

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] *NA1902010*

Date In: <i>16/03/2019 16:40</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC1902010/81674</i>	SAS e-filing		
Veh No: <i>LM 7670J</i>	E-mail (w/John Alex, AIC 2hrs)		
D.O.A: <i>15/03/2019 17:15</i>	I-Motor Claim Form	<i>MT/103686-00</i>	<i>16/03/2019</i>
OD: <i>(TP) Reporting Only</i>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>17:16</i>
	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: Vch No: *GIBF 247TP* 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:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Actions

<i>NA1902010</i>		
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT 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 \$5	
	TP (Nil) : TP (Non INC) against INC \$20	
	9) N12: Idea Mobile \$0	
	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	16/03/2019 16:40
Date Of Accident	15/03/2019 17:15
Exact Location Of Accident	PIE TOWARDS TUAS ALJUNIED FLYOVER B/F EXIT 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7670J
Insured/Policyholder	
Name Of Registered Owner	LAM KWEK KIONG (LAN GUOQIANG)
NRIC No	S7109666A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97106015
Alternative Phone No	OTHERS-97106015

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO
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	5090575451-01
Cover Note Number	

Driver

Name of Driver	LAM KWEK KIONG (LAN GUOQIANG)
NRIC No	S7109666A
Date Of Birth	26/03/1971
Occupation	INDOOR
Date Of Driving Pass	17/11/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97106015
Fax Number	
Contact Number	OTHERS-97106015
Email Address	NOEMAIL

Address	BLK 503 JELAPANG ROAD #07-364
Postcode	670503
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	3
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2477P
Vehicle Make/Model/Colour	NISSAN PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JEZREEL SARMIENTO RUBIA
NRIC/Passport Number	G2831750L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX1349G
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM CHENG
NRIC/Passport Number	S1523833Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAM KWEK KIONG (LAN GUOQIANG)
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SLM7670J
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: *Rosh Nor/03*
NRIC/FIN No.: *16103/2019*

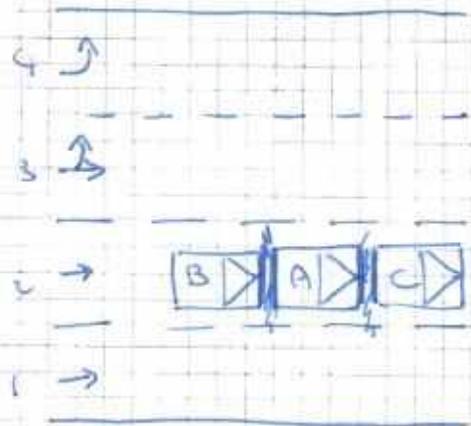
SKETCH PLAN

As toward MAS, AVOIDED FLY OVER BEFORE EXIT 12

VEHICLE A
- SLM 7670 J

VEHICLE B
- GBF 2477 P

VEHICLE C
- SKX 1349 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

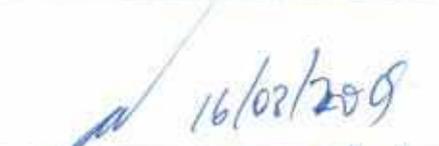
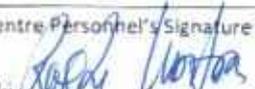
AS PER POLICE REPORT	T / 2019 0315 / 2195
	BUMI PANGRAH NPC
VEHICLE A	
- SLM 7670 J	
VEHICLE B	
- GBF 2477 P	
VEHICLE C	
- SKX 1349 G	

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.:

16/02/2019



**SINGAPORE
POLICE FORCE**



T/20190315/2195

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Report No. T/20190315/2195

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7670J	NTUC Income Insurance Co-Operative Limited	5090575451-01	10/04/2018	09/04/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	JEZREEL SARMIENTO RUBIA	ID No.	G2831750L
Related Vehicle	GBF2477P (PICKUP)	Contact No.	NIL
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	LIM KIM CHENG	ID No.	S1523833Z
Related Vehicle	SKX1349G (Car)	Contact No.	NIL
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	LAM KWEK KIONG	ID No.	S7109666A
Related Vehicle	SLM7670J (Car)	Contact No.	97106015
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL

Date Treatment	15/03/2019	Date Discharge	15/03/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20190315/2195

3 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190315/2195

CONTINUATION OF REPORT

Brief Details.

On 15/03/19 at about 1715hrs I was driving my vehicle bearing SLM7670J along Aljunied Flyover on lane 2 before exit 12. While I was driving, a vehicle bearing GBF2477P driving on lane 3, filtered onto lane 2, behind my vehicle. As the traffic in front of me was heavy and the traffic was slow, I slow down too. The vehicle GBF2477P could not stop in time, hence collided onto the rear end portion of my vehicle. My vehicle surged forward and collided onto a vehicle, SKX1349G in front of my vehicle.

Upon collision, all parties came out to make a check. There were no visible injuries to any parties to my knowledge. From what I know, there was another vehicle involved in the collision, the vehicle had collided onto the rear end portion of GBF2477P however the said vehicle had drove off. Only The driver if GBF2477P, the driver of SKX1349G and myself remain at scene to exchange particulars, photo of the scene taken. Subsequently, all parties left the scene.

My vehicle suffered damaged on the front and the rear portion of my vehicle Dented on the rear bumper and the boot door. Dented on the front portion of my vehicle. I have an in car video camera and had recorded the incident. After the incident, I subsequently felt pain on the back of my neck hence I proceed to seek medical assistance at prohealth 24-hour medical clinic and I was given 3days MC. I was later advice to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20190315/2195

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Report No. T/20190315/2195

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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:

J/
Sgt 3 YIM ZI KUEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/03/2019 22:19

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No : 65476204

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1036186

Policy No.	5090575451-01	Vehicle No.	SLM7670J	GST Registration No.	
Certificate No.					
Policyholder Name	LAM KWEK KIONG			Policyholder NRIC	571091
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97106015	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	16/03/2019 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain 1
Date of Accident	15/03/2019	Time of Accident hh:mm	17:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PJE TOWARDS TUAS ALJUNIED FLYOVER B/F EXIT 12				

Own damage Excess	605.00	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		

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 503 #07-364	Address 2	JELAPANG ROAD	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	670501
Unit No.	07-364	Related Policy Number	5090575451-02		

OJ Driver Info

Driver Name	Lam Kwek Kiong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7109566A	Driver DOB	26/03/
Register Date of Driver License	17/11/1997	Driver Age	47	Driving Experience	21
Contact No.(Mobile)	97106015	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 503 #07-364	Address 2	JELAPANG ROAD	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	670501
Unit No.	07-364				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLM7670J	Driver Insurer Company	NTUC

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LAM KWEK KIONG
Contact No.(Mobile)	97106015	Contact No.(Home)	
Email Address		OJ Vehicle Number	SLM7670J
Claim Description	SLM7670J / GBF2477P ON 15 Mar 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	16/03/2019 17:09	Received	
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No. MT/1036186 Claim No. 001

Last Doc. Received

Yes No

Upload Date

16/03/2019 17:16

Path *

Category *

Confidential

Urgency *

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
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<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:16	SAS	Normal	SAS 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:10	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:10	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:10	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:10	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:10	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Mar 2019 17:09	Photos	Normal	Photos 2019-3-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			

Vehicle No.	SLM 7670 J	Model / Make	CHEVROLET ORLANDO
Date of Accident	15/03/2019		
Time of Accident	1715	HRS	
Location of Accident	PIE TOWARD TRAF OMBUDIAN, ALJUMAD FLORIDA		
Exact purpose use during accident	PRIVATE USE	BEFORE 2ND 12	
Name of Owner	LAM KWEE KIONG		
Telephone No.	H/P: 97106015	Home:	Office:
NRIC	S7109666 A		
Address	BLK 503 JELAPANG ROAD #07-364 S(670503)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTAC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	S090575451 - 01		
Name of Driver	As Above If No,		
NRIC	Any Passengers:		
Date of birth	26 MAR 1971		
Occupation	Outdoor / Indoor		
Driving License Pass Date	17 NOV 1997		
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 GUNDA	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	LAM KWEE KIONG, 97106015		
Name And Contact No.			
Police Report	No,	If Yes, Where? BUKIT PANJANG NPC	
Vehicle B No.	G8P 2477 P	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	SKX 1349 G	Any Passengers:	
Vehicle D No.		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	FRONT / REAR	
Email Address			
PARTICULAR WORKSHOP	TWINLARK AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7109666A



Name
LAM KWEK KIONG (LAN GUOQIANG) *Shi's*
AY

Race
CHINESE

Date of Birth 26-03-1971 Sex M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7109666A

Name
LAM KWEK KIONG
(LAN GUOQIANG)

Birth Date: 26 Mar 1971
Issue Date: 20 Feb 2010





0879750



08C No. S7109666A



Motor Group Date of issue
01 09 2013

APT BLK 503 JELAPANG ROAD #07-304
SINGAPORE 670503
S7109666A 01/09/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 17 Nov 1997

NP 428A

Licence No: S7109666A



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: 5090575451-01 Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLM7670J**
Chassis Number : KL1YA7589HK610300
2. Name of Policyholder : LAM KWEK KIONG
3. Effective Date of Insurance : 10 Apr 2018
4. Expiry Date of Insurance : 09 Apr 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAM KWEK KIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : ALPINE CREDIT PTE LTD (00000615217)
Date of Issue : 22 Mar 2018 08:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive