

# NATIONAL Assessment Centre Services

Part 1 Jan 2009

MA 41900052

Date In: 23/01/2019 11:25	Job description	Date & Time Completed	Done by
Ref No: NBA/MC19001494/Y	SAS e-filing		
Veh No: FBM 3199Z	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 17/01/2019 12:30	I-Motor Claim Form	MT1029149-001	23/01/2019 12:00
OID: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE 3759 P	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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC/Non-INC) 67886616

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Action

Claimant's Particulars:	Invoice Particulars (10th Oct 2008)	Amount (RM)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$43	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ref 10 Jan 2009)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (Nil): TP (Nil) INC against INC	\$20	
	9) N12: Idao Mobile	\$0	
QC Checked by (Engr-In-Charge):	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	23/01/2019 11:25
Date Of Accident	17/01/2019 12:30
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3199Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KWEE BENG
NRIC No	S1499490D
Email Address	LIMKB618@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96131063
Alternative Phone No	OTHERS-96131063

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097683438
Cover Note Number	

### Driver

Name of Driver	LIM KWEE BENG
NRIC No	S1499490D
Date Of Birth	27/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96131063
Fax Number	
Contact Number	OTHERS-96131063
Email Address	LIMKB618@GMAIL.COM

Address	BLK 476 ANG MO KIO AVENUE 10 #11-802
Postcode	560476
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190117/2203

#### 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	XE3759P
Vehicle Make/Model/Colour	PETROLEUM LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD SOFIAN BIN MOHAMMAD RAZALI
NRIC/Passport Number	S8312352D
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:

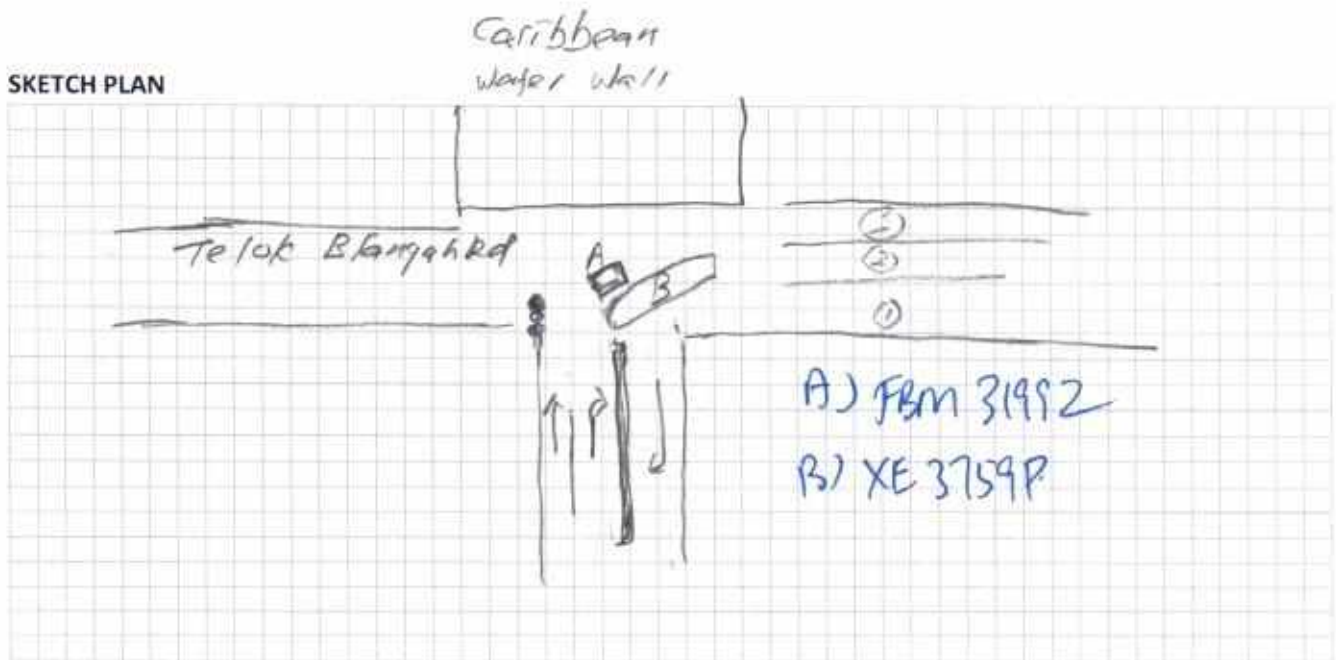
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report  
 7/20/9017/2703

## 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: Rashid  
 NRIC/FIN No.:





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2019 23:37		Vide Report No.:		Station Diary No.: 100
<b>Informant's Particulars</b>				
Name of Informant: LIM KWEE BENG		Address: APT BLK 476 ANG MO KIO AVENUE 10 #11-802 SINGAPORE 560476		
ID Type / ID No.: NRIC NO / S1499490D		Contact No.: Home/Office: Mobile: 96131063		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 27/02/1961	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/01/2019 12:30	Type of Location:
Location:  TELOK BLANGAH ROAD  Along Telok Blangah Road towards Caribbean Water Wall				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3199Z	Motorcycle	YAMAHA	MW 125 3-WHEELER	White	Seriously Damaged	0
XE3759P	Petroleum Lorry				No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3199Z	NTUC Income Insurance Co-Operative Limited	5097683438	29/01/2018	27/04/2019



**SINGAPORE  
POLICE FORCE**



T/20190117/2203

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20190117/2203

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM KWEE BENG	ID No.	S1499490D
Related Vehicle	FBM3199Z (Motorcycle)	Contact No.	96131063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMMAD SOFIAN BIN MOHAMMAD RAZALI	ID No.	S8312352D
Related Vehicle	XE3759P (Petroleum Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/01/2019 at about 1230hrs, i was travelling along Telok blangah road towars Caribbean Water Wall. it was red light and i stopped beside a Petroleum Lorry. When the traffic light turned green i allow him to make a right turn first and i did not accelerate and i was riding slowly as i wanted to let the lorry complete it turn however the rear still knocked onto my motor and i fell together with my motor. My motor front left were dented and we exchange our particulars however he said that he is not in the wrong. I am not sure whether if there is any CCTV around the vicinity. No traffic police or ambulance was at scene. I have slight abrasion on my left leg due to the fall and i have no intention to consult a doctor. I am making this report for Insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20190117/2203

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 3

Report No. T/20190117/2203

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 LIM TIAN WEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

17/01/2019 23:37

Classification Of Case:

SN 49

Authentication Stamp

NP168

SIGNATURE

## Claim Handling

## Accident HT/1029149

Policy No.	5097683438	Vehicle No.	FBH3199Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KWEE BENG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S14994900
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96131063	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	15	eCode Reason	No
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	23/01/2019 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/01/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH ROAD				

## Excess

Own Damage Excess	0.00	Additional Excess	Windscreen Excess
Uninsured 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	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 476 #11-802	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
Address 4	SINGAPORE 560476	Address Type	Singapore address	Post Code	560476
Unit No.	11-802	Related Policy Number	5097683438		

## OI Driver Info

Driver Name	LIM KWEE BENG	Driver Type	Main Driver	Driver DOB	27/02/1961
Unnamed driver Name		Driver NRIC	S14994900	Driving Experience	38
Register Date of Driver License	17/01/1981	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96131063	Contact No.(Office)		Address 3	TECK GHEE HORIZON
Address 1	BLK 476 #11-802	Address 2	ANG MO KIO AVENUE 10	Post Code	560476
Address 4	SINGAPORE 560476	Address Type	Singapore address		
Unit No.	11-802				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBH3199Z	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

## Claim 001 New

## Claim Handling

## Accident HT/1029149

Policy No.	5097683438	Vehicle No.	FBH3199Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KWEE BENG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S14994900
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96131063	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	15	eCode Reason	No
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	23/01/2019 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/01/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH ROAD				

## Excess

Own Damage Excess	0.00	Additional Excess	Windscreen Excess
Uninsured Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	
Excess Type		Windscreen Excess	

## All Claims Excess

YIED All Claim Excess		Driver is Covered?	
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YIED OD Excess		YIED TP Excess	Driver is Covered?
Additional Excess			
Total OD Excess Applicable		Total TP Excess Applicable	

## Benefits

## GST Registered Information

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## Policyholder Mailing Address

Address 1	BLK 476 #11-802	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
Address 4	SINGAPORE 560476	Address Type	Singapore address	Post Code	560476
Unit No.	11-802	Related Policy Number	5097683438		

## OI Driver Info

Driver Name	LIM KWEE BENG	Driver Type	Main Driver	Driver DOB	27/02/1961
Unnamed driver Name		Driver NRIC	S14994900	Driving Experience	38
Register Date of Driver License	17/01/1981	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96131063	Contact No.(Office)			



Claim Handling(claim reporting)	Claim Task
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**Attachment**

☞ Attachment List

Video 8.10

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/2018) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: Along Telok Ayer St Road towards Ayer Rajah Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 3197Z  
 b) INSURANCE COMPANY: ANUL  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha MW-125 3-WHEELER  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: Lim Kuan Hui (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96131062  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: AS Brown (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (27/02/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/01/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: relative

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: Quah Ewe Lay

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: KE 3159P MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = limkb618@gmail.com

VIDEO limkb618@gmail.com



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1499490D



Name

LIM KWEE BENG

林桂民

Race

CHINESE

Date of birth

27-02-1961

Country/Place of birth

SINGAPORE

Sex

M



5424843



NRIC No S1499490D



Date of issue

29-01-2015

Address

APT BLK 476 ANG MO KIO AVENUE 10  
#11-802  
SINGAPORE 560476

REPUBLIC OF SINGAPORE DRIVING LICENCE



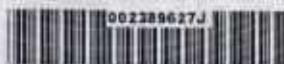
Licence Number S1499490D

Name

LIM KWEE BENG

Date of birth 27 Feb 1961

Issue Date 29 Jan 2015



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

EFFECTIVE DATE

Class 2B	Motorcycles $\leq$ 200 cc	17 Jan 1981
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	20 Jun 1979
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	08 Nov 2013



NP 426A

**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 : 5097683438

Cover : Third Party, Fire & Theft

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBM3199Z          |
| Chassis Number                                   | : MLESE781111008977 |
| 2. Name of Policyholder                          | : LIM KWEE BENG     |
| 3. Effective Date of Insurance                   | : 29 Jan 2018       |
| 4. Expiry Date of Insurance                      | : 27 Apr 2019       |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: LIM KWEE BENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAH 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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 29 Jan 2018 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive