

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|---|------------------------|----------|
| Date In: 29/04/2019 17:56 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/INC19007529/K4 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: SLS2044T | i-Motor Claim Form: MT/1042312-001 | 30/4/19 10:13 | |
| DDA: 26/04/2019 15:40 | i-Motor W/O (Within: OD 2hrs, TP 4hrs): | | |
| OD: TP Reporting Only | 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: SFW 83-22B 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%; F: 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:- (INC hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1903051

| Claimant's Particulars:- | Invoice Preparation Checklist | Amnt (\$) 1st Bill | Amnt (\$) Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | 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 | 29/04/2019 17:56 |
| Date Of Accident | 26/04/2019 15:40 |
| Exact Location Of Accident | PIE TWDS CHANGI EXIT TAMPINES AVE 2 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLS2044T |
| Insured/Policyholder | |
| Name Of Registered Owner | PG MOTORING |
| Co Reg No | 53213875M |
| Email Address | BERNARD.LOH.TF@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83825855 |
| Alternative Phone No | OFFICE-83825855 |
| Vehicle Particulars | |
| Manufacturer | CITROEN |
| Model | C4 PICASSO 1.6I EHDI ETG6 5 SEATER |
| Exact Purpose for which vehicle was being used at time of accident | CHAUFFER |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108623100 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOH TUCK FOOK BERNARD (LU DEFU BERNARD) |
| NRIC No | S7418676I |
| Date Of Birth | 11/06/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/04/1995 |
| Driving Experience | 24 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91529936 |
| Fax Number | |
| Contact Number | OTHERS-91529936 |
| EMail Address | BERNARD.LOH.TF@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 285C TOH GUAN ROAD #10-82 |
| Postcode | 603285 |
| 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 | 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190427/7018

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 | SFW8322B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

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.



[Handwritten signature]

Policyholder's Signature
Date & Time:

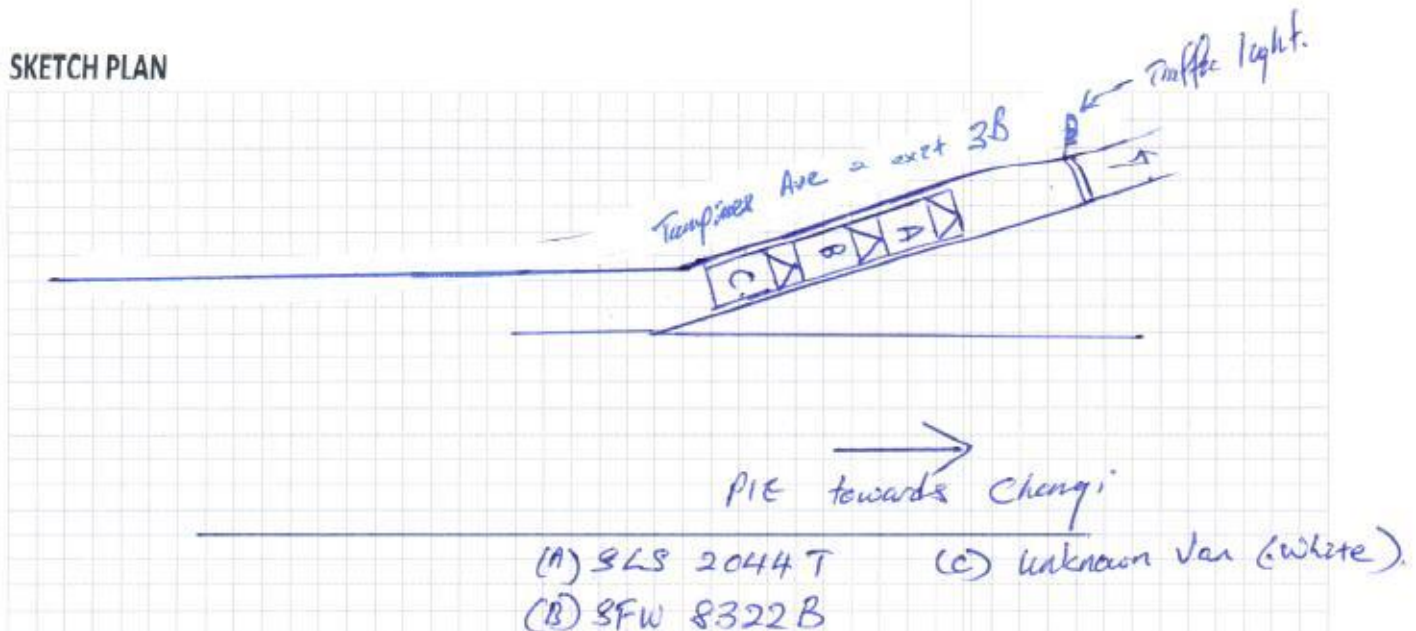
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

29/4/2019



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No : T/20190427/7018.

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.:

29/4/2019



SINGAPORE POLICE FORCE



T/20190427/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20190427/7018

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Sunita Priya D/O Perumal | ID No. | S9112376B |
| Related Vehicle | SFW8322B (Car) | Contact No. | 87920164 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LOH TUCK FOOK BERNARD | ID No. | S7418676I |
| Related Vehicle | SLS2044T (Car) | Contact No. | 91529936 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 26/04/2019 | Date Discharge | 26/04/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

Accident Report

The accident occurred at the exit of Tampines Ave 2(Exit 3B) towards PIE(Changi) on 26 Apr 2019 at 3:40PM when a Gold Toyota Corolla (Vehicle number SFW8322B) suddenly bumped on my vehicle not once but twice while I am stopping at the red light exiting to Tampines Ave 2. The double impact had caused my forehead to hit the steering wheel once. I came out and I told Ms Sunita Priya D/O Perumal, NRIC # S9112376B that I will be claiming against her insurance for the damages and we exchange information i.e. drivers' license, car insurance, pictures taken on my car damages. We then left the scene amicably.

Later at about 18:30PM, due to the double impact of the collusion, my hands start to feel numb and sharp pain in the lower back/neck. I went to Mount Alvernia 24 clinic to consult a doctor. After seeing the doctor, I was given 4 days MC by the doctor. The doctor also instructed me if my problem persist, I should see him again for a CT scan.

In the mist of all happenings, I had also called my car rental company about this accident and they said they will handle the insurance claim for me to claim the other party for my lost.



SINGAPORE POLICE FORCE



T/20190427/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20190427/7018

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Sunita Priya D/O Perumal | ID No. | S9112376B |
| Related Vehicle | SFW8322B (Car) | Contact No. | 87920164 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LOH TUCK FOOK BERNARD | ID No. | S7418676I |
| Related Vehicle | SLS2044T (Car) | Contact No. | 91529936 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 26/04/2019 | Date Discharge | 26/04/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

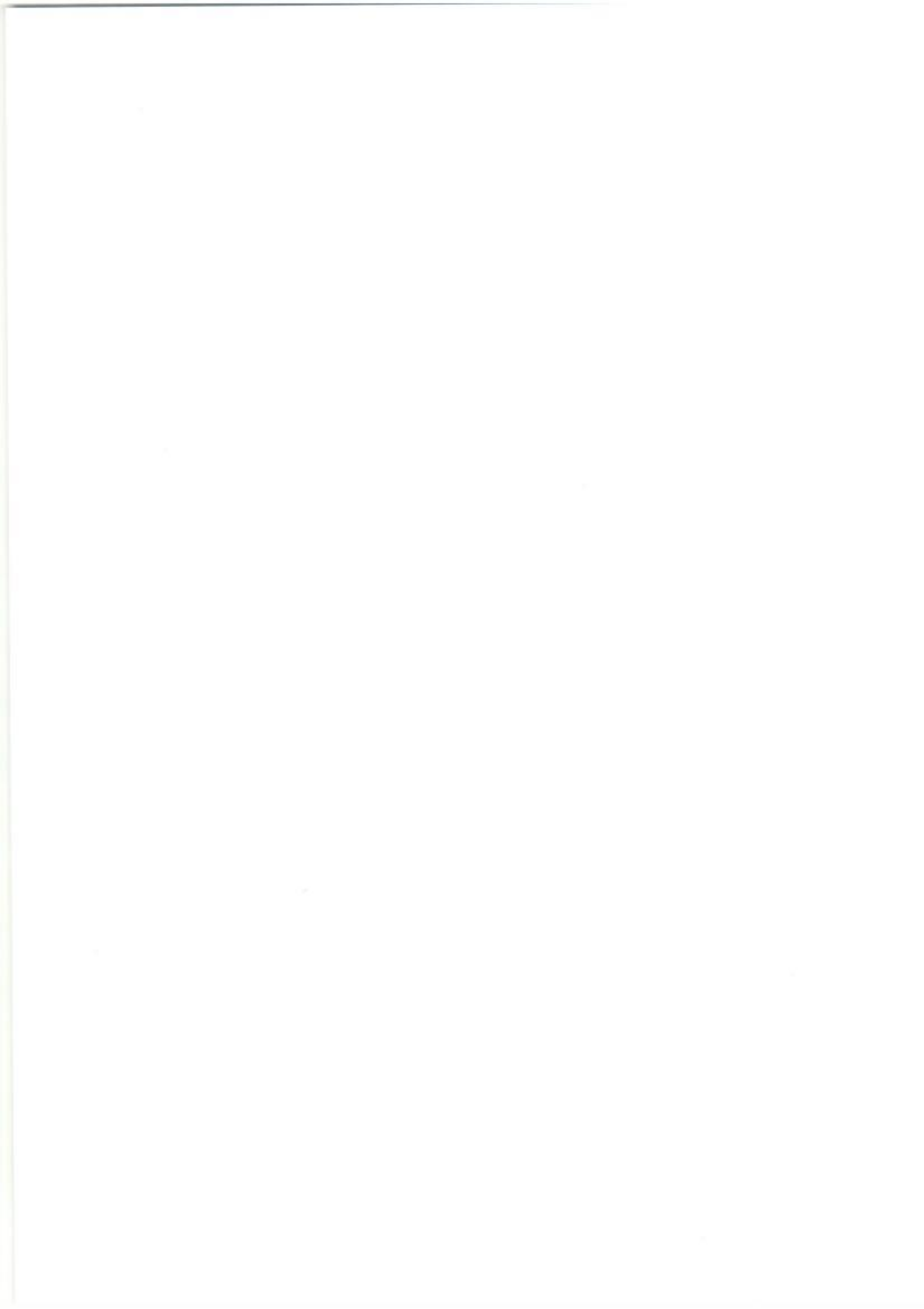
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**SINGAPORE
POLICE FORCE**



T/20190427/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20190427/7018

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190427/7018

4 of 4

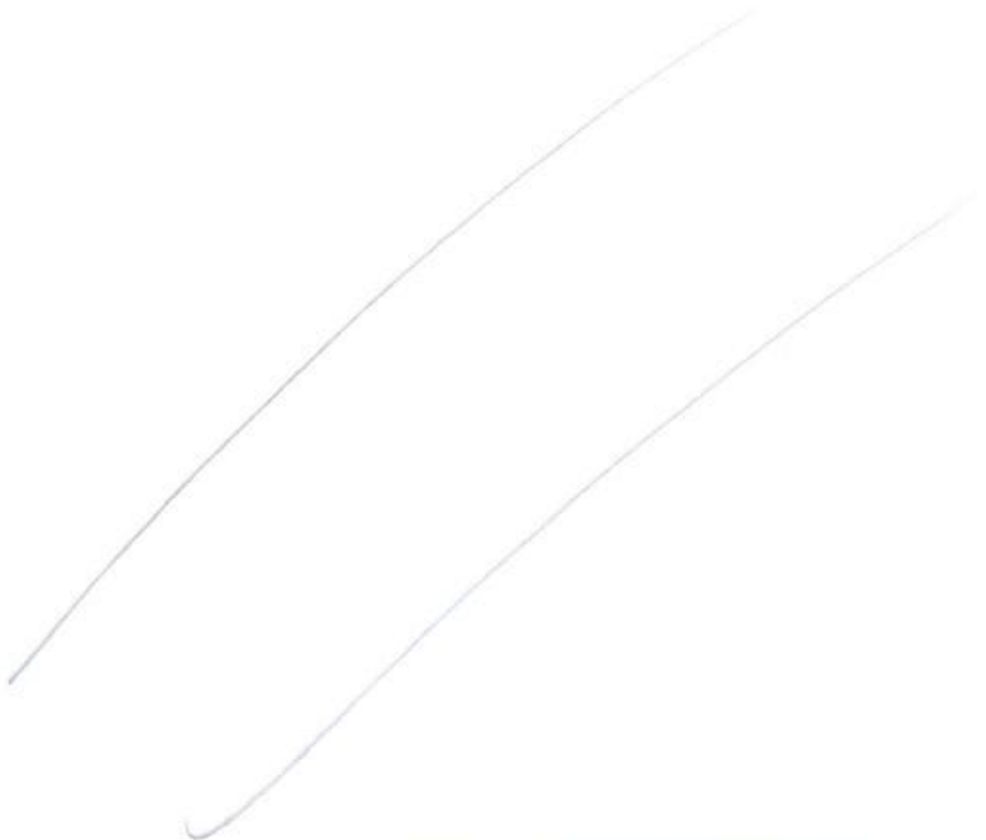
Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190427/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/04/2019 15:14

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20190427/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20190427/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

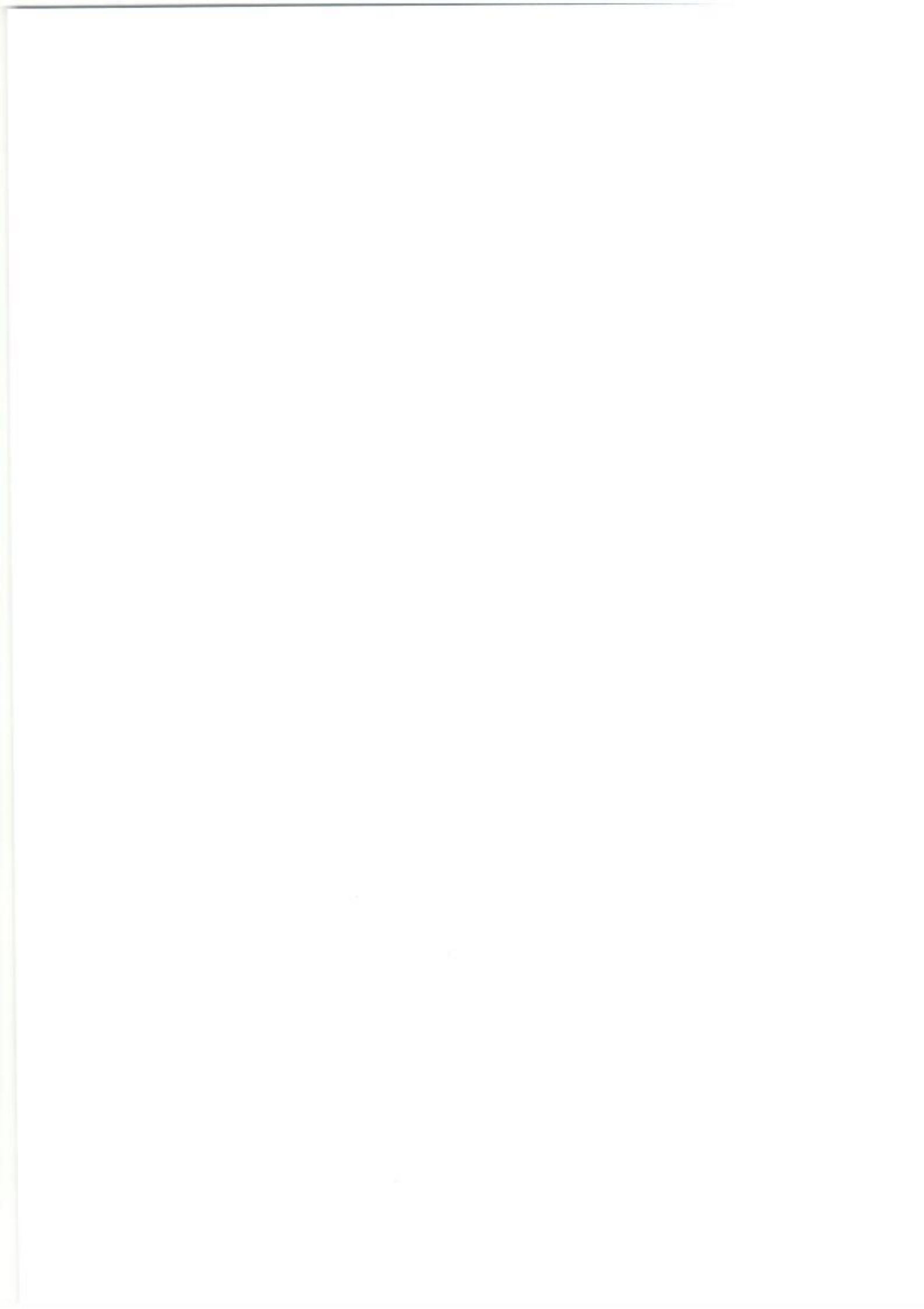
Date/Time:
27/04/2019 15:14

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



Text size + -

0% 25% 50% 75% 100%

Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

| | | | |
|--------------------------|--|-----------------------------|-----------------------------------|
| Vehicle No.: | SLS2044T | | |
| Vehicle Type: | N18 - Passenger (Co) Company Car (Single Rate) | Vehicle Scheme: | Normal |
| Vehicle Make: | CITROEN | Vehicle Model: | C4 PICASSO 1.6I EHD ETG6 5 SEATER |
| Chassis No.: | VF73D9HC8EJ731600 | Engine No.: | 10JBEX3040242 |
| Motor No.: | - | Trailer Chassis No.: | - |
| Propellant: | Diesel | Passenger Capacity: | 4 |
| Engine Capacity: | 1560 cc | Power Rating: | - |
| Unladen Weight: | 1295 kg | Maximum Laden Weight: | 1940 kg |
| Primary Colour: | Grey | Secondary Colour: | - |
| IU Label No.: | 1125444066 | Maximum Power Output: | 85.0 kW (113 bhp) |
| First Registration Date: | 25 Sep 2014 | Original Registration Date: | 25 Sep 2014 |
| Manufacturing Year: | 2014 | Open Market Value: | \$25,678.00 |
| PARF Eligibility: | Yes | Minimum PARF Benefit: | \$6,475.00 |
| No. of Transfer: | 1 | Actual ARF Paid: | \$12,950.00 |

Owner Particulars

Owner Name: PG MOTORING

Owner ID Type: Business

Owner ID: 53213875M

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 200

Registered Street Name: JALAN SULTAN

Registered Unit No.: # 02 - 38

Registered Building Name: TEXTILE CENTRE

Registered Postal Code: 199018

COE No./Expiry Date: 2014100101000867M / 24 Sep 2024

COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)

QP Paid: \$62,000.00

Transaction Details

Business Transaction Ref. No.: 20170929090124503899

Business Transaction Date: 29 Sep 2017

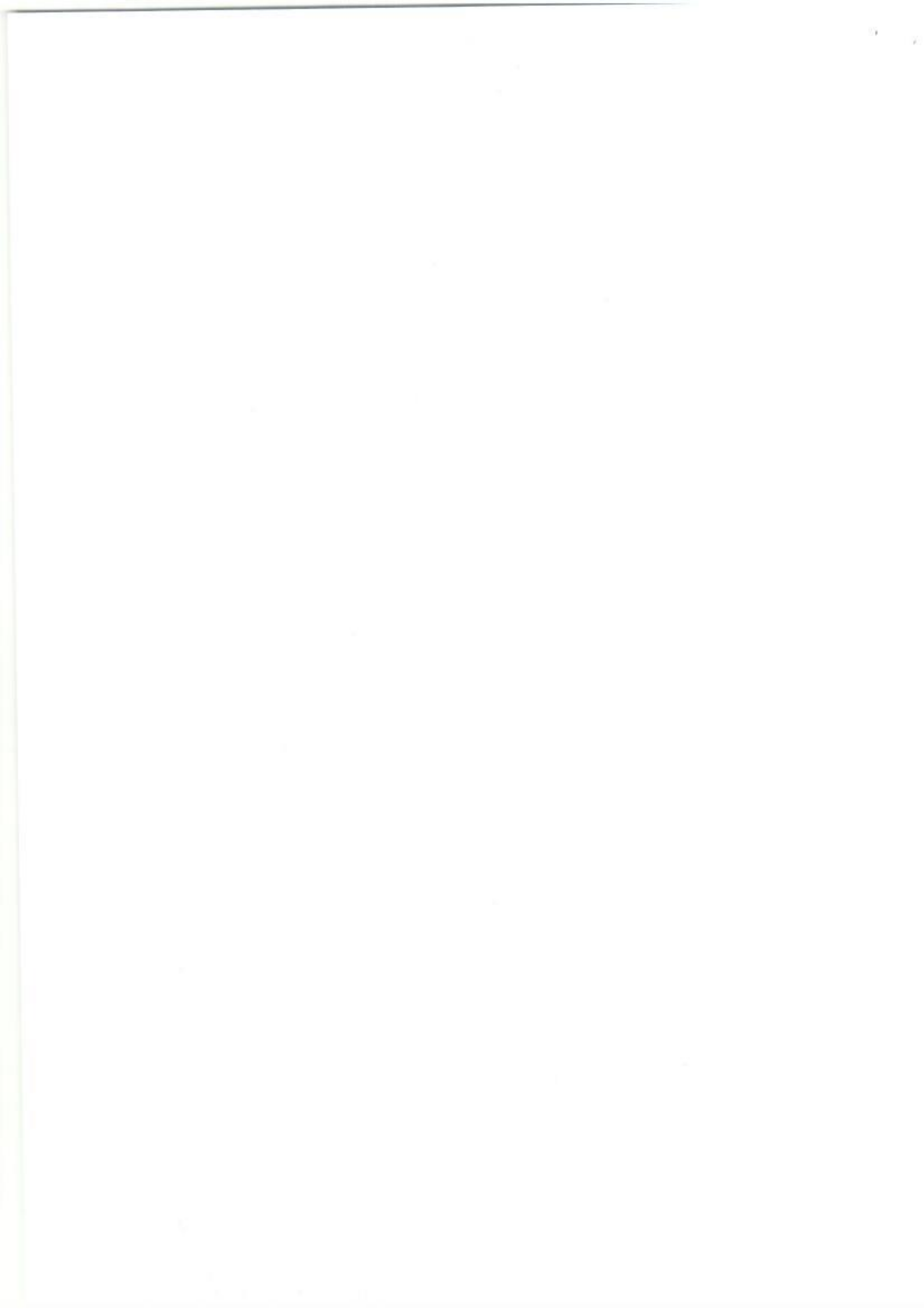
Business Transaction Time: 09:01:24

Message

Vehicle has been successfully transferred to PG MOTORING (53213875M).

Please note that \$11.00 will be deducted from your GIRO account.

| | | | |
|-----------------------------------|--|-------------------------------|----------------------------|
| Vehicle No. | SL8 2044T | Model / Make | Citroen Picasso C4. |
| Date of Accident | 26/04/19. | | |
| Time of Accident | 1540 HRS | | |
| Location of Accident | PIE towards Changi EXT Tampines Ave 2. | | |
| Exact purpose use during accident | Chauffeur | | |
| Name of Owner | PG MOTORING | | |
| Telephone No. | H/P: 8382 5855 | Home : | Office : |
| NRIC | 53213875M. | | |
| Address | 300, Jalan Sultan #02-38, Textile Centre (S) 199018. | | |
| Claim type | OD | THIRD PARTY REPORTING ONLY | |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5708623100-000010 | | |
| Name of Driver | As Above If No, LOH Tuck Fook BERNARD | | |
| NRIC | 87418676J. | Any Passengers : N.A. | |
| Date of birth | 11/06/1974. | | |
| Occupation | Outdoor | / Indoor | |
| Driving License Pass Date | 25/04/1995 | | |
| Gender | Male | / Female | |
| Contact No. | H/P: 9152 9936 | Home : | Office : |
| Address | BLK 285C Toh Guan Road #10-82 @ 603285 | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state driver | |
| Weather condition | Clear | Raining Other | |
| Road Surface | Dry | Wet Other | |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | LOH Tuck Fook BERNARD (H/P: 9152 9936) | | |
| Name And Contact No. | | | |
| Police Report | No, | If Yes, Where? Traffic Police | |
| Vehicle B No. | SFW 8322B. | Any Passengers : | |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | Unknown Van | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E No. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | N.A | Witness Contact : N.A. | |
| Accident Portion | Rear Portion | | |
| Camera Recorder | Yes | No | |
| Email Address | bernard.loh.tf@gmail.com | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | Twincat | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Tang | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg bernard.loh.tf@gmail.com | | |




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7418676I**

Name
LOH TUCK FOOK BERNARD
(LU DEFU BERNARD)

Birth Date: **11 Jun 1974**
Issue Date: **22 Jul 2003**

1000676295F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7418676I

Name
LOH TUCK FOOK BERNARD
(LU DEFU BERNARD)

卢 德 福

Race
CHINESE

Date of birth
11-06-1974

Country of birth
SINGAPORE

Sex
M

S7418676I





Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7418676I**

Name : **LOH TUCK FOOK BERNARD**

Please visit www.lta.gov.sg to check the status of this vocational licence




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

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

PASS DATE
25 Apr 1995

NP 428A

Licence No: S7418676I



3507254

NRIC No: **S7418676I**

Date of issue
01-09-2004

APT BLK 285C TOH GUAN ROAD #10-82
SINGAPORE 603285

NRIC No: **S7418676I**

Date: **18/11/2011**

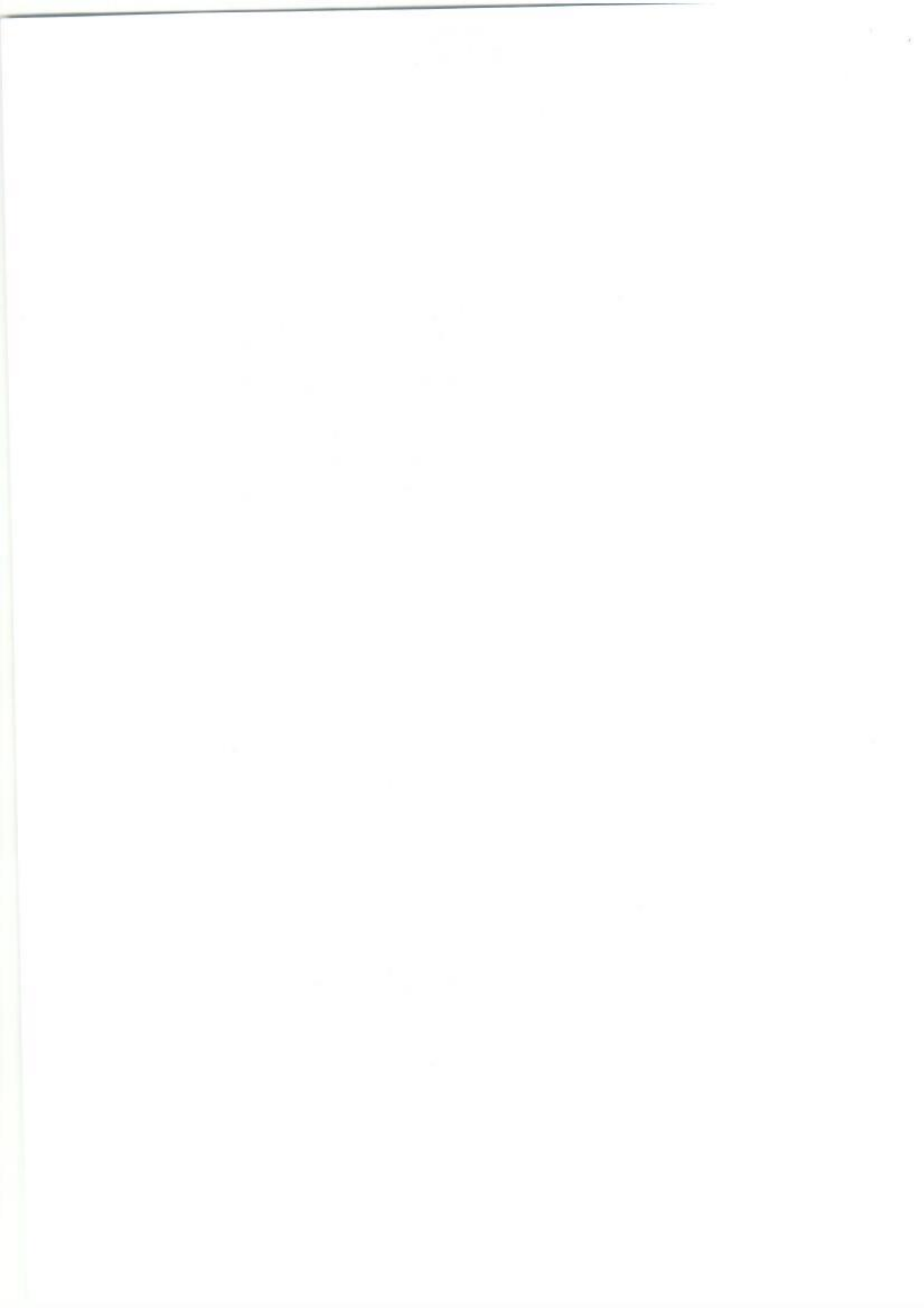
No: **6849634**




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 02/08/2018 |





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: 5108623100-000010

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **5LS2044T**
Chassis Number : **VF73D9HC8EJ731600**
2. Name of Policyholder : **PG MOTORING**
3. Effective Date of Insurance : **05 Apr 2019**
4. Expiry Date of Insurance : **04 Apr 2020**
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)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: SKYWAY CREDIT & LEASING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 02 Apr 2019 15:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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="26/04/2019 15:40"/> |
| Vehicle No.(For Motor) | <input type="text"/> | Certificate Number | <input type="text" value="5108623100-000010"/> |
| <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 checked="" type="radio"/> | 5108623100 | 5108623100-000010 | PG MOTORING | 53213875M | GFM | drive CLASSIC | SLS2044T | SLS2044T | 05/04/2019 | 04/04/2020 |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5108623100 | Policyholder Name | PG MOTORING | Policyholder NRIC | 53213875M |
| Certificate No. | 5108623100-000010 | | | | |
| Address | 200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018 | | | | |
| Product Name | FLEET MASTER INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 02/04/2019 | Effective Date | 05/04/2019 00:00 | Expiry Date | 04/04/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 4361.49 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | ASSURE PTE. LTD. | Agent Tel. | 68489119 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | 200 JALAN SULTAN | Address 2 | #02-38 TEXTILE CENTRE | Address 3 | SINGAPORE 199018 |
| Address 4 | | Address Type | Singapore address | Post Code | 199018 |
| Unit No. | 02-38 | Related Policy Number | 5108623520 | | |

▶ Insured Object: 5108623100-000010

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------------------------|---------------------|------------------|--------------------|--------------------|---------------------|
| ▼ Certificate Endorsements | | | | | |
| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |

Continue

Cancel



Claim Handling

The premium on this policy has not been collected.

Accident MY/1042312

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------------|
| Policy No. | 5108623100 | Vehicle No. | SLS2044T | GST Registration No. | |
| Certificate No. | 5108623100-000010 | | | | |
| Policyholder Name | PG MOTORING | | | Policyholder NRIC | |
| Product Code | FLEET MASTER INSURANCE | Cover Type | drive CLASSIC | Loading | |
| Contact No.(Mobile) | 83825855 | Contact No.(Office) | 0 | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| 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 | Yes |
| Accident Details | | | | | |
| Report Date | 30/04/2019 10:05 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 26/04/2019 | Time of Accident hh:mm | 15:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE TWDS CHANGI EXIT TAMPINES AVE 2 | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | 0.00 | Total TP Excess Applicable | | | |
| Total OD Excess Applicable | | | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | | Yes | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 200 JALAN SULTAN | Address 2 | #02-38 TEXTILE CENTRE | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | 02-38 | Related Policy Number | 5108623520 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | LOH TUCK FOOK BERNARD (LU) | Driver NRIC | S74186761 | Driving Experience | |
| Register Date of Driver License | 25/04/1995 | Driver Age | 44 | Contact No.(Home) | |
| Contact No.(Mobile) | 91529936 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | BLK 285C # | Address 2 | TOH GUAN ROAD | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |

Modification History

Claim 001 OD-MX

New

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | PG MOTORING | Insured NRIC | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SLS2044T | TP Vehicle Number | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SLS2044T / SFW8322B ON 26 Apr 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 30/04/2019 10:13 | Claim Close Date | | Date Received | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | |

☒ Print AK letter

Attachment

Save Submit

Accident No. MT/1042312

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 30/04/2019 10:10

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

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Please Select

NO

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Browse...

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NO

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Newbie Help

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Apr 2019 10:13

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-4-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Apr 2019 10:12

SAS

Normal

SAS 2019-4-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Apr 2019 10:11

Photos

Normal

Photos 2019-4-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
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Photos 2019-4-30

Video List

