

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	28/03/2019 15:48
Date Of Accident	27/03/2019 19:30
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD AND DOVER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ5062R
Insured/Policyholder	
Name Of Registered Owner	K-XPRESS AV SOLUTIONS
Co Reg No	53058483B
Email Address	KELVIN@K-AVLSOLUTIONS.COM
Mobile Phone No	(LOCAL) +65-94239968
Alternative Phone No	OFFICE-94239968
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094274900-01
Cover Note Number	
Driver	
Name of Driver	GOH JOO KWAN (WU RUGUANG)
NRIC No	S7610526Z
Date Of Birth	06/04/1976
Occupation	INDOOR
Date Of Driving Pass	01/06/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94239968
Fax Number	
Contact Number	OTHERS-94239968
Email Address	KELVIN@K-AVLSOLUTIONS.COM

Address	BLK 423 CLEMENTI AVENUE 1 #04-327
Postcode	120423
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2175

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7303U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHER BENG JONATHAN
NRIC/Passport Number	S7920289D
Contact Number	97834758
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOH JOO KWAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GQ5062R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

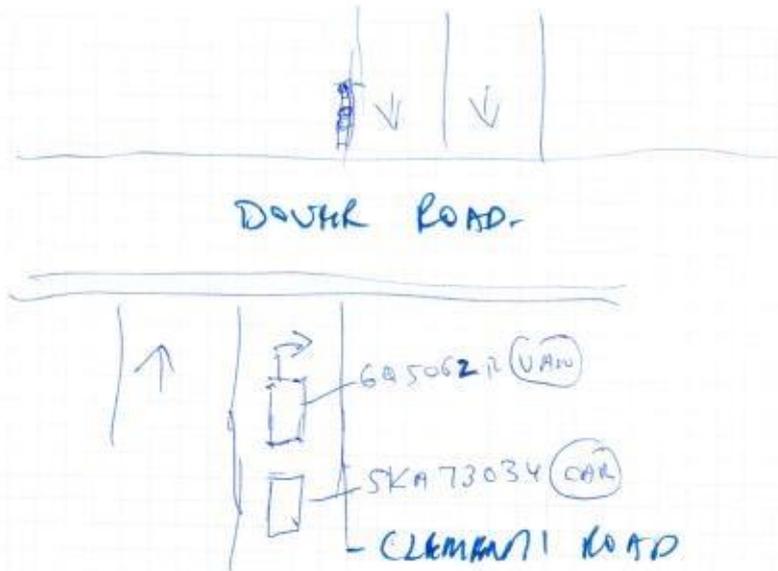


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report to Police Report
1/20/90327/2175

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

28/03/2019
Kash Luthans



**SINGAPORE
POLICE FORCE**



T/20190327/2175

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

1 of 3

Report No. T/20190327/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 20:43	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars

Name of Informant: GOH JOO KWAN		Address: APT BLK 423 CLEMENTI AVENUE 1 #04-327 SINGAPORE 120423	
ID Type / ID No.: NRIC NO / S7610526Z		Contact No.: Home/Office: Mobile: 94239968	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 06/04/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Maintenance officer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2019 19:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD DOVER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GQ5062R	Van				Slightly Damaged	0
SKA7303U	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

CONTINUATION OF REPORT

Driver			
Name	GOH JOO KWAN	ID No.	S7610526Z
Related Vehicle	GQ5062R (Van)	Contact No.	94239968
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAN CHER BENG JONATHAN	ID No.	S7920289D
Related Vehicle	SKA7303U (Car)	Contact No.	97834758
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 27/3/19 at about 1915hrs, I was driving my van (GQ5062R) along Clementi Road turning right towards Dover Road. As I was about to turn right, the arrow started to turn amber and I gradually stop. After I stopped, a car (SKA7303U) knocked me from the back of my car and the impact was quite huge. I then came down the car and started to talk to him regarding the incident. The driver admitted that it was his fault and we started to exchange particulars and photos of vehicle were taken. Subsequently, I told him that I will come to make a police report regarding this matter and he acknowledged. I started to feel giddy after awhile as well. I will go to see a doctor after lodging this report. The driver was not injured. I have a CCTV footage from my car camera regarding this incident. There is a damage on my car back rear door and bumper was cracked. That's all.



**SINGAPORE
POLICE FORCE**



T/20190327/2175

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3

Report No. T/20190327/2175

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:

A /

Sgt 2 DARREN NG CHUAN ZHEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/03/2019 20:43

Classification Of Case:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of K-XPRESS AV SOLUTIONS (53058483B)

Date: 28/03/2019

The Following Are The Brief Particulars of :

Name of Business	: K-XPRESS AV SOLUTIONS
Former Name(s) if any	: K COMPUTER SERVICES
Date of Change of Name	: 18/11/2009
Registration No.	: 53058483B
Registration Date	: 14/12/2005
Commencement Date	: 28/05/2006
Status of Business	: Live
Status Date	: 07/02/2019
Renewal Date	: 07/02/2019
Expiry Date	: 14/12/2019
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 29 WEST COAST CRESCENT #04-25 BLUE HORIZON SINGAPORE (128049)
Date of Change of Address	: 21/05/2010

Principal Activities

Activities (I)	: REPAIR AND MAINTENANCE OF COMPUTER HARDWARE, DATA PROCESSING EQUIPMENT AND COMPUTER PERIPHERALS (95110)
Description	:
Activities (II)	: OTHER PERSONAL SERVICE ACTIVITIES N.E.C. (96099)
Description	:

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : B19205519X

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of K-XPRESS AV SOLUTIONS (53058483B)

Date: 28/03/2019

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
GOH JOO KWAN (WU RUGUANG)	S7610526Z	SINGAPORE CITIZEN	423 CLEMENTI AVENUE 1 #04-327 CASA CLEMENTI SINGAPORE (120423)	OSCARS	12/12/2005 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190328166597

DATE : 28/03/2019

This is computer generated. Hence no signature required.



Authentication No : B19205519X

Claim Handling

Accident MT/1037863

Policy No.	5094274900-01	Vehicle No.	GQ5062R	GGT Registration No.	
Certificate No.				Policyholder NRIC	S3058483B
Policyholder Name	KXPRESS AV SOLUTIONS			Leading	0
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Contact No.(Home)	
Contact No.(Mobile)	94239968	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	No Yes	TCA	No Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	30		

Accident Details

Report Date	28/03/2019 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/03/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CLEMENTI ROAD AND DOVER ROAD				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed 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	28/03/2019 16:13:03 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	24 WEST COAST CRESCENT	Address 2	#04-25 BLUE HORIZON	Address 3	SINGAPORE 129049
Address 4		Address Type	Singapore address	Post Code	129049
Unit No.	04-25	Related Policy Number	5094274900-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver name	GOH JOO KIWAN (WU JIUGUANG)	Driver NRIC	S76105267
Register Date of Driver License	01/06/2000	Driver Age	42
Contact No.(Mobile)	94239968	Contact No.(Office)	
Address 1	BLK 423 #04-327	Address 2	CLEMENTI AVENUE 1
Address 4	SINGAPORE 120423	Address Type	Foreign address
Unit No.	04-327		
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GQ5062R
		Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type * OD-MX

Contact No.(Mobile) [Empty]

Email Address [Empty]

Claim Description GQ5062R / SKA7303U ON 27 Mar 2019

Preferred Workshop [Empty]

Insured Liability Not at Fault

Preferred Repair Option Preferred Workshop, Name unknown

GIA report Received

Claim Close Date 28/03/2019 16:15

Date Received 28/03/2019 00:00

Report Taken By ROSLI WAHAB

Save Submit

Attachment

Accident No.	MT/1037863	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/03/2019 16:16

Path *

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Mar 2019 16:16	Photos	Normal	Photos 2019-3-28	
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Mar 2019 16:16	Photos	Normal	Photos 2019-3-28	
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Mar 2019 16:16	Photos	Normal	Photos 2019-3-28	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	Photos	Normal	Photos 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	SAS	Normal	SAS 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-28

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27, 03, 2019) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: JUNCTION of ROAD 1 AND ROAD 2, CLEMENTI ROAD, DOVER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GA 5062R
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER: 5014
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: K-Explosives AV Solution (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Goh Joo Kwian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16103362 CONTACT: 94239964
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: CANAL BYWAY NPT

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 7303 U MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = KEWIN@K-AVLSolution.com

VIDEO Supermodern126@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7610526Z



Name

GOH JOO KWAN
(WU RUGUANG)

吴如光

Race

CHINESE

Date of birth

06-04-1976

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7610526Z

Name

GOH JOO KWAN
(WU RUGUANG)

Birth Date 06 Apr 1976

Issue Date 26 May 2003



S 87963

NRIC No. S7610526Z



Date of issue

17-06-2006

APT BLK 423 CLEMENTI AVENUE 1 #04-327
SINGAPORE 120423

NRIC No: S7610526Z

Date:

01/08/2012

No: 7085058

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

01 Jun 2000



Licence No: S7610526Z

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 : 5094274900-01

Cover : Comprehensive

- | | |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : GQ5062R |
| Chassis Number | : KDH2010194958 |
| 2. Name of Policyholder | : K-XPRESS AV SOLUTIONS |
| 3. Effective Date of Insurance | : 13 Oct 2018 |
| 4. Expiry Date of Insurance | : 12 Oct 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MV CREDIT 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 : LIAN HONG PTE LTD (00000611606)

Date of Issue : 28 Sep 2018 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorized Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA49040600 Vehicle Registration No: GQ 5062R

Name (as shown in NRIC) : Goh Joo Kwun (Wu Rufuoch) NRIC/FIN/Passport No : S76105262

Vehicle Driver / Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 942309168

Email Address : _____

Date of Accident : 27/03/2019 Time of Accident : 19:30

Place of Accident : JUNCTION OF CLAMARTI ROAD AND DOCKR ROAD

Insurance Company : XMC

(B) ADDITIONAL INFORMATION (AMENDMENTS):

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO GQ5062R

Policyholder / Driver's Signature
Date:

[Signature] 28/03/2019
Reporting Centre Personnel's Signature
Name: Rishi Mathan
NRIC/FIN No.: _____
Date: