| NATIONAL Assessment Con | ure Services | · fuel (Javier) . | MNA 118164045. | |
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| Date In: 21 1/2 1/8 11:12 | Jeb descrip | | Date &Time Completed | Done by |
| Ref No. NA / IMC 180 22893 / h | 4 SAS c-IIII | ng | | |
| Voli No. SPP 445 | The state of the s | ishin Shis, AIC 2hrs) | | |
| D.O.A 20112118 09:35. | The state of the s | Ialm Form | MT/1024751 -001 | 0.1.01.0 |
| | l-Motor V | V/O (Within; OD 2hrs, | The second secon | 21/12/18 14: |
| D TP ! Reporting Only | I-Photo U | | | |
| TP Insurer | Assessment | /Survey Report | 1 | 1 1 1 1 1 1 1 |
| ir insuler. | | rt by Fax / Hand to | Owner/Wksp | |
| Profured Wksp / INC Assign Wksp / QW: (| Success unt | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | TO THE RESIDENCE OF THE PARTY O | 400: |
| TP Particulars: Veh No: | SLM 3187 P. | | | |
| Owner / Driver: (| 3611 3187 0 | | Tel: |) |
| Policy No: () | Period: (|) | Cover Type: (|) |
| Confirmed by : (| | Date: | Time: |) |
| Insured/Driver Liability: (%) | [Note-Est. Status | (WO): N: 0-209 | %; P: 21-79%. P: 80-1 | 00%] |
| Year of Registration: () | Warranty: YES | ()/NO() | *************************************** | |
| Execus: (\$) Loading: \$1 | | 00() | | |
| General Remarks | TO SERVICE STATES OF THE SERVICE STATES OF T | SPECIAL SECTION OF THE | ESTABLISHED STATES | 137 |
| () Walk-In Customer: Customer's in | formation strictly C | Confidential & Stric | tly NO rafer of repairer. | de de la companya de |
| () Total Loss Case : to e-mail Insu | | | | as manufactures is a serie state |
| Drive-In ()/ Towed-In (); Invoid | | | ving Co: (', ' | ····· |
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| | Courtesy Car (|) | | |
| 2) QC Check / Post Repair Inspection | |) | | |
| Upload Resurvey Photo [Repair Cost > \$ | 3000] (|) | | |
| Injury : | | | | |
| Onte/Time Actions | A LANGUA DE VICTOR | Astronomic program | Garaga e a segui e a cultura e a | 对 现象是"不是一个人" |
| A STATE OF S | Mangazieli Para antiki | and the second | | Establish |
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| A STATE OF THE PARTY OF THE PAR | | Talloria Santana | | Charles Services |
| N | A1808432 | Invoice Prepar | ation Checkinst | C Then In Land Din |
| timant's Particulars is | | 1) AR : Accident Rep | | 30.00 |
| vcr/Owner: | | 2) DA : Damage Asse 3) TF : Towing Fee | . 540/S | and the second s |
| | | 4) FT : Follow-Throu | | 20 |
| itact No: | Call Call | | gh Survey (Resurvey) 5 (UNC Only (wof 10 Jan 2005) | 30 |
| naged Portion: | | 6) TR : Re-inspection | | 75 |
| | 3 | 7) N1 : Idao DA + SM 8) NTUC Additional 3 | | 60 |
| Checked by (Engr-In-Charge): | | on: . | | |
| confirmation (c) | | *NS; Courtory Car *NS; Repair Cu-ord | | 10 |
| litors' Comments: | MWW. | * N7; Post Repair In | spection 5 | 23 |
| L: | 的域都多於阿姆特 | TP (N11): TP (Non | | 20 |
| | | 9) N12: Idao Mobile | | 00 |
| 27.35 | | Involve dated | Fee Charged | CONTROL DE LA CO |
| | | Involce dated | Fee Charged | CARS (128) |

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| 网络克尔斯特斯 克尔克斯克尔克斯克 | ACCIDENT STATEMENT |
|------------------------------------------------------------------------|----------------------------------------|
| Date Of Report | 21/12/2018 11:22 |
| Date Of Accident | 20/12/2018 09:35 |
| Exact Location Of Accident | JUNC OF CHARTWELL DR & BORTHWICK DR |
| Country/State of Loss | SINGAPORE |
| 国际企业 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SDP44S |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIA KEK SIANG |
| NRIC No | S1378655J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96263743 |
| Alternative Phone No | OFFICE-96263743 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 730LI AT ABS D/AB 2WD 4DR NAV HID SR |
| Exact Purpose for which vehicle was bei time of accident | ing used at PRIVATE USE |
| Are you claiming under your own insurar for repair to your vehicle? | nce policy YES |
| If No, Please state action to be taken | |
| 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 | 5076791051-03 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | CHIA KEK SIANG |
| NRIC No | S1378655J |
| Date Of Birth | 11/05/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/06/1978 |
| Priving Experience | 40 YEARS AND 6 MONTHS |
| Gender | MALE |
| Nobile Number | (LOCAL) +65-96263743 |
| ax Number | (EUO/EL) 100/80203/43 |
| Contact Number | OFFICE-96263743 |
| Mail Address | NOEMAIL |

Address

44A BERWICK DR

Postcode

559950

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHIA ZONG XUN WAYNE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM3187P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

EU KONG LEONG

NRIC/Passport Number

S1658425H

Contact Number

Page 2 of 20

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

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| SKETCH PLAN | GROKE GROKE | LPHO | 21 |
|--------------------------------------------------|---------------------------------|-----------|-----------------------------------|
| CHARTWELL DR | → B □ - } | A - | → CHARTWELL DR |
| DESCRIBE CIRCUMSTANCES | SORTHWICK DR | | A = 5PP 445 B = 5LM 3187 P. |
| Refer to P | olice report | No: 7/201 | 81331 (2013 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| DECLARATION /We declare the foregoing particu | lars are true in every respect. | | |
| olicyholder's Signature | Driver's Signature | Repor | ting Centre Personnel's Signature |

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

| VEHICLE NO : 50 | | ODEL: BMW 736 |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Location of Accident | 20-12-18 Time: 09-35 | Foreign Veh Involved YES / NO |
| Country of Loss | Booth Drive | Foreign Veh No |
| Vehicle Damaged | | |
| vernicle Darnaged | Fut | No. of Veh Involved : |
| Claim Type | OD / TP / REPORTING | Was There Any Witness YES / NO |
| INSURANCE CO | NTUC Income | Was There Any Witness YES / NO Name of Witness : |
| Coverage | Comprehensive/TPFT/Third Party Only | |
| Policy No | 5076791051-03 | Contact No : |
| Fleet Policy | YES/NO | |
| | | OTHER VEHICLES |
| OWNER / CO. NAME | Chia Kek Siana | |
| NRIC / Co's Reg No. | 613786553 2 | Category : |
| Address | | Delice J. N. F. |
| | Spor 559950 | Marie Co. 1 |
| Contact / Mobile No | | . 3/63 3/47 |
| Email Address | 96263743 | Contact No : |
| Date of Birth | 4-4- 11.5.59 | No. of Passenger: No. |
| Gender | (M) F | |
| DRIVER'S NAME | | VEHICLE C |
| NRIC No | as above | Category : |
| Address | | Driver's Name : |
| -dui ess | | NRIC No : |
| Contrat / No. Lil. A. | | Contact No : |
| Contact / Mobile No | | No. of Passenge: |
| mail Address | | m a11. |
| Date of Birth | | VEHICLE D |
| Gender | M/F | Category : |
| ICENSE PASSED DATE | 10.6.78 | Driver's Name : |
| | W | NRIC No : |
| Occupation | Indoor / Outdoor | Contact No |
| telation with Owner | 29000 | No. of Passenger : |
| Oes Driver Own Any | Out was Carried | |
| Ooes Driver Own Any Vehicle Reg No | Other Veh ? YES / NO | Land the second |
| Insurance Co | | |
| | | |
| Veather Condition | Clear / Raining / Others | Video Captured : Yes / No |
| oad Surface | Dry/ Wet / Others | . 1057000 |
| NJURED | YES / NO | The second second |
| ame of Injured | | Police Person |
| onvey To Hospital by | Ambulance : YES / NO | Police Report : YES/NO |
| | ico/No | If YES, Where : |
| O. OF PASSENGERS : | to the second se | |
| ame of Passenger : | Chia Zona Sta Xun. | M)F INJURED? YES/NO |
| ame of Passenger : | wayne of | 1123/10 |
| ame of Passenger : | 4 | 14/5 |
| ame of Passenger : | | NA / E |
| | | M / F INJURED? YES/NO |
| MARKS : | Clican | |
| ame of Workshop : | SUCCESS UNITED PTE LTD | Contact No : |
| dress : | 2 Kaki Bukit AutoHub Kaki Bukit Ave 3 POT 33/#82-29 Singapore 417033 | Email |
| | Singapore 417921 | Lilian : |





Report No. T/20181221/2013

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

| Date/Ti 21/12/2 | me Report 018 01:40 | Made: | Vide Report No.: F/20181220/0079 | Station Diary No. |
|---------------------|-------------------------------------|---------------------------|--------------------------------------------|----------------------------|
| Informa | nt's Partic | ulars | 11.220,0073 | 19 |
| Name o | f Informant K SIANG / ID No.: | : | Address: 44A BERWICK DRIVE SIN | NGAPORE 559950 |
| NRIC N | D/S13786 | 55J | Contact No.: Home/Office: | 022 |
| National SINGAP | ity: ORE CITIZ | ŒN | Email: Mobile: 96263743 | |
| Sex: Male | Age: 59 | Date of Birth: 11/05/1959 | Type of Informant: | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupati DIRECTO | | | Driving Licence Information Class: 2B,3 | |

| Type of Accident: | Non-Injury Attended by Police | Drink | Date/Time of Accident: | Type of Location X-Junction |
|-------------------------------------------------------|------------------------------------|------------------------------------|------------------------|--------------------------------|
| Location: Junction of Ro CHARTWELL BORTHWICK | oad 1 and Road 2 DRIVE DRIVE | No No | 20/12/2018 09:35 | 5 |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: |
| ype of Collisio | VIN.1 | de | | Moderate Anyone conveyed by |

| Vehicle No. | Туре | Make | Madal | | | |
|-------------|---------|--------|---------------------------------|-------|---------------------|-----------------|
| SDP44S | Car | BMW | Model | Color | Condition | No of Passenger |
| | 0250:11 | Sivivy | 730LI AT ABS D/AB 2WD 4DR | Black | Slightly Damaged | 1 |
| SLM3187P | Cai | | NAV HID SR | | | |

| Details of V | ehicle Insurance | | | |
|--------------|-------------------|--------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle No. | Insurance Company | I bourse | The parties | A STATE OF THE STA |
| | | Insurance No | Effective | Expiry Date |



. T/20181221/2013

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Report No. T/20181221/2013

2 of 3

Tel No: 1800-4880999

CONTINUATION OF REPORT

| Details of Vo | ehicle Insurance | Children Street | CANALA AND SERVICE | ROTAL PROPERTY. |
|---------------|--------------------------------------------|-----------------|--------------------|-----------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SDP44S | NTUC Income Insurance Co-Operative Limited | 5076791051-03 | 25/08/2018 | 24/08/2019 |

| Details of Perso | n Involved | | | 36 M TO 10 T | SHITST M | |
|-------------------|-------------------|-------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| Any Pedestrian I | nvolved: No | | | BOOK STATE | | |
| No. of Pedestriar | ns Injured: NIL | | Use of Pe | destriar | Cross | ing: NA |
| Driver | | 11000 | | | N. SHARE | |
| Name | CHIA KEK SIANG | | ID No | | S1378655J | |
| Related Vehicle | SDP44S (Car) | | | Conta | act No. | 96263743 |
| Hospital/Clinic | NIL | | | Class Drivin Licent Expiry | g | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | - | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |

Brief Details.

On 20/12/2018 at about 0935hrs, I was driving my car bearing SDP44S along Borthwick Drive and wanted to head toward Carisbrooke Grove. I came to the junction of Borthwick Drive and Chartwell Drive, I stopped my car and slowly inch out of Borthwick Drive suddenly a car bearing SLM3187P travelling at fast speed along Chartwell Drive. The car brushes thought my car front area and mounted the kerb. The said car then knock down a lamppost number 21. I alighted my car and checked. Myself and the other driver then exchange particular and contact number. The other driver then call for police assistance. Shortly after the Traffic Police and the Ambulance arrived.

I have front in car camera in my car and I have given the SD card to the police officer that attended to the scene.





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

3 of 3 Report No. T/20181221/2013

Tel No: 1800-4880999

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 LOH GUO SHENG | Signature Of Informant: |
|-------------------------------------------------------------------------|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 21/12/2018 01:40 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA | Classification Of Case: |
| Contact No.: 65476202 Authentication Stamp | SIV 154 |
| Singepore Police Research | |



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1378655J



178665



Name:

CHIA KEK SIANG

佳 成

CHINESE Date of birth

11-05-1959 M Country of birth

SINGAPORE

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

PASS DATE

Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 Dec 1980 10 Jun 1978

NRIC No. S1378655J

Date of Issue 27-11-2003

44A BERWICK DRIVE SINGAPORE 559950

NP 428A

// Income

96263743 - collin

Cover : drivo PREMIUM

WBAKB22070CN74568

CHIA KEK SIANG

25 Aug 2018

24 Aug 2019

Certificate of Insurance

SDP44S

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: 5076791051-03

Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

Effective Date of Insurance

4 Expiry Date of Insurance

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) \$\$600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS : SS100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE **EXCESS WAIVER**

PRIMARY DRIVER NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

: PLEASE REFER OVERLEAF

: YES : YES

: YES (FREE)

: NO : NO

: CHIA KEK SIANG

: N/A

: N/A : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates it issued in accordance with the provisions of the Motor is and Compensation) Act (Chapter angued Part IV of the Road-Transport Act, 1987 (Maleysia

Date of Issue

THINK ONE AUTOMOBILE & TRADING PREITS (00000571089) 15 Aug 2018 23:27 hrs

Countersigned By:

Authorised Officer

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1024751 Holicy No. 5076791051-03 Velvicle No. SDP44S Cortificate No GST Registration No. Policyholder Name CHIA KEK STANG Product Code PRIVATE CAR INSURANCE Policyholder NRJC \$1378 Cover Type drivo PREMIUM Collect No.(Mobile) 96263743 Loading 0 Contact No.(Office) Citrall Address Contact No.(Home) Special Remark 4192 eCode No Yes No * TCA VCD Protection . No Yes eCode Reason NCD Entitlement(%) Accident Details 50 Private Hire No seport Date 21/12/2018 14:22 Accident Report Within 24 hrs Yes Date of Accident Accident Type 20/12/2018 Collisio Time of Accident hh:mm Autorting Centre 09:35 Country of Accident Singap Orange Force Accident Location JUNC OF CHARTWELL DR & BORTHWICK DR ICM No. Excess Orn demage Excess 600.00 Additional Excess 0 Unnumed Driver Excess Windscreen Excess 0.00 100.00 Outside Singapore OD Excess Third Party Excess 600.00 0.00 Outside Singapore TP Excess Benefits 0.00 GST Registered Information GST Registered GST Registration No. GST Registration Date Modification History GST Status Verified. Yes Policyholder Mailing Address Address 1 44A BERWICK DRIVE Address 2 Address 4 SINGAPORE 559950 Address 3 Address Type Unit No. Singapore address Post Code Related Policy Number 559950 5076791051-03 OI Driver Info Driver Name CHIA KEK STANG Driver Type Main Driver Unnamed driver Name Driver NRIC \$13786553 Logister Date of Driver License Driver DOB 10/06/1978 11/05/ Driver Age Contact No.(Mobile) 59 96263743 Driving Experience 40 Contact No.(Office) Address 1 Contact No.(Home) 44A BERWICK DRIVE Address 2 SINGAPORE 559950 Address 4 Address 3 Address Type Singapore address Unit No. Post Code 559951 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? 0 mg Any injury? Yes . No Modification History Claim 001 New Claim Type .* OD-MD Insured CHIA KEK SIANG Contact No.(Mobile) Contact 96263743 62896761 Email Address OI Vehicle Number colinchia44@yahoo.com.sg SDP445 Claim Description SDP445 / SLM3187P ON 20 Dec 2018 Professed 67461515 Insured Liability Partially at Fault Scalast No. Yes Preferred Workshop (refer below) GIA Received Repair Option Date Registered Claim 21/12/2018 14:27 Close Date Neport Taken By LIEW SHAN HUI Print AK letter

Save Submit

001

Claim No.

MT/1024751

Attachment

List Doc, Received

* Yes No

Claim Handling(accident reporting Claim Task)

Upload Date

21/12/2018 14:28 Path * Choose File No file chosen Category * Urgency * Clear Choose File No file chosen * NO Please Select * Normal • Choose File No file chosen Clear Please Select * NO ٠ Normal Choose File No file chosen Clear Please Select * NO * Normal Choose File No file chosen Clear Please Select * NO * Normal • Cloose File No file chosen Clear Please Select * NO * Normal Message Read Clear Please Select ▼ NO * Normal

| Video List | Uploaded By/Date | Folder Date | File N | lame | | 9 Source |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------|------|---------|-------------------------------|
| Video List | | | | | | |
| 1.21(Bull) | 21 Dec 2018 | 3 14:27 | Photos | | Normal | Photos 2018-12-21 |
| | NAC_PAYA_UBI_800601(NATIONAL AS | SSESSMENT CENTRE SERVICES | Photos | | Normal | Photos 2018-12-21 |
| Stranger Co. | NAC_PAYA_UBI_BO0601(NATIONAL A | SSESSMENT CENTRE CONTROLS | Photos | | Normai | Photos 2018-12-21 |
| 13 | NAC_PAYA_UBI_800601{ NATIONAL A 21 Dec 201 | SSESSMENT CENTRE SERVICES) 0 | | | Normal | Photos 2018-12-21 |
| V | NAC_PAYA_UBI_800601(NATIONAL A 21 Dec 201 | SSESSMENT CENTRE SERVICES) o 8 14:27 | Photos | | Name | Photos 2018-12-21 |
| WHITE . | NAC_PAYA_UBI_800601(NATIONAL A 21 Dec 201 | ASSESSMENT CENTRE SERVICES) o 18 14:27 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ; 21 Dec 20 | ASSESSMENT CENTRE SERVICES) 0 18 14:27 | Photos | | Normal | Photos 2018-12-21 |
| Was F | NAC_PAYA_UBI_800601(NATIONAL 21 Dec 20 | 10.17.27 | Photos | | Normal | Photos 2018-12-21 |
| Service of the servic | NAC_PAYA_UBI_800601(NATIONAL 21 Dec 20 | 10 14.27 | Photos | | Normal | Photos 2018-12-21 |
| THE STREET | 57.599.69 | ASSESSMENT CENTRE SERVICES) 0 018 14:27 | Photos | | Normal | Photos 2018-12-21 |
| | 11 1000 | ASSESSMENT CENTRE SERVICES) 0 018 14:27 | Photos | | Normal | Photos 2018-12-21 |
| 201 | | 010 14:27 | Photos | | Normal | Photos 2018-12-21 |
| F | 200 | ASSESSMENT CENTRE SERVICES) 0 | Photos | | Normal | Photos 2018-12-21 |
| ESA. | NAC_PAYA_UBI_800601(NATIONA | ASSESSMENT CENTRE CENTRES | SAS | | Normal | SAS 2018-12-21 |
| 1 | NAC_PAYA_UBI_800601(NATIONA | L ASSESSMENT CENTRE SERVICES) o | | | Normal | NRIC/ Driving License 2018-1: |
| | NAC_PAYA_UBI_800601(NATIONA 21 Dec | L ASSESSMENT CENTRE SERVICES) o 2018 14:28 | NRIC/ Oriving License | 8. | Normal | Description |
| Attachment | Upload | ed By/Date | Category | 9 | Urgency | |

Display in New Window Scan and uploading

LKK Paya Ubi

From:

LKK Paya Ubi <rspu@lkkauto.com>

Sent:

Friday, 21 December 2018 2:33 PM

To:

'ODsupport'

Cc:

thrsvim.bala@income.com.sg

Subject:

FW: SDP 44S MT/1024751-001 OD-DRIVO PREMIUM

Attachments:

SDP44S_20122018.PDF

Hi

Dear All,

Name of Registered

: CHIA KEK SIANG

NRIC No

: S1378655J

Name of Driver

: CHIA KEK SIANG

NRIC

: S1378655J

Mobile No

: 96263743

Own Damage Excess

:\$600

Unnamed Driver Excess

: N/A

\$070000 0 0000 0000 000 000 000

17.

Name of Workshop

: SUCCESS UNITED PTE LTD

Contact No

: 67461515

Remarks

: N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)