/Time:

08/11/2018 10:30

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1018962

Policy No.	5099934029	Vehicle No.	SLW4516P	GST Registration No.	
Certificate No.					
Policyholder Name	YVONNE THOMSEN-GHAI			Policyholder NRIC	S7368283E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96433127	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes No	TCA	Yes No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/11/2018 19:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	08/11/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF NORTH BRIDGE ROAD/TAN QUEE LAN STREET				

Excess

Own damage Excess	600.00	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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	18 HOLLAND HILL	Address 2	#04-16 PARVUS	Address 3	SINGAPORE 278746
Address 4		Address Type	Singapore address	Post Code	278746
Unit No.	04-16	Related Policy Number	5099934029		

OT Driver Info

Driver Name	YVONNE THOMSEN-GHAI	Driver Type	Main Driver	Driver DOB	23/03/1973
Unnamed driver Name		Driver NRIC	S7368283E	Driving Experience	27
Register Date of Driver License	21/03/1991	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	96433127	Contact No.(Office)		Address 3	SINGAPORE 278746
Address 1	18 HOLLAND HILL	Address 2	#04-16 PARVUS	Post Code	278746
Address 4		Address Type	Singapore address		
Unit No.	04-16				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLW4516P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	YVONNE THOMSEN-GHAI	Insured NRIC	S7368283E
Contact No.(Mobile)	96433127	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ythomsen1@gmail.com	OT Vehicle Number	SLW4516P	TP Vehicle Number	FBA6823Z
Claim Description	SLW4516P / FBA6823Z ON 8 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Submit No. Finalisation	Yes	Preferred Reper Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/11/2018 19:57	Claim Close Date		Date Received	08/11/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1018962	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/11/2018 19:57
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File
NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH))	on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	SAS	Normal	SAS 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8

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: 8 / 11 / 2018 (DD/MM/YYYY), TIME: 8 : 25 (HH:MM)

LOCATION: North Bridge Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW4516P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5099954029
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) under
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: YUONG THOMSEN - CHAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7368283E CONTACT: 96433127
 c) ADDRESS: 18 HOLLAND HILL BOY-16
S22R346

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
 (including driver)
(1)

- DRIVER as above
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 23/03/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/03/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Kreta Ayer

8. THIRD PARTY VEHICLE

* No of passengers
 (including driver)
(1)

- a) VEHICLE NUMBER: FBA6823Z MODEL: Motorcycle
 b) DRIVER'S NAME: RYHAN
 c) NRIC/FIN/PASSPORT: S8213977E CONTACT: 97999766

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
()

email = ythomsen1@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7368283E



Name

YVONNE THOMSEN-GHAI

Race
CAUCASIAN

Date of birth
23-03-1973

Country of birth
GERMANY

Sex
F

Signature



NRIC No. S7368283E



Nationality
GERMAN

Date of issue
16-12-2008

18 HOLLAND HILL #04-18
SINGAPORE 278746

NRIC No: S7368283E

Date: 24/02/2013

No: 7404271

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7368283E



YVONNE THOMSEN-GHAI

Birth Date: 23 Mar 1973

Issue Date: 18 Apr 2018



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 18 Apr 2018

NP 428A



Passing date - 10/02

	9	10	11	12
AM	21.03.91			
A1	21.03.91		79.03.79.04	
A2				
A	21.03.91		79.03.79.04	
B1				
B	21.03.91			
C1	21.03.91		171	
C				
D1				
D				
BE	21.03.91		79.04	
CE	21.03.91			
CE	21.03.91	22.03.23	79(C1E)12000kg,(L53)	
D1E				
DE				
L	21.03.91		174	
T				

FUHRERSCHEIN BUNDESREPUBLIK DEUTSCHLAND

1. Thomsen-Ghai

2. Yvonne

3. 23.03.73 Hamburg

4a. 17.02.15 4b. Hansestadt Lübeck -Der Bürgermeister-

4b. 16.02.30

5. 003031IXV02

6. J. Thomsen-Ghai

7. AM/A1/A/B/C1/BE/CE/CE/L

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: 5099954029

Cover : drive CLASSIC

- | | |
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| 1. Index mark and Registration Number of Vehicle | : SLW4516P |
| Chassis Number | : ZSU600070373 |
| 2. Name of Policyholder | : YVONNE THOMSEN-GHAI |
| 3. Effective Date of Insurance | : 18 Apr 2018 |
| 4. Expiry Date of Insurance | : 17 Apr 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YVONNE THOMSEN GHAI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 18 Apr 2018 13:36 hrs

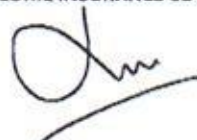


For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive