

# NATIONAL Assessment Centre Services.

(ref 1 Jan 03)

19001942

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 05/01/2019 10:02 | Job description                          | Date & Time Completed | Done by          |
| Ref No: NA/INC/9000267/4  | SAS e-filing                             |                       |                  |
| Veh No: GBC 88774         | E-mail (within 8hrs, AIC 2hrs)           |                       |                  |
| D.O.A: 04/01/2019 15:15   | I-Motor Claim Form                       | MT/1026482-001        | 05/01/2019 11:37 |
| 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 |                       |                  |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: SKM 8882  | 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/Non-INC | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA/9001946                      | Invoice/Repairation Charge                      | Amo (\$)    | Amo (\$) |
| Client's Particulars:           | 1) AR: Accident Reporting (\$30);               |             |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors' Comments:             | For claiming against INC Only (ref 10 Jan 2003) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | ON:   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11): TP (N-in INC) against INC \$20        |             |          |
|                                 | 9) N12: Idao Mobile \$30                        |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
|                                 | 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             | 05/01/2019 10:08                                  |
| Date Of Accident           | 04/01/2019 15:15                                  |
| Exact Location Of Accident | JUNCTION OF BEDOK NORTH ST 1 TOWARDS CHAI CHEE ST |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBC8877U                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | JOYOUS PET CENTRE (2008) |
| Co Reg No                   | 53086126K                |
| Email Address               | STEVEN.GOHJHJ@GMAIL.COM  |
| Mobile Phone No             | (LOCAL) +65-97631252     |
| Alternative Phone No        | OFFICE-97631252          |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | SUZUKI             |
| Model  | EVERY GA 660 A     |
| Exact Purpose for which vehicle was being used at time of accident           | SENDING DOG FOOD   |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5092909366-01                          |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | MOK BEE ENG             |
| NRIC No              | S1452912H               |
| Date Of Birth        | 15/08/1960              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 29/07/1993              |
| Driving Experience   | 25 YEARS AND 5 MONTHS   |
| Gender               | FEMALE                  |
| Mobile Number        | (LOCAL) +65-97631252    |
| Fax Number           |                         |
| Contact Number       | OTHERS-97631252         |
| Email Address        | STEVEN.GOHJHJ@GMAIL.COM |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 416 TAMPINES STREET 41<br>#02-341 |
| Postcode  | 520416                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | SPOUSE                                |
| 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 (including own vehicle) 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)   | 2               |
| Passenger 1   |                 |
|   | NAME: : HUSBAND |
|   | 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

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                     |
|-----------------------------|---------------------|
| Vehicle Registration Number | SKM8882             |
| Vehicle Make/Model/Colour   |                     |
| Details Of Properties       |                     |
| Vehicle Category            | PRIVATE CAR         |
| Name of Driver              | TEO KHENG SOON DAVY |
| NRIC/Passport Number        | S0158882F           |
| Contact Number              |                     |
| 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.

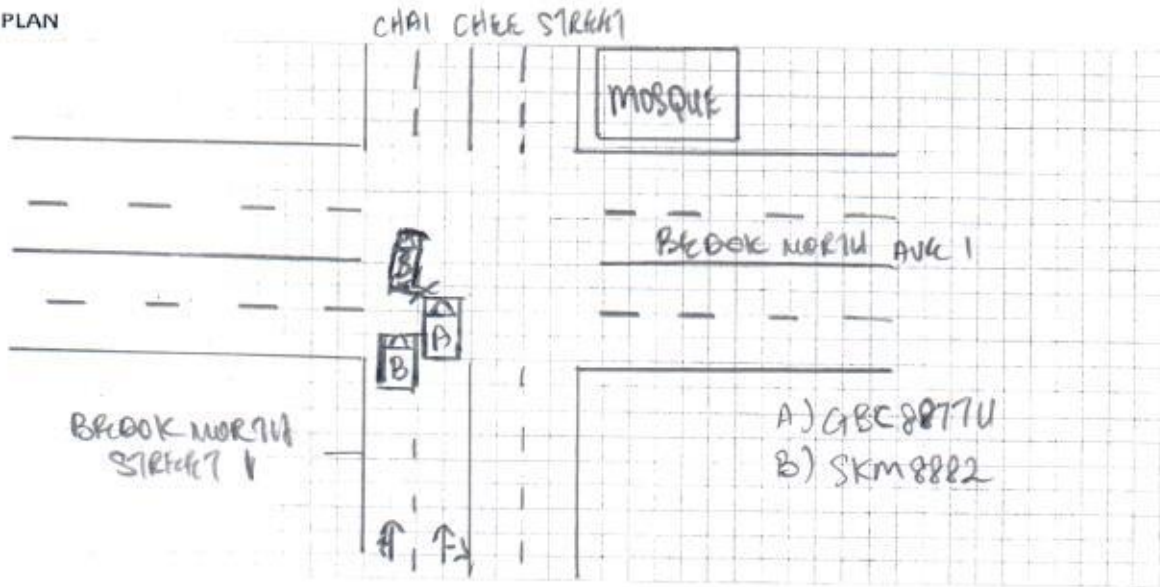


Policyholder's Signature  
Date & Time:

 5/1/19  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 05/01/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/01/2019 AT ABOUT 15:15HRS I WAS DRIVING MY VAN GBC887TU ALONG BEDOK NORTH STREET 1 GOING TOWARDS CHAI CHEE STREET. AT THE JUNCTION BLK BEDOK NORTH AVE 1, I DRIVE AS PER THE SPEED LIMIT SUDDEN FROM MY LEFT A CAR SKM8882 (NOT CONFIRM) SPEED UP & HIT THE FRONT LEFT OF MY VAN IT BECAUSE OF THE TRAFFIC LIGHT TURN TO AMBER. SO WE STOP AT THE SIDE ROAD & EXCHANGE PARTICULARS. THE NUMBER PLATE OF THE OTHER PARTY WAS NOT SURE BECAUSE I DID NOT TAKE PHOTO BUT I DID NOT KNOW WHERE IS THE PHOTO GO TO. THAT ALL.

DECLARATION

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



Policyholder's Signature  
Date & Time:

5/1/19 *[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

05/01/2019  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:



## Claim Handling

## Accident MT/1026482

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5092909366-01   | Vehicle No.         | GBC8877U  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | JOYOUS PET CENTRE (2008)                                      |                     |   | Policyholder NRIC    |
| Product Code        | COMMERCIAL VEHICLE INSURANCE                                  | Cover Type          | Comprehensive   | Loading              |
| Contact No.(Mobile) | 97631252  | Contact No.(Office) |   | Contact No.(Home)    |
| Email Address       |   | Special Remark      |   | eCode                |
| KFK                 | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No  | NCD Entitlement(%)  | 15  | Private Hire         |

## ▼ Accident Details

|                   |   |                               |       |                     |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date       | 05/01/2019 11:28                                  | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 04/01/2019  | Time of Accident hh:mm        | 15:15 | Country of Accident |
| Reporting Centre  |   | Orange Force                  |       | ICM No.             |
| Accident Location | JUNCTION OF BEDOK NORTH ST 1 TOWARDS CHAI CHEE ST |                               |       |                     |

## ▼ Excess

|                       |        |                             |                   |
|-----------------------|--------|-----------------------------|-------------------|
| Own damage Excess     | 600.00 | Additional Excess           | Windscreen Excess |
| Unnamed Driver Excess |        | Outside Singapore OD Excess |                   |
| Third Party Excess    | 0.00   | Outside Singapore TP Excess |                   |

## ▼ Benefits

## ▼ GST Registered Information

|                      |    |                       |    |
|----------------------|----|-----------------------|----|
| GST Registered       | No | GST Registration Date |    |
| GST Registration No. |    | GST Status Verified   | No |
| Modification History |    |                       |    |

## ▼ Policyholder Mailing Address

|           |                 |                       |                    |           |
|-----------|-----------------|-----------------------|--------------------|-----------|
| Address 1 | BLK 416 #02-341 | Address 2             | TAMPINES STREET 41 | Address 3 |
| Address 4 |                 | Address Type          | Singapore address  | Post Code |
| Unit No.  |                 | Related Policy Number | 5092909366-01      |           |

## ▼ OI Driver Info

|   |   |                     |                    |                    |
|---|---|---------------------|--------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver     |                    |
| Unnamed driver Name                     | MOK BEE ENG   | Driver NRIC         | S1452912H          | Driver DOB         |
| Register Date of Driver License         | 29/07/1993  | Driver Age          | 58                 | Driving Experience |
| Contact No.(Mobile)                     | 97631252  | Contact No.(Office) |                    | Contact No.(Home)  |
| Address 1                               | BLK 416 #02-341   | Address 2           | TAMPINES STREET 41 | Address 3          |
| Address 4                               |   | Address Type        | Foreign address    | Post Code          |
| Unit No.                                | 02-341  |                     |                    |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  | GBC8877U           | Driver Insurer Com |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

|                          |                                  |                    |                                  |
|--------------------------|----------------------------------|--------------------|----------------------------------|
| Claim Type *             | OD-MX                            | Insured Name       | JOYOUS                           |
| Contact No.(Mobile)      | 94569847                         | Contact No. (Home) |                                  |
| Email Address            |                                  | OI Vehicle Number  | GBC8877U                         |
| Claim Description        | GBC8877U / SKM8882 ON 4 Jan 2019 |                    |                                  |
| Preferred Workshop       | Preferred                        | Insured Liability  | Not at Fault                     |
| Contact No. Finalisation | Yes                              | Repair Option      | Preferred Workshop, Name unknown |
| Date Registered          | 05/01/2019 11:39                 | GIA report         | Received                         |
| Report Taken By          | ROSLI WAHAB                      | Claim Close Date   |                                  |
|                          |                                  | Workshop Repairer  |                                  |

☒ Print AK letter

## Attachment



Accident No. MT/1026482 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 05/01/2019 00:00

Path \*

Choose File No file chosen  
 Choose File No file chosen  
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 Choose File No file chosen

Category \* Confidential

|                                      |                 |    |
|--------------------------------------|-----------------|----|
| <input type="button" value="Clear"/> | Please Select ▼ | NO |
| <input type="button" value="Clear"/> | Please Select ▼ | NO |
| <input type="button" value="Clear"/> | Please Select ▼ | NO |
| <input type="button" value="Clear"/> | Please Select ▼ | NO |
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| <input type="button" value="Clear"/> | Please Select ▼ | NO |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des           |
|------------|--|-----------------------|---------|---------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:37 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:37 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:37 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:37 | Photos                | Normal  | Photos        |
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|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | Photos                | Normal  | Photos        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | SAS                   | Normal  | SAS 2         |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Jan 2019 11:36 | NRIC/ Driving License | Normal  | NRIC/ Driving |

## Video List

Uploaded By/Date Folder Date File Name



# ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2019 (DD/MM/YYYY), TIME: 015:15 (HH:MM)

LOCATION: Bedok North st /

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB08877 U  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5092909366-01  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: SUZUKI  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: SEND DOG FOOD  
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: JOYOUS PET CENTRE (2008) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53086126 K CONTACT: 97631252  
c) ADDRESS: Blk 416 Tampines st 41 #02-341 S(520416)

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

## DRIVER

- a) NAME: MOK Bee Eng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 31492912 H CONTACT: \_\_\_\_\_  
c) ADDRESS: Blk 416 Tampines st 41 #02-341  
S(520416)

\*d) DATE OF BIRTH: (15/08/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/7/1993

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

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM 8882 U MODEL: LEXUS  
b) DRIVER'S NAME: SO158882 F TEO KHENG SOON DAVY  
c) NRIC/FIN/PASSPORT: SO158882 F CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(2)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Email = Steven.gohhj@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1452912H



Name  
MOK BEE ENG

莫 美 英

Race  
CHINESE

Date of birth  
15-08-1960

Sex  
F

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1452912H

Name  
MOK BEE ENG

Birth Date 15 Aug 1960

Issue Date 09 Jul 2012



0020550118

4715182



NRIC No. S1452912H



Date of issue  
21-04-2011

Address  
APT BLK 416 TAMPINES STREET 41  
#02-341  
SINGAPORE 520416

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 29 Jul 1993



NP 428A



Licence No: S1452912H



### 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 :** 5092909366-01

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **GBC8877U**  
Chassis Number : DA64V209726
2. Name of Policyholder : JOYOUS PET CENTRE (2008)
3. Effective Date of Insurance : 23 Aug 2018
4. Expiry Date of Insurance : 22 Aug 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                       |   |
|-----------------------|---|
| EXCESS (SECTION 1)    | : S\$600  |
| EXCESS (SECTION 2)    | : N/A   |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : GF MOTOR TRADING ENTERPRISE                     |
| 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 : JOO GUAN LEONG TRADING CO (00000613060)

Date of Issue : 06 Aug 2018 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



for