

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 09/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI/18020318/13	SAS e-filing		
Veh No: SLF1953U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/11/18 1920	I-Motor Claim Form		
OD: (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		

Profetrad Wksp / INC Assign Wksp / QW: (21060)	Tel:	Fax:
TP Particulars:	Veh No: 565783Z	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 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

NA1807419	Invoice Preparation Checklist	Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	IR Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	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	09/11/2018 10:54
Date Of Accident	07/11/2018 19:20
Exact Location Of Accident	JUNC OF SENGKANG EAST WAY & ANCHORVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1953U
Insured/Policyholder	
Name Of Registered Owner	LOH,JUN JIA
NRIC No	S8039937E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91374389
Alternative Phone No	OTHERS-91374389

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO SV 1.5CVT
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00503594
Cover Note Number	

Driver

Name of Driver	LOH,JUN JIA
NRIC No	S8039937E
Date Of Birth	19/12/1980
Occupation	INDOOR
Date Of Driving Pass	25/10/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91374389
Fax Number	
Contact Number	OTHERS-91374389
EMail Address	NOEMAIL

Address	BLK 271C PUNGGOL WALK #06-529
Postcode	823271
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	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	
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)	5
Passenger 1	NAME: : LOH ZI LIN GENDER: : FEMALE
Passenger 2	NAME: : LOH JIAN YONG GENDER: : MALE
Passenger 3	NAME: : LOH JIAN HAO GENDER: : MALE
Passenger 4	NAME: : NGUYEN THI THU TRANG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181108/2000

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 Witness 1

Name	MR SUM WAI TECK
Phone Number	65145269
Email Address	

Details of Witness 2

Name	IRFAN
Phone Number	91995301
Email Address	

Details of Witness 3

Name	AVERY
Phone Number	90055667
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG5783Z
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
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)	

DETAILS OF INJURED PERSON 1

Name	LOH JUN JIA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF1953U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NGUYEN THI THU TRANG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF1953U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LOH ZI LIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF1953U
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name LOH JIAN YONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLF1953U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name LOH JIAN HAO

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLF1953U

Were seat belts worn? YES

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:

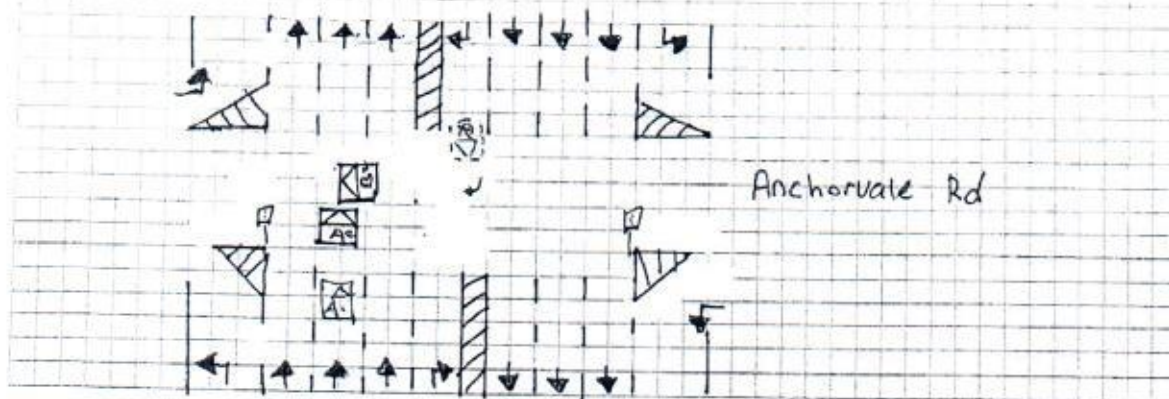
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLF1953U

Vehicle B: SKG5783Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Sengkang East Way

Refer To Police Report

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/20181108/2000

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 5

Report No. T/20181108/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 00:30	Vide Report No.: F/20181107/0258	Station Diary No.: 1
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Informant's Particulars

Name of Informant: LOH JUN JIA			Address: APT BLK 271C PUNGGOL WALK #06-529 SINGAPORE 823271		
ID Type / ID No.: NRIC NO / S8039937E			Contact No.: Home/Office: Mobile: 91374389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 19/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2018 19:20	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 SENGKANG EAST WAY ANCHORVALE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
SKG5783Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	1
SLF1953U	Car	HONDA	MOBILIO SV 1.5 CVT	Grey	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20181108/2000

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20181108/2000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF1953U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00503594	16/08/2018	15/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CAI RUXIONG		ID No.	S2676242A
Related Vehicle	SKG5783Z (Car)		Contact No.	84781529
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LOH JUN JIA		ID No.	S8039937E
Related Vehicle	SLF1953U (Car)		Contact No.	91374389
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/11/2018		Date Discharge	07/11/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	LOH JIAN YONG		ID No.	T1202696F
Related Vehicle	SLF1953U (Car)		Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Passenger			
Name	LOH ZI LIN	ID No.	T0919454H
Related Vehicle	SLF1953U (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NGUYEN THI THU TRANG F	ID No.	S8875788B
Related Vehicle	SLF1953U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LOH JIAN HAO	ID No.	T1612900Z
Related Vehicle	SLF1953U (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/11/2018 about 1915hrs, I was travelling along third lane along Sengkang East Way near junction Anchorvale Rd. There was one yellow jazz, driver Witness 1 Mr Sum Wai Teck Office: 65145269 (Name card given) in front of my car and approaching the said junction, Jazz Driver sounded his horn at one vehicle: SKG5783Z white Altis as driver is trying to inch out of his right pocket trying to make an U-turn or turn right, the said Altis stopped and allowed his Honda jazz to pass through. While I was driving straight toward Sengkang NPC at the said junction as approaching the traffic junction was still green light on my path, the Altis suddenly inch out and make a maneuver out from his junction right pocket and trying to make a U-turn.

I sounded my horn and stepped on my brake and tried to perform an emergency brake to stop my vehicle however was not able to stop on time, my front bumper had hit onto his front passenger side door and



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20 Chai Chee Drive SINGAPORE 469045

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Report No. T/20181108/2000

CONTINUATION OF REPORT

both my car two airbags deployed. We both got down of the car and checked with our passengers. One RedMart van Driver/Passenger Witness 2 Irfan HP: 91995301 came down and told me that he was along Anchorvale Rd opposite Swimming Complex and witness that I have the right of way but the Altis insisted making his U-turn without watching out for incoming traffic. Shortly Witness 3 Avery HP: 90055667 render some basic first aid and checked my children well-being, she mentioned that I have the right of way too and she further informed that she will lodge a police report about the incident to state her story.

Ambulance and fire bike and fire engine was at scene to render their assistance, ambulance paramedics checked both involved vehicles drivers and passengers, my 3 kids was conveyed to KK Hospital and myself walked in to Sengkang Hospital for further check up with assistance from my brother, Daniel. The altis driver and passenger were not convey by ambulance. Traffic Police Officer came down to scene and interview all parties including all witnesses except Witness 1. He passed me one paper indicating TP IO Zayid and report number: F/20181107/0258

I suffered neck sprain and right hand contusion, discharged for follow up with Orthopaedic Surgery Clinic, and was given 4 days Medical Leave with effect 7 Nov 2018. Please see below injuries for my children,

- F 1) Loh Zi Lin - Was conveyed to KK after assessment by paramedic
- M 2) Loh Jian Yong - was conveyed to KK and injuries sustain was right top forehead bruises
- M 3) Loh Jian Hao - was conveyed to KK with neck sprain and 0.5 cm laceration below his left eye area

All 3 children was warded at KK for one night for further observation as advice by Doctor in KK, Ward 62 Bed 1, 2 and 4.



**SINGAPORE
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T/20181108/2000

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Report No. T/20181108/2000

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:
G /
Staff Sgt CHIN YONG PEI, DESMOND

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/11/2018 00:30

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 11 / 2018) (DD/MM/YYYY), TIME: (17 : 15) (HH:MM)

LOCATION: Junction of Sengkang East way & Anchorvale Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 1953U
 b) INSURANCE COMPANY: Direct Asia
 c) POLICY NUMBER: MT 00503594
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Mobilio
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Loh Jun Jia (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S8039937E CONTACT: 9137 4389
 C) ADDRESS: BLK 271C Punggol Walk #06-529 (S) 823271

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (17 / 12 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: Bedok South N.P.C

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKG 5783Z MODEL: Toyota Altis

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:

* No of passengers
 (including driver)
 (05)

3 Female

- Nguyen Thi Thu Trang

- Loh Zi Lin

2 male

- Loh Jun Jia

- Loh Jian Yong

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = ric060autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8039937E**

Name: **LOH JUN JIA (LU JUNJIA)**

Birth Date: **19 Dec 1980**

Issue Date: **11 Apr 2005**

001334118F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8039937E**

Name: **LOH JUN JIA (LU JUNJIA)**

Race: **盧俊嘉**

Date of birth: **19-12-1980**

Sex: **M**

Country of birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	30 Oct 2003
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	25 Oct 2002

NP 428A

License No: **S8039937E**

3888882

NRIC No: **S8039937E**

Date of issue: **11-04-2005**

APT BLK 271C PUNGGOL WALK #08-529

SINGAPORE 823271

NRIC No: **S8039937E**

Date: **18/12/2012**

No: **7232401**

25/10/2002

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

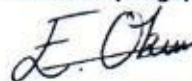
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00503594
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLF1953U
Chassis No.	: MRHDD4870GP000259
2) Name of Policy Holder	: LOH, JUN JIA
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 16/08/2018 00:00
4) Date/Time of Expiry of Insurance	: 15/08/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any named person under the policy who is driving on the Insured's order or with his permission.	
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: Standard Chartered Ltd
Main driver	: LOH, JUN JIA
Named driver	: None
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 18/07/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer