

# NATIONAL Assessment Centre Services.

[wef 1 Jan 00]

NA/48/4517

Date In: 09/11/2008 12:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC/020332/Y	SAS e-filing		
Veh No: SME 3886K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/11/2008 09:00	I-Motor Claim Form	MT/10/906609	09/11/2008 14:48
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLJ 4862H	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:	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	Assigned

NA/80727	Invoice/Repairation Checklist
Client's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2005)
2nd I:	6) TR: Re-inspection \$75
2/3:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$35
	*N6: Repairs Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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 12:54
Date Of Accident	09/11/2018 09:00
Exact Location Of Accident	AYE TOWARDS CHANGI NEAR CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3886K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZX LUXURIE
Co Reg No	53290976C
Email Address	JOAYE.ONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96696999
Alternative Phone No	OFFICE-96696999

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104077022
Cover Note Number	

### Driver

Name of Driver	JOAYE ONG
NRIC No	S8008202I
Date Of Birth	26/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96696999
Fax Number	
Contact Number	OTHERS-96696999
Email Address	JOAYE.ONG@GMAIL.COM

Address	16 CHOA CHU KANG GROVE #19-39
Postcode	688210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	AFTER RAIN
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?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4862H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YU LEI
NRIC/Passport Number	S8378136Z
Contact Number	98275367

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

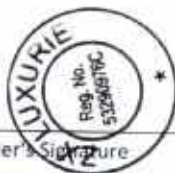
### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

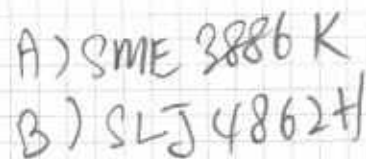


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9 NOV 2018  
12:58pm

Reporting Centre Personnel's Signature  
Name: Rasdi W. H. B.  
NRIC/FIN No.:

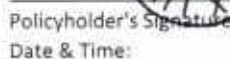
### SKETCH PLAN



I was driving along AYE with 3 passengers inside the car. My car is traveling in constant speed and suddenly a white vehicle bang onto my car from the back.

I get down from my car and the driver of the white car SLJ4862H Mr Yu Lei apolygised immediately.

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



*P. Q.*

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

NRIC/FIN No.:

## Claim Handling

Accident MY/1019066

Policy No.	5104077032	Vehicle No.	SHE3886K	GST Registration No.	
Certificate No.					
Policyholder Name	ZX LUXURIE	Cover Type	drive CLASSIC	Policyholder NRIC	53290976C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96606999	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hrs	Yes
<b>Accident Details</b>					
Report Date	09/11/2018 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/11/2018	Time of Accident (h:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	AVE TOWARDS CHANGI NEAR CLEMENTI AVENUE 6 EXIT				
<b>Excess</b>					
Own Damage Excess	3,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	16 CHOA CHU KANG GROVE	Address 2	#19-39 SOL ACRES	Address 3	SINGAPORE 688210
Address 4		Address Type	Singapore address	Post Code	688210
Unit No.	19-39	Related Policy Number	5104077032		
<b>OT Driver Info</b>					
Driver Name	JOAYE ONG	Driver Type	Main Driver	Driver DOB	26/03/1980
Unnamed Driver Name		Driver NRIC	580082021	Driving Experience	?
Register Date of Driver License	26/04/2011	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	96606999	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SHE3886K	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	ZX LUXURIE	Insured NRIC	53290976C		
Contact No.(Mobile)	88885555	Contact No.(Home)		Contact No.(Office)	NIL		
Email Address		OT vehicle Number	SHE3886K	Vehicle Number	SL4886		
Claim Description	SHE3886K / SL4886H ON 9 Nov 2018				Name of Preferred Workshop		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	QA report	Received		
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	09/11/2018 14:47	Date Received	08/11/2018
Report Taken By	ROSLI WAHAB						
Print AK letter							
Save Submit							

## Attachment

Accident No.	MT/1019066	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	09/11/2018 14:48	
Path *				
Choose File	No file chosen	Clear	Category *	
Choose File	No file chosen	Clear	Confidential	
Choose File	No file chosen	Clear	Urgency *	
Choose File	No file chosen	Clear	Desc	
Choose File	No file chosen	Clear		
Choose File	No file chosen	Clear		
Choose File	No file chosen	Clear		
Choose File	No file chosen	Clear		
Choose File	No file chosen	Clear		
Message Read				
<b>Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:48		Photos	Normal	Photos 2018-11-9



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 9 / 11 / 2018 ) (DD/MM/YYYY), TIME: ( 09 : 00 ) (HH:MM)

LOCATION: BYE TOWARDS COUNTRY NEAR CHAMPARI AVK 6 EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 3886 K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: Honda Fit Hybrid 1.5  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
 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: ZX LUXURIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53290976C CONTACT: 96696999  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Jooye Ong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80082021 CONTACT: 96696999  
 c) ADDRESS: 16 Choa Chu Kang Grove #19-39 SOL ACRES  
5680210

\* d) DATE OF BIRTH: ( 26 / 03 / 1980 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

i) DATE OF DRIVING PASS 26/04/2011

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

5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS AFTER RAIN )  
 b) ROAD SURFACE: ( DRY / WET / OTHERS )  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT4862H MODEL: Tayota  
 b) DRIVER'S NAME: Yu Lei  
 c) NRIC/FIN/PASSPORT: S83781362 CONTACT: 98275367

## 9. THIRD PARTY VEHICLE

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

Email = jooye.ong@gmail.com

Fax =

VIDEO





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:48	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:48	Photos	Normal	Photos 2018-11-9
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:47	Photos	Normal	Photos 2018-11-9
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:47	SAS	Normal	SAS 2018-11-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 14:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9

Video List

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

Scan and uploading

MT/AE/OLE/163

27 Sep 2018

ZX LUXURIE  
16 CHOA CHU KANG GROVE  
#19-39 SOL ACRES  
SINGAPORE 688210

Dear Policyholder

**ENDORSEMENT FOR POLICY NUMBER: 5104077022**  
**VEHICLE NUMBER: SME3886K**

Thank you for giving us the opportunity to serve you.

We confirm that from 27 Sep 2018, the following policy details are amended as follows:

HIRE PURCHASE COMPANY: SPEEDO CAPITAL PTE. LTD.  
CHASSIS NUMBER: GP53415787  
ENGINE NUMBER: LEB6070470  
VEHICLE REGISTRATION NUMBER: SME3886K  
ORIGINAL REGISTRATION DATE: 27 Sep 2018

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [csquery@income.com.sg](mailto:csquery@income.com.sg). Alternatively, you may contact your agent SPEEDO CAPITAL PTE. LTD. at 66847757 or email [speedoinsurance@yahoo.com.sg](mailto:speedoinsurance@yahoo.com.sg). We would be most happy to assist you.

Yours sincerely



Eddie Loke  
Senior Underwriting Manager  
Motor Insurance

cc SPEEDO CAPITAL PTE. LTD. (00000615301)



# ACCIDENT STATEMENT

ACCIDENT DATE: 9 / 11 / 2018 (DD/MM/YYYY), TIME: 09.00 (HH:MM)

LOCATION: BYE TOWARDS CANTON NEAR CAMPARI AVK 6 EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 3886 K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Fit Hybrid 1.5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Grob  
 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: ZX LUXURIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53290976C CONTACT: 96696999  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Jooye Ong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80082021 CONTACT: 96696999  
 c) ADDRESS: 16 Choa Chu Kang Grove #19-39 SOL ACRES  
5680210

\* d) DATE OF BIRTH: 26 / 03 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/04/2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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

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

## 6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLJ4862H MODEL: Toyota

b) DRIVER'S NAME: Yu Lei

c) NRIC/FIN/PASSPORT: S83701362 CONTACT: 98275367

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = jooye.ong@gmail.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S80082021



Name  
JOAYE ONG  
王意荔

Race  
CHINESE

Date of birth  
26-03-1980

Country/Place of birth  
SINGAPORE

Sex  
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S80082021

Name  
JOAYE ONG

Birth Date 26 Mar 1980

Issue Date 26 Apr 2011




Land Transport Authority

AUTO TRANSMISSION  
VEHICLE ONLY



VOCATIONAL LICENCE

Licence No : S80082021

Name : JOAYE ONG

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence.

5437706



NRIC No: S80082021



Date of issue  
16-03-2015

18 CHOA CHU KANG GROVE #18-39  
SINGAPORE 888210


NRIC No: S80082021 Date: 09/05/2018

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

EFFECTIVE DATE  
26 Apr 2011

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

Licence No: S80082021



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	19/07/2018





## 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:** 5104077022

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SME3886K**  
 Chassis Number : GP53415787
2. Name of Policyholder : **ZX LUXURIE**
3. Effective Date of Insurance : **27 Sep 2018**
4. Expiry Date of Insurance : **26 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	: JOAYE ONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDO CAPITAL PTE. 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 : SPEEDO CAPITAL PTE. LTD. (00000615301)  
 Date of Issue : 27 Sep 2018 11:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive