





## 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             | 12/01/2019 11:01                                 |
| Date Of Accident           | 08/01/2019 18:20                                 |
| Exact Location Of Accident | ANG MO KIO AVE 5 TOWARDS YIO CHU KANG RD B/F CTE |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKG4684H                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | TOH WEI LOONG (ZHUO WEILUN) |
| NRIC No                     | S7345169H                   |
| Email Address               | CHIENCHIEN.GOH@GMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-98415158        |
| Alternative Phone No        | OTHERS-98415159             |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | PEUGEOT        |
| Model  | 208            |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE    |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO             |
| If No, Please state action to be taken                                       | REPORTING ONLY |
| 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             | 5100613200                             |
| Cover Note Number         |  |

### Driver

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver       | GOH CHIEN CHIEN (WU JUANJUAN) |
| NRIC No              | S7839304A                     |
| Date Of Birth        | 29/12/1978                    |
| Occupation           | INDOOR                        |
| Date Of Driving Pass | 15/06/2007                    |
| Driving Experience   | 11 YEARS AND 6 MONTHS         |
| Gender               | FEMALE                        |
| Mobile Number        | (LOCAL) +65-98415159          |
| Fax Number           |                               |
| Contact Number       | OTHERS-98415158               |
| Email Address        | CHIENCHIEN.GOH@GMAIL.COM      |

|   |   |
|---|---|
| Address   | BLK 601 ANG MO KIO AVENUE 5<br>#10-2825 |
| Postcode  | 560601                                  |
| 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: : SON<br>GENDER: : MALE |

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHB3019L |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              |          |
| Address                     |          |
| Postcode                    |          |
| Insurance Company Name      |          |
| Nature Of Damage            |          |

Nó. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature  
Date & Time:

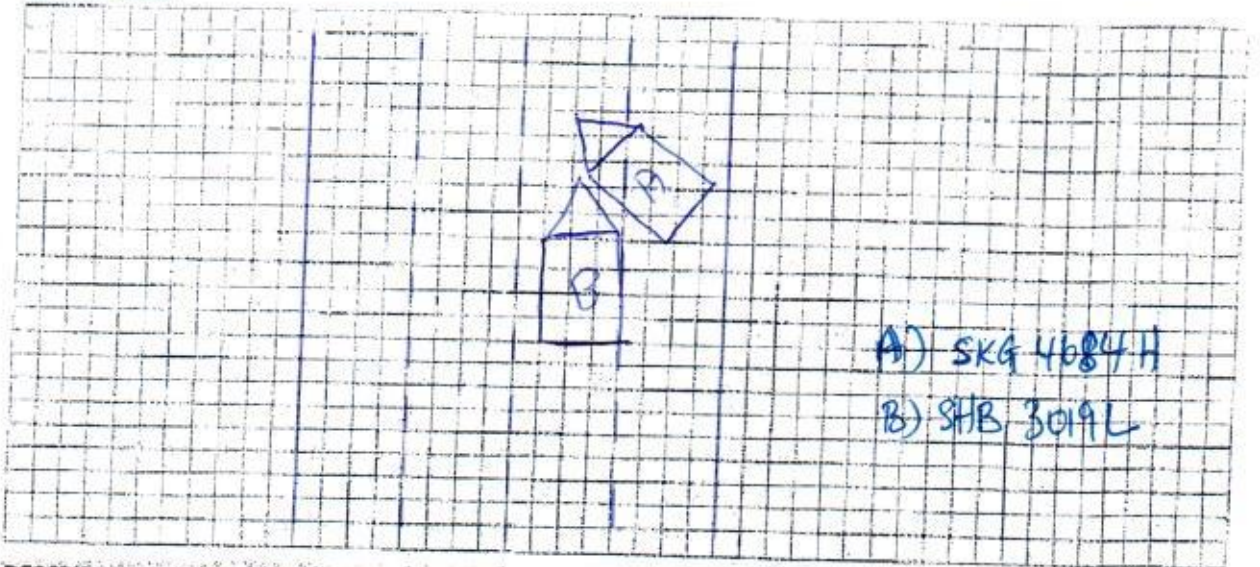
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Ang Mo Kio Ave 5 towards Yio Chu Kang Rd

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS travelling straight along Ang mo kio Ave 5 towards Yio Chu Kang Rd at the first lane, I decided to change to the lane on my left. After assessing the road condition, I maneuver  $\frac{1}{3}$  of the car out on my left lane, & that's where the comfort taxi hit my front left portion.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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

## Claim Handling

Accident MT/1027461

|                     |  |                     |  |                      |       |
|---------------------|--|---------------------|--|----------------------|-------|
| Policy No.          | 5100613200   | Vehicle No.         | SKG4684H   | GST Registration No. |       |
| Certificate No.     |  |                     |  |                      |       |
| Policyholder Name   | TOH WEI LOONG (ZHUO WEILUN)                        |                     |  | Policyholder NRIC    | S7345 |
| Product Code        | PRIVATE CAR INSURANCE                              | Cover Type          | drive CLASSIC                                      | Loading              | 0     |
| Contact No.(Mobile) | 98415158   | Contact No.(Office) |  | Contact No.(Home)    |       |
| Email Address       |  | Special Remark      |  | eCode                | No ▼  |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason         |       |
| NCD Protection      | No   | NCD Entitlement(%)  | 10   | Private Hire         | No    |

## ▼ Accident Details

|                   |  |                               |       |                     |         |
|-------------------|--|-------------------------------|-------|---------------------|---------|
| Report Date       | 12/01/2019 11:30                                 | Accident Report Within 24 hrs | Yes   | Accident Type       | Side Sw |
| Date of Accident  | 08/01/2019                                       | Time of Accident hh:mm        | 18:20 | Country of Accident | Singap  |
| Reporting Centre  |  | Orange force                  |       | ICM No.             |         |
| Accident Location | ANG MO KIO AVE 5 TOWARDS YIO CHU KANG RD B/F CTE |                               |       |                     |         |

## ▼ Excess

|                       |          |                             |          |                   |        |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00   | Outside Singapore OD Excess | 2,000.00 |                   |        |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |        |

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

|           |                  |                       |                     |           |       |
|-----------|------------------|-----------------------|---------------------|-----------|-------|
| Address 1 | BLK 601 #10-2625 | Address 2             | ANG MO KIO AVENUE 5 | Address 3 | SINGA |
| Address 4 |                  | Address Type          | Singapore address   | Post Code | 56060 |
| Unit No.  |                  | Related Policy Number | 5100613200          |           |       |

## ▼ OI Driver Info

|   |  |                     |                     |                        |        |
|---|--|---------------------|---------------------|------------------------|--------|
| Driver Name                             | Unnamed Driver                                     | Driver Type         | Unnamed Driver      |                        |        |
| Unnamed driver Name                     | GOH CHIEN CHIEN (WU JU                             | Driver NRIC         | S7839304A           | Driver DOB             | 29/12/ |
| Register Date of Driver License         | 15/06/2007   | Driver Age          | 40                  | Driving Experience     | 11     |
| Contact No.(Mobile)                     | 98415159   | Contact No.(Office) |                     | Contact No.(Home)      |        |
| Address 1                               | BLK 601 #10-2625                                   | Address 2           | ANG MO KIO AVENUE 5 | Address 3              | YIO CH |
| Address 4                               | SINGAPORE 560601                                   | Address Type        | Foreign address     | Post Code              | 56060  |
| Unit No.                                | 10-2625  |                     |                     |                        |        |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  | SKG4684H            | Driver Insurer Company | NTUC   |

## Declaration

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

Modification History

Claim 001

New

|                          |                                  |                         |                                    |
|--------------------------|----------------------------------|-------------------------|------------------------------------|
| Claim Type *             | OD-MX ▼                          | Insured Name            | TOH WEI LOONG (ZHUO WEILUN)        |
| Contact No.(Mobile)      | 98008108                         | Contact No. (Home)      | 64052858                           |
| Email Address            | topdiskus@yahoo.com.sg           | OI Vehicle Number       | SKG4684H                           |
| Claim Description        | SKG4684H / SHB319L ON 8 Jan 2019 |                         |                                    |
| Preferred Workshop       |                                  | Insured Liability       | Partially at Fault ▼               |
| Contact No. Finalisation | Yes ▼                            | Preferred Repair Option | Preferred Workshop, Name unknown ▼ |
| Date Registered          |                                  | GIA report              | Received ▼                         |
| Report Taken By          |                                  | Claim Close Date        | 12/01/2019 11:43                   |
|                          |                                  |                         | ROSLI WAHAB                        |

☒ Print AX letter

Save Submit

## Attachment

|              |            |           |     |
|--------------|------------|-----------|-----|
| Accident No. | MT/1027461 | Claim No. | 001 |
|--------------|------------|-----------|-----|



Last Doc. Received

☒ Yes ☐ No

Upload Date

12/01/2019 11:43

Path \*

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

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Category \*

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Confidential

NO

Urgency \*

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NO

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NO

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## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description                     |
|---|--|-----------------------|---------|---------------------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | Photos                | Normal  | Photos 2019-1-12                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | SAS                   | Normal  | SAS 2019-1-12                   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>12 Jan 2019 11:43 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-1-12 |

## Video List

| Uploaded By/Date   | Folder Date | File Name | Source |
|--|-------------|-----------|--------|
| <div>Display in New Window</div> <div>Scan and uploading</div> |             |           |        |



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

|                            |  |
|----------------------------|--|
| Date and time of accident  | Date: 08/01/2019 (DD/MM/YY) Time: 6:20pm (HH:MM)         |
| Exact location of accident | Png mo kio Ave 5 towards Yio Chu Kang Rd before CTE exit |

## Details of vehicle

|  |  |
|--|--|
| Vehicle registration number                        | SKG 4684H  |
| Vehicle make and model                             | PEUGEOT 208  |
| Type of vehicle                                    | Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |
| Purpose of using at said time                      | Private use  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select:<br>Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>  |

## Insurance information

|                   |   |
|-------------------|---|
| Insurance company | NTUC  |
| Policy number     | 5100613200  |
| Type of policy    | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

## Insured / Policy holder

|                              |   |  |
|------------------------------|---|--|
| Name                         | TOH WEI LOONG                               | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7345169H                                   |  |
| Contact                      | 98415158                                    |  |
| Address                      | Blk 601 Png Mo Kio Ave 5 #10-2825 S(560601) |  |

## Driver

Same as insured above ☐ (skip to D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | GOH CHIEN CHIEN   | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S7839304H   |  |
| Contact                      | 98415159  |  |
| Address                      | Blk 601 Ang mo Kio Ave 5 #10-2625 S(560601)                                 |  |
| Email address                | chienchien.goh@gmail.com  |  |
| Date of birth                | 29-12-1978  |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 15/06/2007  |  |

### General information of the accident

|  |  |
|--|--|
| Was driver an employee of the insured's company?           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| If no, relationship of the driver and insured: <u>wife</u> |  |
| Accident captured by camera?                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition  | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface   | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger  | <u>2</u> (Inclusive of driver)   |

#### Passenger 1

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

#### Passenger 2

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### Passenger 3

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### Passenger 4

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### Passenger 5

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### Passenger 6

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | _____  |



**Third party vehicle 1**

|                              |          |
|------------------------------|----------|
| Name                         |          |
| Contact number               |          |
| NRIC / Fin / Passport number |          |
| Vehicle registration number  | SHB3019L |
| Vehicle make model           |          |

**Third party vehicle 2**

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

**Third party vehicle 3**

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

**Third party vehicle 4**

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

**Third party vehicle 5**

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

**Third party vehicle 6**

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 15 Jun 2007

NP 428A



Licence No: S7839304A

399007



NRIC No: S7839304A



Date of issue  
29-12-2006

APT BLK 801 ANG MO KIO AVENUE 5 #19-2825  
SINGAPORE 580801

NRIC No: S7839304A

Date: 26/10/2010 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7839304A  
Name:

GOH CHIEN CHIEN  
(WU JUANJUAN)

Birth Date: 29 Dec 1978  
Issue Date: 15 Jun 2007



001507065D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7839304A



Name

GOH CHIEN CHIEN  
(WU JUANJUAN)

吴娟娟

Race

CHINESE

Date of birth

29-12-1978

Sex  
F

Country of birth

SINGAPORE

S7839304A





NRIC No. **S7345169H**

Date of issue  
**13-01-2004**

**APT BLK 601 ANG MO KIO AVENUE 5 #10-2625  
SINGAPORE 560601**

NRIC No. **S7345169H**

Date: **01/08/2016 (R)**

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7345169H**



Name  
**TOH WEI LOONG  
(ZHUO WEILUN)**  
**卓 伟 伦**  
Race  
**CHINESE**  
Date of birth  
**28-12-1973**  
Country of birth  
**SINGAPORE**

Sex  
**M**

**S7345169H**

## 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:** 5100613200

**Cover :** drivo CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKG4684H                    |
| Chassis Number  | : VF30U5FVACS138850           |
| 2. Name of Policyholder   | : TOH WEI LOONG (ZHUO WEILUN) |
| 3. Effective Date of Insurance  | : 14 May 2018                 |
| 4. Expiry Date of Insurance   | : 06 Sep 2019                 |
| 5. Persons or Classes of Persons entitled to drive#   |                               |
| (a) The Policyholder.   |                               |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                               |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                               |
| 6. Limitations as to Use#   |                               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

|                                      |   |
|--------------------------------------|---|
| EXCESS (SECTION 1)                   | : S\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : TOH WEI LOONG                                   |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : DBS BANK 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 : AUTOSHIELD PTE. LTD. (00000573469)  
Date of Issue : 14 May 2018 09:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive