NATIONAL Assessment Centre S	ervices per me	on Mustyl	706280	0	
Date 10:14 (05/2019 12:92 1.	ob description	Oute &: Time C	empteued	Done b	V-
Ref No. 1138/7114/980 \$546/9	SAS e-filing				
Veh No. SKC 4353T	E-mail politon Mas. AIC !	Zints;			
DOA 26/04/80/9 17:50	i-Motor Claim Form	11/1/1040	1001-1029	0/146	25/20
OD THE STATE OF	i-Mator W/O (Within:	OD 2line (P 4line)		17:4	7
OD . The Pleparting Only	i-Photo Uploaded	1		-	-
TP Insurer:	Assessment/Survey Rep	port			
11153111-1	Ass't Report by Fax / I	fand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:		)
TP Particulars: Veh No:		NC( )/Non-INC	( )_		
Owner / Driver: (		Tel:		_ )	
Policy No: ( ) Period	(	) Cover Type: (		)	. (111100) - 1
Confirmed by : (	Dajes	Time		)	
	e-Est Status (WO): N	N: 0-20%; P: 21-79%	F: 80-100	%]	
	ranty, YES ( )/NO	)( )			
Excess: (\$ ) Londing: \$1,000 (	)/\$2,000( )				
General Remarks:-	THE PROPERTY OF	2.22 新亚斯克·克尔	ALL SALE		
( ) Walk-In Customer's Customer's informa	tion strictly Confidentia	al & Strictly NO refer o	repairer.		
( ) Total Loss Case : to e-mail Insurer U	RGENTLY.				-1810-1-0-2
Drive-In ( ) / Towed-In ( ); Invoice: Y	ES ( ) / NO (	) , Towing Co. (			)
Remarks:- (INC horline: 6788 6616)	ALESSO CONTRACTOR	Date&Time Co	imple of	Done	····
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE OWNER, THE PERSO	tesy Car ( )	make the Parketter Co.			-
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$3000	01 ()				
Injury:					
					-
Date/Time Actions		THE PARTY OF THE P		A CONTRACTOR	- 6
		li†			
NA1903489 "	Invei	ce Preparation Chec	klist	Anit (\$)	Amt (\$) Add Bill
Inimani's Particulars:		Accident Reporting (\$30);	14001751740	1000	
PARTITION OF THE PROPERTY OF THE PARTY OF TH		Dumnge Assessment (\$100) Towing Fee	1NC (580)	45	
Driver/Owner:	4) FT : 1	Fallow-Through Survey	\$11		
Contact No:	Fore	Foliow-Through Survey (Res leiming against INC Only (w		1	
Damaged Portion:		Ide-inspection	510	75	
	8) NTU	C Additional Servines:			
QC Checked by (Engr-In-Charge):	- 010	Courtesy Car / Tpt Allowan		55	
	*N6.	Repair Co-ordination		10	
Auditurs' Comments :-		Fost Repair Inspection DV / Collect Excess Coordin	etion	\$5	
(at. ):	The second secon	N11): TP (N in INC) against		301	
nt 2/3	n) N12	Idno Mobile	Fee Charged		A 1 7 3
1 /1 '4	J. madas	detad	Fire Charged	<b>公司持续</b>	050000555055

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

- 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

	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
THE PARTY OF THE PARTY OF THE PARTY.	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 a time of accident	t WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	and the second of the second of the second s
Contact Number	OTHERS-96191679

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

2

Insurance Company of Driver's Own Vehicle

٠

General Information of the Accident

Type Of Accident

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

NO

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

1

involved in the accident

NO

Was any body injured in the Accident?

41000

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)

NO

soliciting/offering accident claims assistance.

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? If Yes, Please state which Police Station YES

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

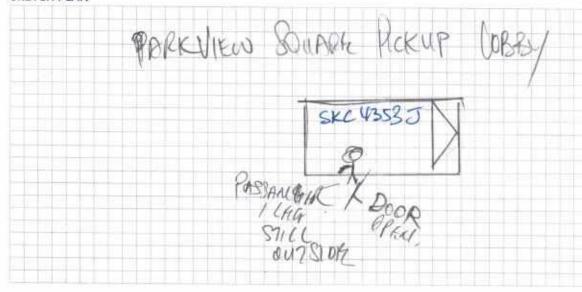
(If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's S

Name:

NRIC/FIN No :



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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190 I

### 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 palicyholder) Date & Time:

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20190428/7008

1 of 4

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 28/04/2019 17:50		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of SET KU	Informant: O HOW		Address: APT BLK 469C SENGKANG SINGAPORE 793469	WEST WAY #13-630	
ID Type NRIC NO	/ ID No.: D / S757315	59J	Contact No.: Home/Office: Mobile: 96191679		
National SINGAP	ity: ORE CITIZ	EN	Email: Skuohow@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		nt adviser	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2019 17:5	0 F	ype of Location: Pickup lobby at Parkview Square
Location: NORTH BRID	GE ROAD				
Weather		Road Surface:		Road 9	Speed Limit
Weather: Clear		Road Surface: Dry		Road S	Speed Limit:
				1 Km/h	Volume:

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	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20190428/7008

#### CONTINUATION OF REPORT

Details of Perso	n Involved	THE RESERVE		COMO	OF THE REAL PROPERTY.
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	Use of Pe	destriar	Cross	sing: NA
Driver			diam'r.	STATE OF	
Name	SET KUO HOW		ID No.		S7573159J
Related Vehicle	SKC4353J (Car)		Conta	ct No.	96191679
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Rider	AND SECURITION OF THE PARTY OF	2-3-30			
Name	Ray		ID No		NIL
Related Vehicle	SKC4353J (Car)		Conta	ct No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2019	Date Disc	harne	26/04	/2019
	ted Medical Leave NIL	Degree of		Slight	And the second s
Rider	THE RESIDENCE OF THE PARTY OF T	a ogrado o	mijai y	Oligin	
Name	William		ID No		NIL
Related Vehicle	NIL		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harne	NIL	
The state of the s	ted Medical Leave NIL	Date Disc	i al go	1.411	

#### 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





3 of 4

Report No. T/20190428/7008

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

#### 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 offficer 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.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 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 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: 28/04/2019 17:50
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp NP168

Accident MT/1044501	- Availation and a second				
Policy No.	5295313686-01	Vehicle No.	\$4043837	GST Registration No.	
Certificate No.				A STATE OF THE STA	
Prificyholder Name	SET KUG HOW			Policyholder NRJC	\$45/CR 0800
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive (1,455)C	Geeding	575731900
Contact No.(Metalle)	7617679	Contact No. (Office)			u S
Imail Addresa		Sawoul Remark		Coreact No.(Home)	1 descension 1
UK	e. No Yaa	TCA TCA	2.325 (2007)	eCode	Pess. W
NCD Protection	740		= No Yes	oCode Research	
	740	NCD Entitlement(%)	30	Private Hirs	Yes
Report Clate	14/05/2010 16:38	Accreent Report Within 24 hrs.	Yes	Accident Type	No collision
Date of Aucdent	26/04/2019	Time of Assident Intures	47:50	Country of Accument	Sayapore
Reporting Centre		Orange Force		IDM No.	Girlatkoval
Accident Location	PARKVIEW SQUARE FICKUP LOSSY				
Tacous					
Own demage Excuss.	2,000.00	Additional thoses	b .		
Ornamed Driver Excess		Outside Simpapore CO Excess		Windscreen Excess	100.00
Third Perty Excess	1,300.00		2,000.00		
₩ Benefits	110000	Outside Singeoure TP Excess	1,500.00		
♥ GST Registered Informat	71111				
ST Registered					
ST Registration No.	No		GST Registration Date		
edification History	14/05/2016 - 1-00		GET Status Verifies	(500)	
CTT-RECEIVABLE VICTOR	14/08:2019 17:00:28 (yatem chi	inged GST Status Verified from No	to 7es		
Policyholder Halling Add					
	A STATE OF THE PARTY OF THE PAR	199611131			
döress 1	371 ALEXANDRA ROAD	Address 2	#96-13 AIA ALEXANDRA	Address 3	SINGAPORE 159963
ildress 4		Address Type	Singapore andress	Post Code	120003
Int No.	13-630	Related Policy Number	5095313096-01	342065027111	312000
♥ Of Driver Info					
Hiver Name	SET KUO HOW	Driver Type.	Hain Driver		
Minamed driver flame		Driver NRIC	\$7973159)	( Barrier Barrier	PRINCESON A
egister Date of Driver License	61/81/2000	Driver Age		Driver DDB	26/05/1979
entact No.[Mobile]	9019679		0	Onving Experience	19
ddress 3	371 ALEXANDRA RIDAD	Contact No.(Office) Address 2	FREEDOMONAL PROPERTY.	Certact No.(Heme)	
ddress 4	TO A COLUMNIA TORES		#06-13 MA ALEXANDRA	Address 3	SDVGRPD4E 159963
Prit Mar.		Address Type	Singapore address	Fost Code	159963
res he own a Singapure	13-630				
registered car?	Tam or No	Driver Vehicle No.	SKC43511	Driver Insurer Company	Acres dell'
					N7UC
ediration					
SARAH DA MASAR		Any injury?	Yes + No		
odification History Claim 001		ентр подмусе	765 - 761		
Claim 001 / New		any equity.		No.	
Claim 001 Mess		any equity.	96-HX	Insured Set KUO HOW     Name	[Pasared 57572139]
Claim 001 Mess		any equity.		Contact	NRUC BERREIT
Claim 001: Nees	-	any equity.		Contact No. (Home)	Contact No. (Office)
Claim 001: Nees		any equity.		Contact No. (Home)	NRUC DESCRIPTION Contact No. (Office)
Daim Type * Contact for (Mobile) mild Address		any manye		Contact No. (Home)	MRIC B12/2139/
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#### Claim Handling(accident reporting Claim Task )

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NAC_BURIT_MERAH_BODE76( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 May 2019 17:01	Protos	Normal	Photos 2019-5-14
NAC_SURIT_MENAH_RODRTS( NATIONAL ASSESSMENT CENTRE SERVICE S (BORIT MERAH)) on 14 May 2019 17-01	Photos	Normal	Proms 2019-5-14
NAC_BUNIT_MERAH_BODG F6; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 14 May 2019 17-01	Photos	Normal	Phonos 2019-5-14
NAC_BUNIT_MERAM_8004 No NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUNIT MERAH)) on 14 May 2019 17/01	Photos.	Normal	Photos 3039-5-14
NAC_BUXIT_MERAH, BOOKTIC NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUXIT MERAH)) on 14 May 2019 17:01	Photos	Normal	Photos 2019-5-14
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Action

# ACCIDENT STATEMENT

ACC	IDENT DATE: 26/09	12019 )(DD/MM	MYYY), TIME:(	. 50 )(HH:MM)
			quore Pickup	
1	. DETAILS OF VEHICLE	55.5		8.7
. 3	a) VEHICLE NUMBER:	SKC 4353	J	W1 545
1,500	b)INSURANCE COMP			
(4)	c)POLICY NUMBER:_			
	d)POLICY TYPE: (COM	the day of the control of the contro		THE STUTET
	e)MAKE & MODEL:	valssuagen a	letta.	Bether Clare Control W.
	1)TYPE:(SALOON / CO	DUPE / MPV /V ANT	LORRY / MOTORCYC	CLE / OTHERS)
	g) VEHICLE CATEGOR	Y: (PRIVATE / COMA	MERCIAL / MOTORCY	(CLE)
	h) PURPOSE OF USING	AT ACCIDENT TIME		22051
	I) ARE YOU CLAIMING			or
	IF NO, PLEASE STATE	(THIRD PARTY CLAIR	M / REPORTING ONL	Y)
By 2.	INSURED / POLICY HO			
-5	AINAME: Set	Duo How	(MA	LE / PEMALE)
Villiam	b) NRIC/FIN/PASSPOR	: S757315	9 CONTACT:	
24 (1)	CIADDRESS: 371	Alexandra Ko	ad #06-12	
FRMAUN (1)		9000 15996.	3	
	* CONTINUE TO 3.d IF	DRIVER ALSO POLICE	CY HOLDER	
A Ho of passongs	DRIVER			
(Including driver)	a)NAME:	JUBBA ST	(MAL	E / FEMALE)
(16)	b) NRIC/FIN/PASSPORT		CONTACT:_	
(4)	c) ADDRESS:			
9	SHIPMON SOFTERSON			
	*d)DATE OF BIRTH: (_2	05 1975	(DD/MM/YYYY)	1
9.	e)OCCUPATION: (IND	OOR / OUTDOOR)	1	, n .e
	f) DATE OF DRIVING	PASS 19/	7/03	
<del>9</del>	WAS DRIVER AN EMP	LOYEE OF THE IN	SURED'S COMPANY	? (YES (NO)
-	IF NO, RELATIONSHI	P OF THE DRIVER	WITH INSURED:	ocialin
٥.	a)WEATHER CONDITIO	N: (CLEAR / RAIMIN	IG / OTHERS	
*	b)ROAD SURFACE: (DR	RY / WET / OTHERS_		
0.	WAS ANYBODY INJURE	D (YES / NO)		
/-	a)REPORTED TO POLIC		2005533 WE	
	IF YES, PLEASE STATE \	WHICH POLICE STAT	TION:	
# No of passenger	THIRD PARTY VEHICLE			
Children Jussenger	a) VEHICLE NUMBER:		MODEL:	
( including driver)	b) DRIVER'S NAME:	T.		
() 。	C) NRIC/FIN/PASSPORTHIRD PARTY VEHICLE	(1)	CONTACT:_	
* No of bessender	<ul> <li>d) VEHICLE NUMBER:</li> <li>e) DRIVER'S NAME:</li> </ul>		MODEL:	
(Including driver)		NT.		
	I) NKIC/FIN/PASSPOR	(1)	CONTACT::	
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59/10			34.	

email = skuchow@yahoo.com.sg.

# REPUBLIC OF SINGAPORE IDENŢITY CARD NO. \$7573159J.

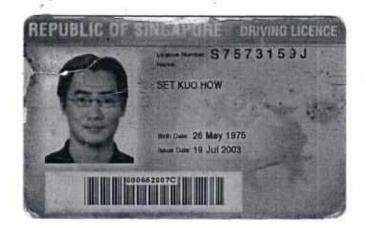


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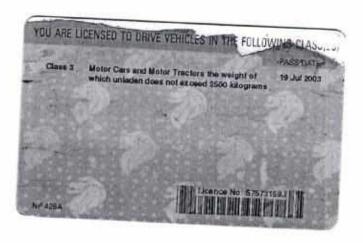
SET KUO HOW

謝 國 汽

CHINESE
Date of block
26-05-1975
Country of birth
MALAYSIA









## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) A MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) A ROAD TRANSPORT ACT, 1987 (MALAYSIA)	ACT (CHAPTER 189) RULES, 1960

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

	teres training		
Certificate Number: 5095313086-01	Cover : drivo CLASSIC		
<ol> <li>Index mark and Registration Number of Vehicle</li> </ol>	ATTENDED TO COMPANY OF THE PARTY OF THE PART		
and the first action in a tribbel of Affillion	- SKC43531		

: 5KC43531 Chassis Number : WVWZZZ16ZBM111559 2. Name of Policyholder : SET KUO HOW

3. Effective Date of Insurance 26 Aug 2018 4. Expiry Date of Insurance 25 Aug 2019

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

EXCESS (SECTION 1) : 5\$2,000 EXCESS (SECTION 2) 5\$1,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS 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 KUD 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

Authorised Officer

Chief Executive

Countersigned By: