

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MA/90/883

Date In: 12/03/09 15:57	Job description	Date & Time Completed	Done by
Ref No: NGA/Inc 9004490/Y	SAS e-filing		
Veh No: SJR 649Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/03/09 15:00	I-Motor Claim Form	MA/1035637-001	12/03/09 17:12
OD: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJR 95514

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 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action

MA/90/883

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref 1:

2/3

Invoice	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Forfeiting against INC Only (ver 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpr Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NR: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$5	
TP (NI): TP (in INC) against INC	\$20	
9) NI: Idao Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

FOR:

10-DEC-2018 MON 06:09

REPRODUCTION PROHIBITED



## 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	12/03/2019 15:57
Date Of Accident	11/03/2019 15:00
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6419Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ALOYSIUSCHEN15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88089408
Alternative Phone No	OFFICE-88089408

### Vehicle Particulars

Manufacturer	BMW
Model	320i
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105948600
Cover Note Number	

### Driver

Name of Driver	CHEN YIRU, ALOYSIUS
NRIC No	S8539462B
Date Of Birth	14/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88089408
Fax Number	
Contact Number	OTHERS-88089408
EMail Address	ALOYSIUSCHEN15@GMAIL.COM

Address	BLK 408 YISHUN AVENUE 6 #07-1274
Postcode	760408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190312/2132

#### 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	SKH9551U
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD NAUFAL BIN MOHD YACOB
NRIC/Passport Number	S7908501D
Contact Number	98780679
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC8700X  
Vehicle Make/Model/Colour NISSAN CABSTAR  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver RAJA MOHAN S/O KIRUBEINATHAN  
NRIC/Passport Number S7345763G  
Contact Number 85155162  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC8499C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver LEE KOK HING  
NRIC/Passport Number G7174354W  
Contact Number 97687771  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHEN YIRU, ALOYSIUS  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJR6419Z  
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.



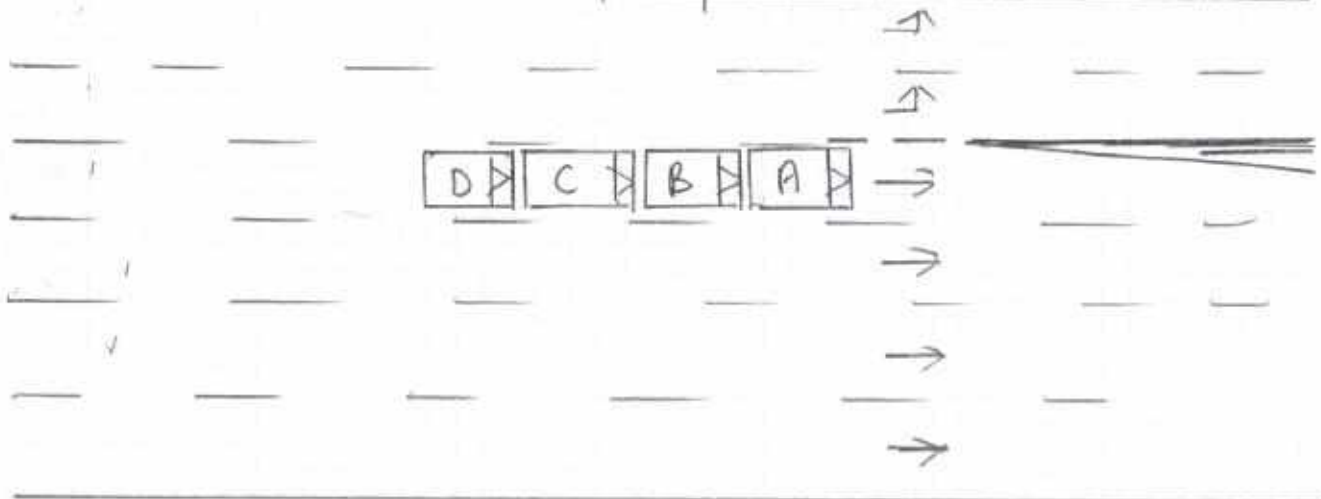
Policyholder's Signature  
Date & Time:

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

12/03/2019  
Reporting Centre Personnel's Signature  
Name: *Rafael*  
NRIC/FIN No.:

SKETCH PLAN

CIR TOWARDS CITY B/F BRADDELL EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SJR 6419Z  
 B) SKH 9551U  
 C) GBC 8700X  
 D) GBC 8499C

*PS Referral to Police Report*  
*7/20190312/2132*

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:

*12/03/2019*  
 Reporting Centre Personnel's Signature  
 Name: *Ref L Watson*  
 NRIC/FIN No.:



**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/03/2019 16:04	Vide Report No.:	Station Diary No.: 125
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**Informant's Particulars**

Name of Informant: CHEN YIRU, ALOYSIUS			Address: APT BLK 408 YISHUN AVENUE 6 #07-1274 SINGAPORE 760408	
ID Type / ID No.: NRIC NO / S8539462B			Contact No.: Home/Office: Mobile: 88089408	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 14/11/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 11/03/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE before Exit 8B heading towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
GBC8499C	Lorry				Slightly Damaged	0
GBC8700X	Lorry				Slightly Damaged	1
SJR6419Z	Car				Slightly Damaged	0
SKH9551U	Car				Seriously Damaged	0



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	CHEN YIRU, ALOYSIUS	ID No.	S8539462B
Related Vehicle	SJR6419Z (Car)	Contact No.	88089408
Hospital/Clinic	SO'S CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/03/2019 at about 1500hrs, I was driving alone in my BMW320 SJR6419Z along CTE towards City before Braddell Exit. I was travelling on the extreme left lane bound for Exit 8B. The traffic volume was moderate and I was starting to move off from a stationary position. Suddenly, I was hit from behind by another vehicle SKH9551U. I did not feel any pain at the point of time however I felt a shock. I then realized that I was involved a 4 vehicle collision. I made a check and discovered that my vehicle sustained a dent to the rear bumper and a crack to left rear light. I then exchanged particulars with all the drivers involved in the accident (Mohamed Naufal Bin Mohd Yacob, S7908501D, SKH9551U, Blk 526 Bedok North Street 3 #02-454, HP: 98780679 Raja Mohan S/O Kirubeinathan, S7345763G, GBC8700X, HP: 85155162 Lee Kok Hing, G7174354W, GBC8499C, HP:97687771). I then felt pain to my right shoulder area and went to see a doctor thereafter. I was given 3 days MC from 12/03/2019 to 14/03/2019 at SO'S Clinic(Blk 413 Yishun Ring Road #01-1875) and was given medication for my muscle pain to the right shoulder.

I wish to state that I do not have in-car camera that was recording the accident.



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:

L /

Sgt 2 BERNARD LAU MENG WAI



Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:



Date/Time:

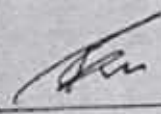
12/03/2019 16:04

Classification Of Case:

Authentication Stamp

NP168



Signature: 

Singapore Police Force

SN 085





**SO'S CLINIC**

BLK 413, YISHUN RING ROAD  
#01-1875, SINGAPORE 760413  
TEL : 6755 9219

No. 179949

**MEDICAL CERTIFICATE**

This is to certify that Chen Yip, Alayn of

I.C. No. S8539462B requires Three day(s) sick leave/light duty

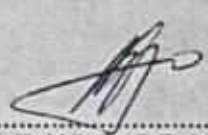
on/from 12-3-2019 to 14-3-2019 inclusive.

This M/C may not be used as evidence of inability to attend Court/Legal appointments.

**SO'S CLINIC**

BLK 413, YISHUN RING ROAD  
#01-1875, SINGAPORE 760413  
TEL: 67559219

Date: 12-3-2019

  
DR. DAVID SO WAI MING  
M.B.,B.S. (H.K.)



## Claim Handling

Accident RT/1035637

Policy No.	S10549600	Vehicle No.	S1804192	GST Registration No.	NA
Certificate No.					
Policyholder Name	SBS AUTO HOLDINGS PTE LTD.			Policyholder NRIC	2017002394
Product Code	PRIVYTS CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	80089408	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

## Accident Details

Report Date	11/03/2019 17:05	Accident Report within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/03/2019	Time of Accident (hh:mm)	17:00	Country of Accident	Singapore
Reporting Centre		Damage Force		ICR No.	
Accident Location	CTE TOWARDS CTE BEFORE BRADDELL ROAD EXIT				

## Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	NA	GST Status verified	No
Modification History			

## Policyholder Mailing Address

Address 1	60 URB CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 400508
Address 4		Address Type	Singapore address	Post Code	400508
Unit No.		Related Policy Number	9100373301		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN YUELI, ALVINSON	Driver NRIC	S45394X28	Driver DOB	14/11/1985
Report Date of Driver License	20/04/2011	Driver Age	33	Driving Experience	8
Contact No.(Mobile)	80089408	Contact No.(Office)		Contact No.(Home)	
Address 1	60 URB CRESCENT	Address 2	115HUB AVENUE B	Address 3	SINGAPORE 750408
Address 4		Address Type	Foreign address	Post Code	750408
Unit No.	03-1274				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	S1804192	Driver Insurer Company	NTUC

## Declaration

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

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	SBS AUTO HOLDINGS PTE LTD.	Insured NRIC	2017002394
Contact No.(Mobile)		Contact No. (Office)		Contact No. (Home)	80089408
Email Address		Vehicle Number	S1804192	Vehicle Number	S1804192
Claim Description	S1804192 / S1804192 ON 11 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	OSR report	Received
Report No.	Yes	Expiry	Preferred Workshop Name unknown	Claim Close Date	12/03/2019 17:11
Date Registered				Date Received	12/03/2019 08:00
Report Taken By	ROSLI WANAR				

## Print all items

[Save](#) [Submit](#)

## Attachment

Accident No.	RT/1035637	Claim No.	001
LINE GAC, RM/V40	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	12/03/2019 17:12
Perm *		Category *	Confidential
Choose File: No file chosen		Urgency *	Normal
Choose File: No file chosen		Description *	
Choose File: No file chosen			
Choose File: No file chosen			
Choose File: No file chosen			
Choose File: No file chosen			
Choose File: No file chosen			
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH) on 12 Mar 2019 17:12	Photo	Normal	Photo 2019-3-12	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH) on 12 Mar 2019 17:12	Photo	Normal	Photo 2019-3-12	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH) on 12 Mar 2019 17:12	Photo	Normal	Photo 2019-3-12	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	Photos	Normal	Photos 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2019 17:12	SAS	Normal	SAS 2019-3-12
<b>Video List</b>				
Uploaded By/Date	Folder Date	File Name	Spore	Action
<div> <a href="#">Thumbnail in New Window</a> <a href="#">Scan and uploading</a> </div>				



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 03 / 2019) (DD/MM/YYYY), TIME: (3:02pm) (HH:MM)

LOCATION: CTE / Cite BAYORK BRADBELL ROAD EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8JR 64192  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 1320  
 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: SRS Auto Holding PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: ROC: 2017092364 CONTACT: 88089408  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Chen Yiru, Akaypus (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 8534628 CONTACT: 88089408  
 c) ADDRESS: BIR 405 418117 Ave 6 #07-1274 (Singapore 760408)

\*d) DATE OF BIRTH: (14 / 11 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08 Apr 2011

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SRH 9551 U MODEL: ESTIMA Toyota  
 b) DRIVER'S NAME: Mohamad Nural Bin Mohd Yacob  
 c) NRIC/FIN/PASSPORT: S7908501 D CONTACT: 98780679

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBC 8700 X MODEL: Nissan Cabstar  
 e) DRIVER'S NAME: Raja Mohd S/o Kirubemathan  
 f) NRIC/FIN/PASSPORT: S7345763 G CONTACT: 85155162

G

Email = alogpuschen15@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8539462B



Name

CHEN YIRU, ALOYSIUS

陈奕如

Race

CHINESE

Date of birth

14-11-1985

Sex

M

Country of birth

SINGAPORE



S8539462B  
S8539462B

Date of issue

15-02-2008

Date of expiry

15-02-2008

Address  
APT BLK 408 YISHUN AVENUE 6  
APT 845, 208 YISHUN AVENUE 6  
#07 SINGAPORE 760408  
SINGAPORE 760408





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:** 5105948600

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJR6419Z**  
Chassis Number : **WBAPG56060NL23791**  
2. Name of Policyholder : **SRS AUTO HOLDINGS PTE. LTD.**  
3. Effective Date of Insurance : **29 Nov 2018**  
4. Expiry Date of Insurance : **01 Jul 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **SININS AGENCY PTE. LTD. (00000615123)**

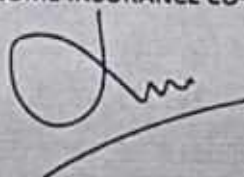
Date of Issue : **29 Nov 2018 10:01 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



**Countersigned By:**

**Authorised Officer**



**Chief Executive**