I Downston	atre Services. puet 1 Jan'05] A		Done	h
Date In: 1/1/19-15:74	Jeb description	Date & Time Completed	Done	: 0/
Ref No: NA 19 000088724	SAS e-filing	i		
Veh No: 4184384	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 28/12/18-21/16	i-Motor Claim Form	m7/1026097-001	7/1/19 2	0:31
OD / TP \ Reporting Only	I-Motor W/O (Within: OD 2)	ics, TP 4hrs)		
OB 7 11 3 Reporting Only	i-Photo Uploaded	1		
TD.	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: SM)/Non-INC()		
Owner / Driver: (14500	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-		BARREN (KUNSTER)	35 5	
() Walk-In Customer : Customer's in			2700.4	
() Total Loss Case : to e-mail Inst		Note of Total Control of Cont		
Drive-In ()/ Towed-In (); Invo		Towing Co: (
Remarks:- (INC hotline: 6788 6616)) programme and the second	Date&Time Completed	Done	by
Apply for Transport Allowance ().	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >				
	\$3000] ()			
Injury:	\$3000] ()			
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2.00.000	\$3000] ()		Marian .	
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Injury: Date/Time Actions	Invoice Pre	paration Checklist	Amtr(S)	A 10.44
Injury: Date/Time Actions	Invoice Pre	paration Checklist.	Ant (S)	A 10.44
Injury: Date/Time Actions NA (20089 Jaimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Chrcklist. Reporting (\$30); Assessment (\$100); INC (\$80);	Amt (5) fix Bill)	S 15.44
Injury: Date/Time Actions NA (100089) Laimant's Particulars:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Chrcklist, Reporting (\$30); Assessment (\$100); INC (\$80); Red \$4000; Assessment (\$100); INC (\$80); Red \$4000; Re	Ant (S)	A 10.44
Injury: Date/Time Actions NA (20089 Jaimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Chrcklist, Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	An((5)) 18 Bill 1) 545 120 530	A 10.44
Injury: Date/Time Actions NA (100089) Laimant's Particulars:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe	paration Chrcklist. Reporting (\$30); Assessment (\$100); INC (\$80); Res \$400 Arough Survey \$ Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 2005)	Amt (S) fix Bill) 545	A 10.44
Injury: Date/Time Actions NA (00089 Injury: Injury: Ontact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addibi	paration Chrcklist. Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$	Amt (5) Se Bill 1	A 10.44
NA (00089 Lumant's Particulars:- iver/Owner: ontact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addibi	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80) Free \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ paid Services.	Aut (S) NEBill 9) \$45 120 \$30 \$75	A 10.44
Injury: Date/Time Actions NA (00089 Injury: Injury: Ontact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addibi OD* *N5: Courtesy *N6: Repair C	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ onal Services:-	Aut (S) 	S
NA (00089 Lumant's Particulars:- iver/Owner: ontact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi On* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ ction - Car/Tpl Allowance co-ordination air Inspection	Amt (S) 	Amt (
NA (Nowse) Summant's Particulars:- iver/Owner: ontact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Coi	paration Checklist, Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ onal Services:- Car / Tpl Allowance o-ordination air Inspection lect Excess Coordination (Non INC) against INC	Aut (S) 	A 10.44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	02/01/2019 15:34
Date Of Accident	28/12/2018 21:15
Exact Location Of Accident	AMK AVE 3 TWDS AMK AVE 5
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ8438H
Insured/Policyholder	
Name Of Registered Owner	YAM LAM KEONG PETER
NRIC No	S1451261F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88762235
Alternative Phone No	OFFICE-88762235
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5099315497
Cover Note Number	
Driver	
Name of Driver	YAM LAM KEONG PETER
NRIC No	S1451261F
Date Of Birth	26/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88762235
Fax Number	
Contact Number	OFFICE-88762235

NOEMAIL

BLK 388 YISHUN RING ROAD Address

#12-1677

Postcode 760388

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 - CHANGE/CROSS LANE

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: DESMOND

GENDER: : MALE

Passenger 2

NAME:

: KEVIN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

Circumstances of Accident

REFER TO POLICE REPORT - T/20181229/2118.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SMA9015P Vehicle Registration Number

Vehicle Make/Model/Colour

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

YAM LAM KEONG PETER Name

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SGJ8438H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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) of:
 - 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 .:

NRIC/FIN No.:

Date & Time:

GIARMC SketchPlanForm_V3

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/12/2018 (dd/mm/yy) Time of Accident: 21: 15 (24-HR-FORMAT)	
Vehicle No. : SGJ 8438H Vehicle Make & Model:	
Exact location of Accident: Ang Moi Koi Ave 375	
Policyholder's Name / IC No.: You Lam Keorg S1451261F	
Driver's Name / IC No. :(As Above)	
Driver's Contact No.: 58762235 Company Contact No:	
Driver's Address:	
Insurance Company: Email address (if any):	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor	
Private use / Work purpose No. of Passengers (Including Driver): 0.3	ord
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera? Yes / No	
Any Injuries: Yes / No (If YES) Injured Person' Name: Yaw Law Mana	
Injuries Sustain: Injured Person in Which Vehicle:	
Police Report filed: Yes / No (If YES) Which Police Station:	
The Other Party(s) Details:	
1. Driver's Name / IC No:	15P
Driver's Contact No: Insurance Company (If any):	
2. Driver's Name / IC No:	
Driver's Contact No:Insurance Company (If any):	
*Independent Witness (If Any): Contact No:	
Preferred Workshop Name: Contact No:	

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 4 Report No. T/20181229/2118

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 23:04	lade:	Vide Report No.:	Station Diary No.: 182
Informa	nt's Particu	ulars	"A. C.	五年27年,阿蒙古中27日上。
	Informant: M KEONG		Address: APT BLK 388 YISHUN RING 760388	ROAD #12-1677 SINGAPORE
	/ ID No.: D / S145126	61F	Contact No.: Home/Office:	Mobile: 88762235
National SINGAP	ity: ORE CITIZ	EN .	Email:	
Sex: Male	Age: 58	Date of Birth: 26/10/1960	Type of Informant: Driver	A TO I
Race: Chinese		9	Language: English	Institution / School Name:
Occupat GRAB-0	tion: CAR DRIVE	R	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2018 21:15	Type of Location X-Junction	
Location: Along Road 1 ANG MO KIO ANG MO KIO		Road 2			
Weather: Clear	\$1 P	Road Surface: Dry	1	Road Speed Limit:	
Traffic Flow: Tr		Traffic Control: Traffic Light - Wo	009 28 C 10 C	Traffic Volume: Moderate	
Type of Collis Between Movi	ion: ing Vehicles - Head	I To Side		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8438H	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	2
SMA9015P	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD			0

Details of Vehicle Insurance		The second of	"你我是 是一个人们
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 4 Report No. T/20181229/2118

CONTINUATION OF REPORT

Details of V	ehicle Insurance			SAN END TO
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	TOTAL CONTRACTOR STATE OF THE PARTY OF THE P	29/03/2018	21/07/2019

Details of Perso	n Involved			Private 3	SHAPE	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver	TO CAME THE PARTY OF THE				5305	Markin School
Name	YAW LAM KEONG	PETER		ID No.		S1451261F
Related Vehicle	SGJ8438H (Car)			Contact No.		88762235
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment		380401114 - CHI	Date Disc	harge	29/12	2/2018
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	
Driver				and the same	1155	
Name	-			ID No	•	S1717217D
Related Vehicle	NIL			Contact No.		84577727
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 28/12/2018 at about 2115hrs, I was driving my car bearing registration plate no. SGJ8438H along Ang Mo Kio Avenue 3 towards Ang Mo Kio Avenue 5 on Iane 3. Subsequently, as the traffic light was in my favor, I had proceeded straight towards Central Expressway (CTE), however, another car bearing registration plate no. SMA9015P which was on my left had out of the sudden cut into my lane to make a right turn. As it was very sudden, I was unable to brake in time whereby I had collided into the right side of the said car. Thereafter, I alighted my car to make a check whereby I had discovered damages on my car front bumper, left side fender, left side mirror, front left rim and tire. No Ambulance or Traffic Police was called to scene.

On 29/12/2018, as I was feeling uncomfortable, I gone to Mount Alvernia Hospital to seek medical treatment and was given 5 days Medical Leave for the period from 29/12/2018 to 02/01/2019 whereby I had sustained from neck strain and back pain due to the collision. I wish to state that I have an in-car camera installed in my car. That is all.





3 of 4 Report No. T/20181229/2118

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 4 of 4 Report No. T/20181229/2118

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 T L / Sgt 1 RICKSON ONG KIAN MEN		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 29/12/2018 23:04
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	Feel	SN 085
Authentication Stamp NP168		Police Force

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1451261F





Name

YAW LAM KEONG PETER

0

CHINESE
Date of birth
26-10-1960
Country/Place of birth
SINGAPORE

1



5492516.



NRIC

NRIC No. S1451261F

17-06-2015

Address

APT BLK 388 YISHUN RING ROAD #12-1677 SINGAPORE 760388 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 12 Jan 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





Certificate of Insurance

Cover : drivo CLASSIC

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: 5099315497

1. Index mark and Registration Number of Vehicle

Chassis Number

Chassis Number

Name of Policyholder

3. 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.

: SGJ8438H

: ZNE100320064 : YAW LAM KEONG PETER

: 29 Mar 2018

: 21 Jul 2019

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 take or speed-resting.

(b) Use for the carriage of goods (other train sangers) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative Ly 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$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 : YAW LAM KEONG PETER : N/A

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : LIEN CHONG ENTERPRISES 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 : IVAN INSURANCE AGENCY PTE, LTD. (00000614519)

Date of Issue : 28 Mar 2018 16:43 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					C. California	+ Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	la.				Date	of Accident	21	8/12/2018 2	1:15	
	Vehicle	No.(For Motor)	SG384	38H		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099315497		YAW LAM KEONG PETER	S1451261F	GPC	drivo CLASSIC	5GJ8438H	SGJ8438H	29/03/2018	21/07/2019
					-	Continue	1				

Policy No.	5099315497	Policyholder Name	YAW LAM K	EONG PETER	Policyholder NRIC	S1451261F	
Certificate		- v.cov.(378					
ddress	BLK 388 #12-1677 YISHUN RIN	G ROAD SING	APORE 7603	88			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	28/03/2018	Effective Date	29/03/2018	00:00	Expiry Date	21/07/2019	23:59
xcess		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policy	holder Mailing Address						
Address 1	BLK 388 #12-1677	Addre	ess 2	YISHUN RING ROA	AD	Address 3	SINGAPORE 760388
Address 4		Addre	ess Type	Singapore address		Post Code	760388
Jnit No.			ed Policy	5099315497			
D Insure	ed Object: SGJ8438H	Numl	er				
▽ Endors					1111111111111		
	5000 Sp21/W	Vi s	276	W.C	2.0	40.	2 7 22 797
Seque	Date of Endorsemen		Endorsemen	Гуре	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018,
1	29/03/2018 00:00		Information sement	Endors	ement Take E	ffective	the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIEN CHONG ENTERPRISES PTE LTD CHASSIS NUMBER: ZNE100320064 ENGINE NUMBER 1ZZ2660818 VEHICLE REGISTRATION NUMBER: SGJ8438H ORIGINAL REGISTRATION DATE: ZZ Jul 200 Thank you for giving us the

Claim Handling					- Ext
Accident MT/1026097					
Policy No.	5099315497	Vehicle No.	SG38438H	GST Registration No.	
Certificate No.	Tom 90 500 (2000 Forebook			200000000000000000000000000000000000000	1971/2012
Policyholder Name	YAW LAM KEONG PETER	19411109-100	A Grant Charles and the	Policyholder NRIC	S1451261F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile) Email Address	88762235	Contact No.(Office)	0	Contact No.(Home)	0 No. V
€FK	® No ○ Yes	Special Remark TCA	® No ○ Yes	eCode eCode Reason	10.0
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		See Supering See	9	TOWN THE STATE OF	1100
Report Date	02/01/2019-20:30	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross tene
Date of Accident	28/12/2018	Time of Accident for mm	21:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AMK AVE 3 TWDS AMK AVE 5				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OO Excess	2,000.00		
Third Farty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefits					
GST Registered Informa	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 388 #12-1677	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760388
Address 4		Address Type	Singapore address	Post Code	750388
Unit No.		Related Policy Number	5099315497		
♥ OI Driver Info			to the second se		
Driver Name	YAW LAM KEONG PETER	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1451261F	Driver DOB	26/10/1960
Register Date of Driver License		Driver Age	58	Driving Experience	2
Contact No.[Mobile)	66762235	Contact No.(Office)	9	Contact No.(Home)	0
Address 1	BPK 388	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760388
Address 4	12.000	Address Type	Singapore address	Post Code	760388
Unit No. Does he own a Singapore	12-1677				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?	3,00 7	287066			
Modification History					
Prodrication Practicy					1
Claim 001 New					
Claim Type *	ор-мх	Insured Name	YAW LAM KEONG PETER	Insured NRIC	51451261F
Contact No. (Mobile)	88762235	Contact No. (Home)	68518426	Contact No. (Office)	
Email Address	ALEXYAW873376@GMAIL.COM	Of Vehicle Number	SG38438H	TP Vehicle Number	SMA9015P
Clement Type Claiment Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name •	22	Claimant NRIC +			
Claimant Address]	
Claim Description	SG18438H / SMA9015P ON 28 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Pault		V
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received 🔻
Date Registered	02/01/2019 20:31	Clarm Close Date		Date Received	02/01/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment			Marian Ma		
9					
Accident No.	MT/1026097	Claim No.	001		
Last Doc. Received	Yes ○ No	Optoad Date	02/01/2019 20:33		
	Path *		Category *	Confidential Urgen	cy * Description *
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		Browse	Clear Please Select	Normal	
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