

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 119032126

Date In: 11/3/19 10:48	Job description	Date & Time Completed	Done by
Ref No: NA1 INC1900 4318164	SAS e-filing		
Veh No: SME 3715X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 913/19 10:30	I-Motor Claim Form	MT/1035400-092	11/3/19 19:29
OD: <input checked="" type="checkbox"/> 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: SLK 9999T	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:	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

NA1901816	Invoice Preparation Checklist	Am (\$)	Adj (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$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 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	11/03/2019 10:48
Date Of Accident	09/03/2019 10:30
Exact Location Of Accident	KPE TWDS CITY B4 TUNNEL AFTER TAMPINES RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3715X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWOK YU YING JADE
NRIC No	S9335375G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84305606
Alternative Phone No	OFFICE-84305606

### Vehicle Particulars

Manufacturer	SEAT
Model	IBIZA 5DR 1.0 TSI 116 STYLE 7AT
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	5104046376
Cover Note Number	-

### Driver

Name of Driver	KWOK YU YING JADE
NRIC No	S9335375G
Date Of Birth	30/09/1993
Occupation	INDOOR
Date Of Driving Pass	02/12/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84305606
Fax Number	
Contact Number	OFFICE-84305606
Email Address	NOEMAIL

Address	20 UPPER SERANGOON VIEW #01-19
Postcode	534203
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9999J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFA819D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLS1841R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KWOK YU YING JADE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SME3715X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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.:



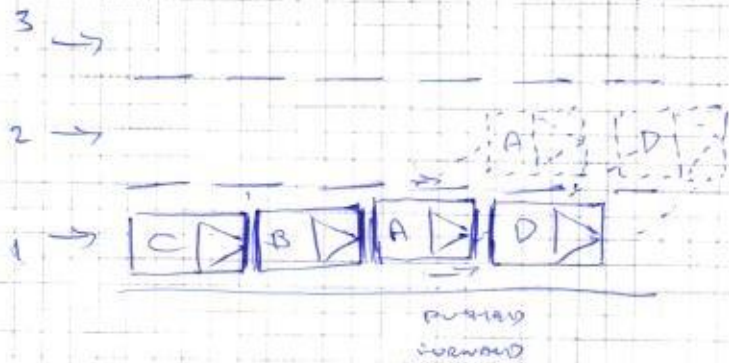
# SKETCH PLAN

VEHICLE A  
- SMZ 3715 X

VEHICLE B  
- SLK 9999 J

VEHICLE C  
- SFA 819 D

VEHICLE D  
- SLS 1841 R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG KPE TOWARD CITY DIRECTION,	
I WAS ON THE <del>EXTREME</del> RIGHT LANE (1st LANE).	
WHILE DRIVING STRAIGHT AHEAD AT THE DOWN SLOPE THE	
ENTRANCE OF KPE TUNNEL, THE VEHICLE IN FRONT BROKE	
TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO	
COMPLETE STOP, WHICH THEN SUDDENLY I FELT A	
CRASH IMPACT FROM THE REAR OF MY VEHICLE AND DUE	
TO THE IMPACT IT PUSHES ME FORWARD AND HIT INTO	
THE VEHICLE IN FRONT. AND TOO WAS THEN MY VEHICLE AND	
THE VEHICLE IN FRONT WERE <del>BEING</del> PUSHED TO THE 2nd LANE	
MIDDLE LANE. AND MY AIR BAG WAS TOO BEING DEPLOYED DURING	
THE ACCIDENT.	
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE	
(SLK 9999 J) HAD COLLIDED TO THE REAR OF MY VEHICLE AND	
IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.	
THE TP WAS THEN AT SCENE AND MY IN-CAR CAMERA SD CARD	
WAS TOOK BY THE TRAFFIC POLICE FOR FURTHER INVESTIGATION.	
VEHICLE A - SMZ 3715 X	VEHICLE B - SLK 9999 J
VEHICLE C - SFA 819 D	VEHICLE D - SLS 1841 R

## 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.:



Vehicle No.	SME 3715 X	Model / Make	SEAT IBIZA
Date of Accident	09/03/2019		
Time of Accident	1030	HRS	
Location of Accident	KPE TOWARD CITY, BEFORE TUNNEL AFTER TAMPINES RD EX17		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	KWOK YU YING JADE		
Telephone No.	H/P : 8430 5606	Home :	Office :
NRIC	S 9335375A		
Address	20 UPPER SERANGOON VIEW #01-19 S(539203)		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	510404 6376		
Name of Driver	As Above If No,		
NRIC	S 9335375A	Any Passengers :	
Date of birth	30/09/1993		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	02 DEC 2013		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	KWOK YU YING, JADE		
Name And Contact No.			
Police Report	No, If Yes, Where?	KOWHANG NPP	
Vehicle B No.	SLK 9999 J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SFA 819 D	Any Passengers :	
Vehicle D No.	SLS 1841R	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	Yes / No SD CARD WITH TP.		
Email Address			
PARTICULAR WORKSHOP	TWIN CPE AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		





**SINGAPORE  
POLICE FORCE**



T/20190309/2106

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 4

Report No. T/20190309/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2019 17:26		Vide Report No.: G/20190309/0094		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: KWOK YU YING, JADE			Address: 20 UPPER SERANGOON VIEW #01-19 SINGAPORE 534203		
ID Type / ID No.: NRIC NO / S9335375G			Contact No.: Home/Office: Mobile: 84305606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 30/09/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DESIGNER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Entrance of KPE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFA819D	Car	VOLVO	V40 D2 A/T ABS D/AIRBAG 2WD	Grey		0
SLK9999J	Car	JAGUAR	XF 2.0 I4P TSS	Blue		0
SLS1841R	Car	HONDA	STREAM 1.8L A	White		0
SME3715X	Car	SEAT	IBIZA 5DR 1.0 TSI 116 STYLE 7AT	Orange	Slightly Damaged	0





# SINGAPORE POLICE FORCE



T/20190309/2106

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20190309/2106

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SME3715X	NTUC Income Insurance Co-Operative Limited	5104046376	27/09/2018	26/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KWEK SOO CHUAN		ID No.	S1593008Z
Related Vehicle	SLK9999J (Car)		Contact No.	98442262
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHRIS BULACLAC		ID No.	S7567936Z
Related Vehicle	SLS1841R (Car)		Contact No.	96552177
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	KWOK YU YING, JADE		ID No.	S9335375G
Related Vehicle	SME3715X (Car)		Contact No.	84305606
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ HOUGANG PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20190309/2106

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20190309/2106

**CONTINUATION OF REPORT**

Driver			
Name	AARON LIM	ID No.	S7328758H
Related Vehicle	NIL	Contact No.	81828571
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/03/2019 at around 1032hrs, I was driving my vehicle SME3715X along KPE at the extreme right lane.

Suddenly the vehicle SLS1841R that was in front of me made a jam break to a complete stop as such I also applied break to a complete stop.

After I stop my vehicle suddenly I felt an impact from the rear of my vehicle and due to the impact my vehicle was push forward and collided to the vehicle that was in front of me. Shortly after there was another impact from the rear and my vehicle together with the vehicle that was in front of me was pushed forward to the middle lane.

I alighted of the vehicle to make a check and discovered it was a chain collision that involved 4 vehicles.

The following is the position of the vehicle:

-SLS1841R  
-SME3715X  
-SLK9999J  
-SFA819D

Shortly police and ambulance came, 2 people that was involved in the accident was conveyed to hospital.

I have a camera installed in my vehicle and captured the traffic accident.

I am lodging this report to submit to my insurance company.





**SINGAPORE  
POLICE FORCE**



T/20190309/2106

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

4 of 4

Report No. T/20190309/2106

**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: F / Sgt 2 CHUA ZI HUA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant:
Date/Time: 09/03/2019 17:26
Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9335375G**

Name  
**KWOK YU YING, JADE**

Birth Date **30 Sep 1993**  
Issue Date **02 Dec 2013**

00225 180641



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9335375G**



Name  
**KWOK YU YING, JADE**

**郭玉瑩**

Race  
**CHINESE**

Date of birth **30-09-1993** Sex **F**

Country of birth  
**SINGAPORE**

S9335375G

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	19 Feb 2014
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	02 Dec 2013

S9335375G S / No. 9000189933

NP 428A

Licence No: S9335375G



429238



NRIC No. **S9335375G**



Date of issue  
**14-10-2008**

Address  
**20 UPPER SERANGOON VIEW  
#01-19  
SINGAPORE 534203**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/03/2019 10:46"/>
Vehicle No.(For Motor)	<input type="text" value="SME3715X"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104046376		KWOK YU YING JADE	S9335375G	GPC	drive PREMIUM	SME3715X	SME3715X	27/09/2018	26/09/2019

## 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: 5104046376 Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : To Be Advised  
Chassis Number : VSSZZKJZR133983

2. Name of Policyholder : KWOK YU YING JADE

3. Effective Date of Insurance : 27 Sep 2018

4. Expiry Date of Insurance : 26 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 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KWOK YU YING JADE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : LIAN FONG CREDIT & TRADING PTE LTD (00000611198)  
Date of issue : 27 Sep 2018 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1035400

Policy No.	5104046376	Vehicle No.	SME3715X	GST Registration No.	
Certificate No.					
Policyholder Name	KWOK YU YING JADE			Policyholder NRIC	S9335
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	84305606	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	11/03/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	09/03/2019	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS CITY 84 TUNNEL AFTER TAMPINES RD EXIT				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	20 UPPER SERANGOON VIEW	Address 2	#01-19 RIO VISTA	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	53420
Unit No.	01-19	Related Policy Number	5104288665		
<b>OI Driver Info</b>					
Driver Name	KWOK YU YING, JADE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9335375G	Driver DOB	30/09/
Register Date of Driver License	02/12/2013	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	84305606	Contact No.(Office)		Contact No.(Home)	
Address 1	20 UPPER SERANGOON VIEW	Address 2	#01-19 RIO VISTA	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	53420
Unit No.	01-19				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	KWOK YU YING JADE
Contact No.(Mobile)	84305606	Contact No. (Home)	
Email Address	jadekwokyy@gmail.com	OI Vehicle Number	SME3715X
Claim Description	SME3715X / SLK9999J ON 9 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	11/03/2019 19:27
			LJEW SHAN HUI

Save Submit

Attachment

Accident No.	MT/1035400	Claim No.	002
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Last Doc. Received

☒ Yes ☐ No

Upload Date

11/03/2019 19:29

Path \*

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Category \*

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	SAS	Normal	SAS 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:29	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:28	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:27	Photos	Normal	Photos 2019-3-11

Video List

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