

<b>NATIONAL Assessment Centre Services</b> (and 1 Jan 2019) <b>MANA419060421</b>			
Date In: <b>09/05/2019 17:34</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MC/9008247/y</b>	SAS e-filing		
Veh No: <b>STW 7987S</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>08/05/2019 08:25</b>	i-Motor Claim Form	<b>MT/1043793-001</b>	<b>09/05/2019</b>
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>17:56</b>
	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: <b>STW 7987S</b>	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 ( )			

<b>General Remarks:-</b>	
( ) 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: ( )	

<b>Remarks:-</b> (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] ( )		

<b>Injury:</b>
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Date/Time	Actions

<b>CLAIMANT'S PARTICULARS:-</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) N1: Ideal DA + SMRT Survey \$160		
	8) NTUC: Additional Services:-		
	(211)		
	*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: Ideal 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	09/05/2019 17:34
Date Of Accident	08/05/2019 08:25
Exact Location Of Accident	OLD CHAO CHU KANG ROAD TOWARDS CCK CEMETRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8473G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	201622568K
Email Address	RONALD265@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-86619807

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L RSZ (A)
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	5083227440-02
Cover Note Number	

### Driver

Name of Driver	ONG ZHI BIN (WANG ZHIBIN)
NRIC No	S8427396A
Date Of Birth	05/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	
Contact Number	OTHERS-86619807
Email Address	RONALD265@GMAIL.COM

Address	BLK 456 ANG MO KIO AVENUE 10 #05-1564
Postcode	560456
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	YES
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190508/2131

#### 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	SJW7987S
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HUI XIN
NRIC/Passport Number	S9231476F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ONG ZHI BIN (WANG ZHIBIN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV8473G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

Veh A: SJV 8473 G

Veh B: SJW 7987 S

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

GT PTE LTD

Policyholder's Signature  
Date & Time:

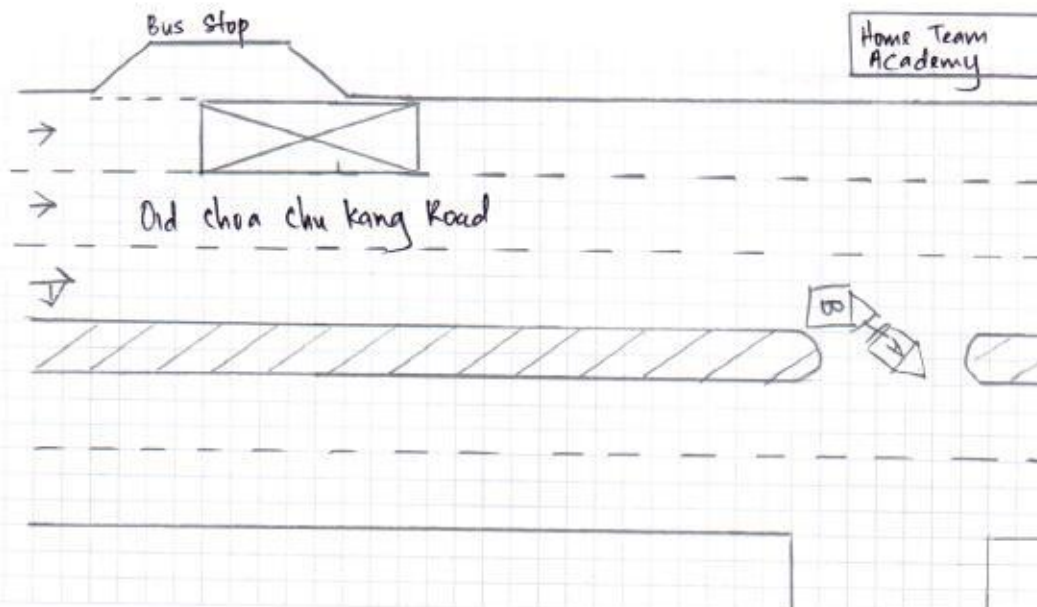
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/5/19 / 12:14pm

Reporting Centre Personnel's Signature  
Name: Rosd  
NRIC/FIN No.: 9905/2019

**SKETCH PLAN**

Veh A: SJV 8473G

Veh B: SJW7987S



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer Police Report No. T/20190508/2131.

**DECLARATION**

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

**GT PTE LTD**

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9/5/19 / 12.14pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/05/2019  
Roshni Vithal





# SINGAPORE POLICE FORCE



T/20190508/2131

1 of 3

Report No. T/20190508/2131

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 15:20	Vide Report No.:	Station Diary No.: 96
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### Informant's Particulars

Name of Informant: ONG ZHI BIN			Address: APT BLK 456 ANG MO KIO AVENUE 10 #05-1564 SINGAPORE 560456		
ID Type / ID No.: NRIC NO / S8427396A			Contact No.: Home/Office: Mobile: 86619807		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 05/09/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3 Date of Expiry:		

### General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/05/2019 08:25	Type of Location:
Location: Along Road 1 OLD CHOACHU KANG ROAD  Old Choa Chu Kang Road towards CCK Cemetry				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against static vehicle			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV8473G	Car	HONDA	STREAM 1.8L AT RSZ	Red	Slightly Damaged	0
SJW7987S	Car	KIA	CERATO FORTE KOUPI 1.6 AT SX ABS D/AB SR	Red	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20190508/2131

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20190508/2131

**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	ONG ZHI BIN	ID No.	S8427396A
Related Vehicle	SJV8473G (Car)	Contact No.	86619807
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight
<b>Driver</b>			
Name	Lim Hui Xin	ID No.	S9231476F
Related Vehicle	SJW7987S (Car)	Contact No.	NIL
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

**Brief Details.**

On 08/05/2019 at about 0820hrs, I alighted a passenger at the busstop before Home Team Academy, along Old Choa Chu Kang Road. I then signaled right as I wanted to go to the extreme right lane to turn into Jln Lekar. As there were incoming traffic from the opposite direction, my car was stationary and I was waiting to turn right. Suddenly, I felt an impact from the rear and my car inched forward. There was a tipper truck oncoming and I immediately stepped on my brakes. I then came out of my car limping as I felt pain on my left waist. I took photos of the accident and the driver of SJW7987S, that rear ended me started to argue with me saying why did I stop my car there. She then said she was travelling at 70km/h and she has a dash cam. I then called for ambulance and I was being conveyed to Ng Teng Fong General Hospital and was given 8 days outpatient leave from 08/05/2019 to 15/05/2019.



## Claim Handling

## Accident MT/1043793

Policy No.	5083227440-02	Vehicle No.	SJV8473G	GST Registration No.	
Certificate No.					
Policyholder Name	GT PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRJC	201622568K
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93899125	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	YES

Report Date	09/05/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/05/2019	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OLD CHAO CHU KANG ROAD TOWARDS CCK CEMETRY				

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	28 PAGGOA STREET	Address 2	SINGAPORE 059188	Address 3	
Address 4		Address Type	Singapore address	Post Code	059188
Unit No.		Related Policy Number	5083227440-02		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/09/1984
Unnamed driver Name	ONG ZHI BIN (WANG ZHI BIN)	Driver NRJC	58427396A	Driving Experience	7
Register Date of Driver License	27/06/2011	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	86619807	Contact No.(Office)		Address 3	TECK GREE GRANDEUR
Address 1	BLK 456 #05-1564	Address 2	ANG MO KIO AVENUE 10	Post Code	560456
Address 4	SINGAPORE 560456	Address Type	Foreign address		
Unit No.	05-1564				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJV8473G	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

## Modification History

Claim 001 **Next**

Claim Type *	CO-MX	Insured Name	GT PTE. LTD.	Insured NRJC	201622568K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SJV8473G	TP Vehicle Number	SJV79875
Claim Description	SJV8473G / SJV79875 ON 8 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repaired No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	09/05/2019 17:55
Date Registered				Date Received	08/05/2019 00:00
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1043793	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2019 17:56
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
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_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:56	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:56	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:56	Photos	Normal	Photos 2019-5-9	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:56	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:56	Photos	Normal	Photos 2019-5-9	
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:55	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:55	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:55	Photos	Normal	Photos 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 May 2019 17:55	SAS	Normal	SAS 2019-5-9	

 Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 8/5/19 \*Time of Accident: 0815  
\*Accident Location: Before Home Team Academy Old Choa Chu Kang Rd

### Vehicle Details

\*Vehicle Number: SJV 84773 G \*Make & Model: Honda Stream RS2

### Insured / Policyholder

\*Owner Name: Ony Chiam GT Pte Ltd \*NRIC: S8427396A  
\*Address: B1K 456, Ang Mo Kio Ave 10, #05-1564, S560456  
\*Email: \_\_\_\_\_ \*HP: 86619807 93899125  
\*Occupation: Grab Driver (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: Ony Chiam \*NRIC: 88427396A  
\*Address: B1K 456, Ang Mo Kio Ave 10, #05-1564, S560456  
\*Date of Birth: 05/09/84 \*Driving Pass Date: 22/02/11 \*HP: 86619807  
\*Email: roua8265@gmail.com \*Gender: Male / Female  
\*Occupation: Grab Driver (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SJV 7987 S  
Make & Model: KIA Cerato Forte 1.6  
Vehicle Category: \_\_\_\_\_  
Name of Driver: Lim Hui Xin  
NRIC : S9231476F  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC : \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8427396A**

Name: **ONG ZHI BIN (WANG ZHIBIN)**

Birth Date: **05 Sep 1984**

Issue Date: **27 Jun 2011**

001976636A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8427396A**

Name: **ONG ZHI BIN (WANG ZHIBIN)**

王志斌

Race: **CHINESE**

Date of birth: **05-09-1984**

Sex: **M**

Country/Place of birth: **SINGAPORE**




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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  27 Jun 2011



P 428A

5367279

NRIC No. **S8427396A**

Date of issue: **08-10-2014**

APT BLK 456 ANG MO KIO AVENUE 10 #05-1564  
SINGAPORE 560456

NRIC No: **S8427396A** Date: **24/09/2017**






## 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:** 5083227440-02

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJV8473G          |
| Chassis Number  | : JHMRN68809C200466 |
| 2. Name of Policyholder   | : GT PTE. LTD.      |
| 3. Effective Date of Insurance  | : 01 Oct 2018       |
| 4. Expiry Date of Insurance   | : 30 Sep 2019       |
| 5. Persons or Classes of Persons entitled to drive#   |                     |
| (a) The Policyholder.   |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
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	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
Date of Issue : 14 Aug 2018 13:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive