

NATIONAL Assessment Centre Services.

(wet 1 Jan 2019)

15/01/2019 18:35

Date In: 15/01/2019 18:35	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/9000928/4	SAS e-filing		
Veh No: SKL 8710	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/01/2018 09:00	I-Motor Claim Form	MT11026938-002	15/01/2019 18:35
OIL: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCZ 88267	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: ()

Reminders:	INC () / Non-INC ()	Date:	Time:	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	Assignment

15/01/2019 18:35	Invoice/Refundation/Service Fee	Amount	Added
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2019)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OP:			
*N5: Courtesy Car / Tpl Allowance	\$3		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (N-in INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge):	
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Auditors Comments:

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	15/01/2019 18:18
Date Of Accident	15/09/2018 09:00
Exact Location Of Accident	ALONG WOODLANDS CAUSEWAY TOWARDS JOHOR BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL821D
Insured/Policyholder	
Name Of Registered Owner	LAI WAI MUN
NRIC No	S9270002Z
Email Address	KAREN.LAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93229574
Alternative Phone No	OTHERS-98396266

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
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	5096745653
Cover Note Number	

Driver

Name of Driver	EDWIN AW WEE CHOON
NRIC No	S8942664B
Date Of Birth	23/11/1989
Occupation	INDOOR
Date Of Driving Pass	11/01/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98396266
Fax Number	
Contact Number	OTHERS-93229574
Email Address	KAREN.LAI@HOTMAIL.COM

Address	BLK 69 LORONG 4 TOA PAYOH #03-369
Postcode	310036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : LAI WAI MUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180916/2102

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ8826J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO PIANG WONG
NRIC/Passport Number	S1447810H
Contact Number	96371189

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.
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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: 15/01/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/01/2019

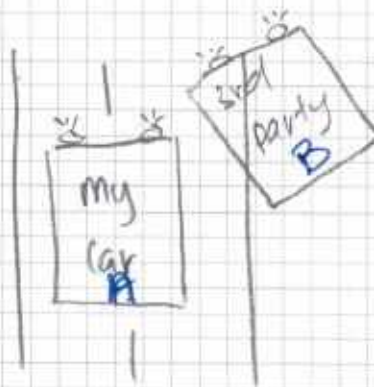
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BEFORE WOODLAND CHECKPOINT (MARGING LAKE)



A) SKL 821 D


B) SCZ 8826 J


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
7/20180916/2102

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: 15/01/2019.


Reporting Centre Personnel's Signature
Name: 15/01/2019
NRIC/FIN No.: [Signature]



SINGAPORE POLICE FORCE



T/20180916/2102

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180916/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2018 22:20		Vide Report No.:	Station Diary No.: 212
Informant's Particulars			
Name of Informant: EDWIN AW WEE CHOON		Address: APT BLK 69 LORONG 4 TOA PAYOH #03-369 SINGAPORE 310069	
ID Type / ID No.: NRIC NO / S8942664B		Contact No.: Home/Office: Mobile: 98396266	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28'	Date of Birth: 23/11/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: INVESTMENT ADVISOR		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 CAUSEWAY ALONG WOODLANDS CAUSEWAY TOWARDS JOHOR BAHRU				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ8826J	Car					0
SKL821D	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180916/2102

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180916/2102

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:

E /

Sgt 2 JESLYN SEE SUAY KEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

16/09/2018 22:20

Classification Of Case:

SN 168

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20180916/2102

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180916/2102

CONTINUATION OF REPORT

Driver			
Name	EDWIN AW WEE CHOON	ID No.	S8942664B
Related Vehicle	SKL821D (Car)	Contact No.	98396266
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 15/09/2018 at about 9am I was driving my vehicle (SKL821D) along Woodlands Causeway, going into Johor Bahru (Malaysia) together with my girlfriend. I was driving along the car lane and there is a lorry lane on my right side. The traffic was very slow moving and there was a lot of cars which was driving along the lorry lane wanted to cut into the car lane. Subsequently, one vehicle (SCZ8826J) tried to cut into my lane in front of me. After which I was trying to keep close to the car in front of me and the car which wanted to cut into my lane kept squeezing in. However the said car then cut into my lane in front of me and the left side of his vehicle then hit onto the right side of my side mirror (driver seat side) causing my right side mirror to turn outwards. The right side mirror also sustained scratches. I then honk at the said car for about 10mins however I was ignored. When we were before the checkpoint, I came down and knocked onto the driver seat window to ask the driver to come down, however the driver refused to come down and only winded down his window. I told him that he had hit onto the side of my vehicle and requested to exchange particulars with him, however he refused to and subsequently drove off. I only managed to take down his registration number (SCZ8826J). After reaching JB at about 12.15pm, I called the number +65 62550000 and told them what had happened. After which, one TP IO Uhairil (+65 65476187) called me back. I have an in-car camera inside my vehicle. I am lodging this report as I felt that the other driver was reckless and irresponsible by driving off.



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/ 53015/2018
Date : 21 December, 2018

EDWIN AW WEE CHOON
BLK 69 LORONG 4 TOA PAYOH
#03-369
SINGAPORE 310069

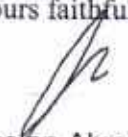
Sir/Madam

**ACCIDENT INVOLVING SKL821D / SCZ8826J ON 15/09/2018 AT ABOUT 1219 HRS
ALONG WOODLANDS CROSSING**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SCZ8826J** has committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer QHAIRIL BIN ZULKEFLEE at telephone number 6547 6187.

Yours faithfully



Roslan Ahmad, Stn Insp
For Head Investigation
Traffic Police
Singapore Police Force

Claim Handling

Accident MT/1026938

Policy No.	5096745653	Vehicle No.	SKLR210	GST Registration No.	
Certificate No.					
Policyholder Name	LAI WAI MUN			Policyholder NRIC	S9270022
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	05/01/2019 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/09/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE WOODLANDS CHECKPOINT				

Excess

Own-damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 119 #14-51	Address 2	BUKIT MERAH VIEW	Address 3	BUKIT MERAH VIEW
Address 4	SINGAPORE 152119	Address Type	Singapore address	Post Code	152119
Unit No.	14-51	Related Policy Number	5096745653		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 002 New

Claim Type *	DD-MX	Insured Name	LAI WAI MUN	Insured NRIC	S92701
Contact No.(Mobile)	93229574	Contact No. (Home)	NA	Contact No. (Office)	
Email Address	KAREN.LAI@HOTMAIL.COM	DI	Vehicle Number	TP	SC288
Claim Description	SKLR210 / SC288241 ON 15 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Default No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/09/2018 18:18	Claim Close Date		Date Received	15/01/2019
Report Taken By	ROSLI WAHAB				

☒ Print A4 letter

Save Submit

Attachment

Accident No.	MT/1026938	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/01/2019 18:35

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Desc.
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-15	
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:35	SAS	Normal	SAS 2019-1-15	

1/15/2019

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:17	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:17	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:17	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:16	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:15	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:16	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:16	Photos	Normal	Photos 2019-1-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 18:16	Photos	Normal	Photos 2019-1-15

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and Uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 09 / 2018) (DD/MM/YYYY), TIME: (09:00) AM (HH:MM)

LOCATION: Before Woodlands checkpoint (merging lane)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 821 D
 b) INSURANCE COMPANY: NTAI Income
 c) POLICY NUMBER: 5096745653
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Lai Wai Mun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S92700022 CONTACT: 93229574
 c) ADDRESS: 81K 119 Bukit Merah View #14-51 Singapore 152119

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Edwin Aw WEE Cheon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S5942 664 B CONTACT: 98394266
 c) ADDRESS: 8K 69 Telok Ayer Jingga #03-209 Singapore 810069

* d) DATE OF BIRTH: (23 / 11 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11/01/2011

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

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: Telok Ayer Nipah NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 807-83265 MODEL: Nissan Elgrand
 b) DRIVER'S NAME: Queo Pong Hong
 c) NRIC/FIN/PASSPORT: S1447810H CONTACT: 96371189

9. THIRD PARTY VEHICLE

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

Email = Karen.Lai@hotmail.com

VIDEO Forwarded to NMC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8942664B



Name

EDWIN AW WEE CHOON

胡 威 俊

Race
CHINESE

Date of birth
23-11-1989
Country of birth
SINGAPORE

Sex
M

S8942664B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8942664B

Name

EDWIN AW WEE CHOON

Birth Date 23 Nov 1989

Issue Date 11 Jan 2011



001927683K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9270002Z



Name

LAI WAI MUN

黎 慧 敏

Race
CHINESE

Date of birth
22-01-1992
Country of birth
MALAYSIA

Sex
F

S9270002Z



3648051

NRIC No. S8942664B



Date of issue
07-12-2004

Address

APT BLK 69 LORONG 4 TOA PAYOH
#03-369
SINGAPORE 310069

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 11 Jan 2011

NP 428A

Licence No. S8942664B



4756498



NRIC No. S9270002Z



Date of issue
20-07-2011

Address

APT BLK 119 BUKIT MERAH VIEW
#14-51
SINGAPORE 152119

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: 5096745653

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKL821D**
Chassis Number : **MR053HY9305041688**
2. Name of Policyholder : **LAI WAI MUN**
3. Effective Date of Insurance : **28 Dec 2017**
4. Expiry Date of Insurance : **31 Jan 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.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: LAI WAI MUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 28 Dec 2017 12:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive