

NATIONAL Assessment Centre Services

Form 1 Jan 05

NA/49062800

Date In: 14/05/2019 17:02	Job description	Date & Time Completed	Done by
Ref No: NA/49062800	SAS e-filing		
Veh No: SKC4353J	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 26/04/2019 17:50	i-Motor Claim Form	NA/49062800-001	14/05/2019 17:18
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: /	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

NA/903489	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC: Additional Services:-		
	1211		
	*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 (N-in INC) against INC \$20		
	9) N12: Idm Mobile \$10		
QC Checked by (Engr-In-Charge):	Invoice dated:	Fee Charged	
Auditors' Comments:-	Invoice dated:	Fee Charged	
Car 1:			
Car 2/3:			
1/1/1			

07-MAY-2018 16:39

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	14/05/2019 17:02
Date Of Accident	26/04/2019 17:50
Exact Location Of Accident	PARKVIEW SQUARE PICKUP LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4353J
Insured/Policyholder	
Name Of Registered Owner	SET KUO HOW
NRIC No	S7573159J
Email Address	SKUOHOW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96191679
Alternative Phone No	OTHERS-96191679

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	REPORTING ONLY
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	5095313086-01
Cover Note Number	

Driver

Name of Driver	SET KUO HOW
NRIC No	S7573159J
Date Of Birth	26/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96191679
Fax Number	
Contact Number	OTHERS-96191679
Email Address	SKUOHOW@YAHOO.COM.SG

Address	BLK 469C SENGKANG WEST WAY #13-530
Postcode	793469
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	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : RAY GENDER: : MALE
Passenger 2	NAME: : WILLIAM GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20190428/7008

Attachment(s)

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

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: 14/5/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PARKVIEW SQUARE PICKUP LOBBY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

as per police report
11/20/90428 / 7008

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:

14/10/2019
Reporting Centre Personnel's Signature
Name: Kardi
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190428/7008

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

1 of 4

Report No. T/20190428/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2019 17:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SET KUO HOW			Address: APT BLK 469C SENGKANG WEST WAY #13-630 SINGAPORE 793469		
ID Type / ID No.: NRIC NO / S7573159J			Contact No.: Home/Office: Mobile: 96191679		
Nationality: SINGAPORE CITIZEN			Email: Skuehow@yahoo.com.sg		
Sex: Male	Age: 43	Date of Birth: 26/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2019 17:50	Type of Location: Pickup lobby at Parkview Square
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 1 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: No collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC4353J	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC4353J	NTUC Income Insurance Co-Operative Limited	5095313086-01	26/08/2018	25/08/2019



**SINGAPORE
POLICE FORCE**



T/20190428/7008

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

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Report No. T/20190428/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SET KUO HOW	ID No.	S7573159J
Related Vehicle	SKC4353J (Car)	Contact No.	96191679
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
Rider			
Name	Ray	ID No.	NIL
Related Vehicle	SKC4353J (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2019	Date Discharge	26/04/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	William	ID No.	NIL
Related Vehicle	NIL	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

Brief Details.

On the 26/4/2019 around 5.51pm I pickup grab rider William and his Friend Ray and another lady (didn't get her name) from parkview square to concourse skyline. When pickup up them William boarded at front sit, the lady boarded on the left hand back sit while ray boarding from right back sit. While they are boarding I still hear they are in some conversation. At this moment my car was moving forward as I didn't brake well. As the car moving I realised ray still boarding the car I braked the car and stop immediately and I heard he shouting stop and ask me to reverse the car. I reversed accordingly and unfortunately ray shouted painful as his leg (right angle) were injured. With his consent I immediately sent him to the nearest raffles hospital. Initially I wanted to follow Ray to see doctor but William requested me to send the lady to the destination as they supposed to go for a



**SINGAPORE
POLICE FORCE**



T/20190428/7008

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

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Report No. T/20190428/7008

CONTINUATION OF REPORT

function. After dropping ray and William at raffles accident and emergency department I proceed to send the lady to concourse skyline. As I had to catch a coach to Malaysia at the same night I didn't went back to hospital to find out Ray situation. While on the way home grab called me and I reported the accident to grab and told the officer I will settle Ray medical costs. Grab officer asked me to do a police report immediately as I am unable to do so. As of now am writing this report am still in Malaysia. I have requested grab to contact me on Monday to update ray situation. Before I leave Singapore I called and watsapp Ray and he told me that day hospital bill for the accident day was \$1714.40. He told me he did a MRI but didn't tell what is the outcome just said need to go back hospital for review on Sunday (28/4/2019) and he will text me cost of the bill on Sunday and any future treatment costs. However I believe my liability (private settlements) to Ray is restricted to medical cost up to his recovery and up to his discharged from future review and no other costs involved. If necessary I will claim against my car commercial insurance.



**SINGAPORE
POLICE FORCE**



T/20190428/7008

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

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Report No. T/20190428/7008

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:
28/04/2019 17:50

Classification Of Case:

Claim Handling

Accident HT/1044501

Policy No.	5205311086-01	Vehicle No.	SKC43531	GST Registration No.	
Certificate No.					
Policyholder Name	SET KUG HOW			Policyholder NRIC	S75731591
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	9019679	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes

Accident Details

Report Date	14/05/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	26/04/2019	Time of Accident (Approx)	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARKVIEW SQUARE PICKUP LOBBY				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	14/05/2019 17:00:28 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	371 ALEXANDRA ROAD	Address 2	#06-12 AIA ALEXANDRA	Address 3	SINGAPORE 159963
Address 4		Address Type	Singapore address	Post Code	159963
Unit No.	13-630	Related Policy Number	5205311086-01		

OT Driver Info

Driver Name	SET KUG HOW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S75731591	Driver DOB	26/05/1975
Register Date of Driver License	01/01/2000	Driver Age	43	Driving Experience	19
Contact No.(Mobile)	9019679	Contact No.(Office)		Contact No.(Home)	
Address 1	371 ALEXANDRA ROAD	Address 2	#06-12 AIA ALEXANDRA	Address 3	SINGAPORE 159963
Address 4		Address Type	Singapore address	Post Code	159963
Unit No.	13-630				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKC43531	Driver Insurer Company	NTUC

Declaration

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

Claim 001

Claim Type *	OO-MX	Insured Name	SET KUG HOW	Insured NRIC	S75731591
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	SKC43531	Vehicle Number	
Claim Description	SKC43531 / - ON 28 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	14/05/2019 17:01	Date Received	14/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK 1020

Save Submit

Attachment

Accident No.	HT/1044501	Claim No.	001
Last Occ. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2019 17:18
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:18	SAS	Normal	SAS 2019-5-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
Video List				
Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 26/04/2019 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: Parkway Parkview Square Pickup lobby

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 4353J
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5095313086-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen Jetta
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Set Kuo How (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7573159J CONTACT: 96191679
 c) ADDRESS: 371 Alexandra Road #06-12
Singapore 159963

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOMK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 20/05/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/7/03

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

Email = skuohow@yahoo.com.sg

VIDEO

Ray
William
Female (1)

*No of passengers
(Including driver)
(4)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7573159J



Name

SET KUO HOW

謝國浩

Race

CHINESE

Date of birth

26-05-1975

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7573159J

Name

SET KUO HOW

Birth Date: 26 May 1975

Issue Date: 19 Jul 2003



4785400

NRIC No. S7573159J



Date of issue

02-09-2011

APT BLK 489C SENOKANG WEST WAY #13-830
SINGAPORE 783469

NRIC No: S7573159J

Date: 26/07/2015 (H)

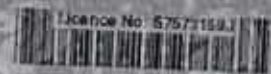
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3

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

PASS DATE

19 Jul 2003



Licence No: S7573159J

Nr 4294

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: 5095313086-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKC4353J |
| Chassis Number | : WVVWZZ16ZBM111559 |
| 2. Name of Policyholder | : SET KUO HOW |
| 3. Effective Date of Insurance | : 26 Aug 2018 |
| 4. Expiry Date of Insurance | : 25 Aug 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\$2,000
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	: SET KUO HOW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : KCB AGENCY (00000614904)
Date of Issue : 21 Aug 2018 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive