NATIONAL Assessment Ce	MITE SPIVICES - but I lawren M		
	Jan Color Process (Mr. 1 33/100) (P)	16- 12EL96611 AN	
Date In: 24 5 19-15:03	Jcb description	Date &Time Completed	Done by
Res No. NAINCIPOS 9179 /24	SAS e-filing		
Veh No: 60686 out	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/19-1145	i-Motor Claim Form	My 104 797 - 201	N/6/19 15:5
	i-Motor W/O (Within: OD 2hr		7/9/1/1
OD TP Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
1P Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			ax:
	60608 402 INC(ax.
Owner / Driver: (010408 730 Inc ()/Non-INC()	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (9)	%) [Note-Est Status (WO): N: 0-2		00%1
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
		AND THE PROPERTY OF THE PARTY O	
() Walk-In Customer : Customer's	information strictly Confidential & Str	ictly NO refer of repairer	NAME OF THE PARTY OF
	surer URGENTLY.	nouy NO Taler of Tepaller.	
		owing Co: (
Remarks: (INC hotline: 6788 6610			12.199927100
		Date&Time Comple ad	Done by
2) QC Check / Post Repair Inspection)/Courtesy Car ()	-	
3) Unload Resurvey Photo (Pennis Cont)	520001		
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()		
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()		
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Injury:	> \$3000] ()		
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Injury: Date/Time Actions NA[90384-1	Invoice Prep	aration Checklist	
Injury: DateTime Actions NA[40384- Inimant's Particulars:-	Invoice Prep 1) AR: Accident 1 2) DA: Damage A	aration Checklist Reporting (\$30); SSESSMENT (\$100); INC (\$80	Anit (S) An Tri Bill Ad
Injury: Date/Time Actions NA[40384- Jaimant's Particulars:-	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Brown Section (\$100); INC (\$80);	Anit (5) An fix Bill Ad
Injury: Date/Time Actions NA[40384- Inimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th	aration Checklist Reporting (\$30); INC (\$80); INC (\$80); Second Survey \$1000;	Anit (5) Ani
Injury: Date/Time Actions NA[40384- laimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80) Se \$40/ FOUGH SURVEY \$ FOUGH SURVEY (RESURVEY) SIDSUINC Only (wef 10 Jan 2005)	Anit (5) Ani
Injury: Date/Time Actions NA[40384] Jaimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA +	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80); Reporting (\$100); INC (\$80); Reporting Survey (\$100); Reporting	Anit (\$) Anit (\$) Anit (\$) Adit (\$) Adit (\$) \$30
Injury: Date/Time Actions NA[90787] Rumant's Particulars:- iver/Owner: Intact No: Imaged Portion:	Invoice Prep 1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For claiming ag 6) TR: Re-inspect	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80); Reporting (\$100); INC (\$80); Reporting Survey (\$100); Reporting	Anit (\$) Ani
Injury: Date/Time Actions NA[40784- aumant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Prep 1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD.* *N5: Courtesy C	aration Checklist Reporting (\$30); INC (\$80); INC (Anu (\$) An 1st Bill Ad 2) Ad 545 120 530 575 160
Injury: Date/Time Actions NA[903847] Rumant's Particulars:- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.*	aration Checklist Reporting (\$30); Resessment (\$100); INC (\$80); Reporting (\$100); INC (\$80); Reporting Survey (\$100); Reporting (\$300);	Anit (\$) Ani
Injury: Date/Time Actions NA[403847 Inimant's Particulars:- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors' Comments:-	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) Frough Survey (\$200) Sinst INC Only (wef 10 Jan 2005) From SMRT Survey \$200 Al Services: For / Tpt Allowance Fordination Trispection Ct Excess Coordination	Anit (\$) Ani
Injury : Date/Time Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$86 rough Survey (\$200) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey (\$200) al Services: Car / Tpt Allowance ordination r Inspection ct Excess Coordination Non INC) against INC	Anit (\$) Ani

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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	24/05/2019 15:03
Date Of Accident	23/05/2019 11:45
Exact Location Of Accident	TANGLIN PLACE UNLOADING BAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG8605S
Insured/Policyholder	
Name Of Registered Owner	JUSCO ELECTRICAL ENGINEERING
Co Reg No	52898414D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5105582906
Cover Note Number	
Driver	
Name of Driver	LEOW KEE MENG (LIAO QIMING)
NRIC No	S7336430B
Date Of Birth	13/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1997
Driving Experience	21 YEARS AND 11 MONTHS

MALE

+65-96798133

NOEMAIL

OFFICE-96798133

Address BLK 410A FERNVALE ROAD

#17-116

Postcode 791410

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : NEW CHENG HAI

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG5840Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEOW KEE MENG (LIAO QIMING)

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? GBG8605S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode YES

DETAILS OF INJURED PERSON 2

Name NEW CHENG HAI

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? GBG8605S
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or (IV) 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (11) For complying with requirements under my regulations, laws or court orders.

JUSCO ELECTRICAL ENGINEERING

Blk 806 Canberra Road #04#(5 Singapore 750306

Policy holder's signature Date / time:

Driver's signature

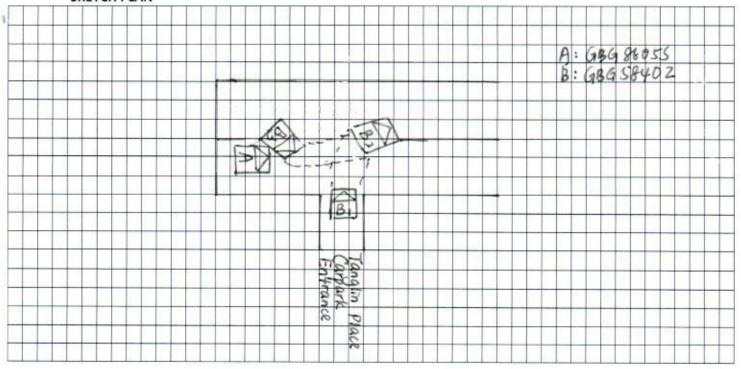
(if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Page 5

H/pH9679&133 Fax: 9755 9518

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along unloading bay of Tanglin Bay, when I was about to move off from the unloading bay, vehicle B suddenly came out from the Tanglin Place Carpark. When I saw him, I stopped to let him go first. Suddenly, he started to reverse without checking that I was behind him and collided onto my front left portion of my vehicle. I have video footage to prove my statement.

DECLARATION

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

JUSCO ELECTRICAL ENGINEERING Blk 306 Canberra Road H/Policy de les Paris 1975 9518 (if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS				
Date of accident	23/05/2019	(DD/MM/YY)		
Time of accident	11:46 am	(HH:MM)		
Exact location of accident	Along unloading bay of Tanglin Place	V		

	DETAILS OF VEHICLE
Vehicle registration number	GBG 8605S
Vehicle make and model	Toyota Hiace
Type of vehicle	Saloon MPV CRV Van Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only Reporting only

INSURANCE INFORMATION						
Insurance company	NTUC					
Policy number						
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆			

		INSURED / F	POLICY HOLDER		
Name	Jusco	Electrical	Engineering	Male □	Female 🗆
NRIC / Fin / Passport number			0 0		
Contact					
Address					

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)				
Name	Leow Kee Meng	Male	Female		
NRIC / Fin / Passport number					
Contact	9679 8133				
Address	Apt Blk 410 A Fernvale Road #17-116 8 (791 410)				
Email address					
Date of birth	13/10/1973				
Occupation	Indoor Outdoor				
Driving date pass	06/06/1997				

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗸 No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗷 No 🗆
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	2 (Inclusive of driver)
= 1,	PASSENGER 1
Name	NEW CHENG HAI (WORKER)
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	The state of the s
A CONTRACT OF THE PROPERTY OF	A
	WITNESS 1
Name	WITHESS 1
	WITNESS 2
Name	WITNESS Z
Haille	

THIRD PARTY VEHICLE 1 Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact THIRD PARTY VEHICLE 2 Vehicle registration number Vehicle make model Name	
Vehicle make model Name NRIC / Fin / Passport number Contact THIRD PARTY VEHICLE 2 Vehicle registration number Vehicle make model	
NRIC / Fin / Passport number Contact THIRD PARTY VEHICLE 2 Vehicle registration number Vehicle make model	
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Vehicle make model	,
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Name	
NRIC / Fin / Passport number	
Contact	
THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	- 1c- = 3.7
THIRD DARTY VEHICLE A	
THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name / Fig. / Page 1 / Page 2	
NRIC / Fin / Passport number	
Contact	
THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THIRD PARTY VEHICLE 6	#
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1		777
Name	Leo	w kee meng		
Injuries sustained		neck & back		
Which vehicle person in?		38986095		
Were seat belts worn?	Yes	No □		
Was injured conveyed to	Yes 🗆	No		
hospital by ambulance?	- Conservation			
		INJURED PERSON 2	gr _{ef}	
Name		New cheng hai		
Injuries sustained		Neck & back		
Which vehicle person in?		GBG 86055		
Were seat belts worn?	Yes 🗷	No □		
Was injured conveyed to	Yes 🗆	No ø		
hospital by ambulance?				
	-	INJURED PERSON 3		
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
	-/2			
		INJURED PERSON 4		
Name				
Injuries sustained				
Which vehicle person in?	/			
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗇	No 🗆		
hospital by ambulance?				
		INJURED PERSON 5		
Name				
Injuries sustained				
Which vehicle person in?	-10	- Ven		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No □		
hospital by ambulance?	7/4			
, , , , , , , , , , , , , , , , , , ,		INJURED PERSON 6		
Name /				
Injuries sustained				
Which vehicle person in?				
		114 400 100 100		
Were seat belts worn?	Yes 🗆	No 🗆		
	Yes 🗆	No 🗆		



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

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

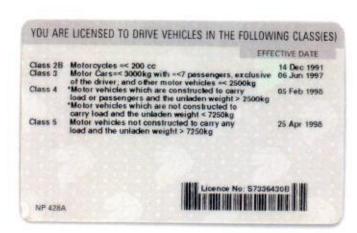
ADDENDUM

		ADDEND	SIVI	
4)	PARTICULARS OF PE	RSONMAKINGTHEAMENDMENTS	S:	
	Original Report No	MNA119067324	Vehicle Registration No:	GBG8605S
	Name(as shownin NRIC)	LEOW KEE MENG (LIAO QIMING)	NRIC/FIN/Passport No:	S7336430B
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete as ap	propriate	
	Address	BLK 410A FERNVALE ROAD	#17-116	Singapore(791410
	Contact (Tel)		_Mobile No. : <u>96798133</u>	
	Email Address			
	Date of Accident :	23/05/2019	_Time of Accident : 11:4	5
	Place of Accident :	TANGLIN PLACE UNLOADING	BAY	
	Insurance Company:	NTUC Income Insurance Co-o	perative Ltd	
	Reattached sketch	piatr		
8				
			TH	
	Policyholder / Driver's Date:	Signature	Reporting Centre Personame: NRIC/FIN No.:	onnel's Signature

Date:











	Certificate	of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS MOTOR VEHICLES (THIRD PARTY RISKS ROAD TRANSPORT ACT, 1987 (MALAYS MOTOR VEHICLES (THIRD PARTY RISKS)	AND COMPENSATION	RULES, 1960
Certificate Number: 5105582906		Cover : Comprehensive
1. Index mark and Registration Numb	er of Vehicle	GBG86055
Chassis Number		KDH2010229628
2. Name of Policyholder		JUSCO ELECTRICAL ENGINEERING
3. Effective Date of Insurance		24 Nov 2018
4. Expiry Date of Insurance		23 Nov 2019
5. Persons or Classes of Persons entitle	ed to drive#	
(a) The Policyholder.		
(b) Any other person who is driving		
the Motor Vehicle or has been enactment or regulation in that	so permitted and is not	dance with the licensing or other laws or regulations to drive t disqualified by order of a Court of Law or by reason of any e-Motor Vehicle
6. Limitations as to Use#		
(a) Use for the comment and pre	asure purposes and in-	connection with the Policyholder's business or profession
	ers or goods in connect	tion with the Policyholder's business
This Policy does not cover		
(a) Use for hire or reward		
(b) Use for racing, pace-making, re-		
(c) Ose which drawing a trailer ext	ept the towing at any c	one disabled mechanically propelled vehicle
Act (Chapter 189) and Section 9 headings.	e by Section 8 of the N 35 of the Road Transpor	fotor Vehicle (Third Party Risks and Compensation) et Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	\$\$600	
EXCLSS (SECTION 2)	N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	YES	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	MARKET VALUE OF	INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to w Vehicles (Third Party Risks and Compen-	hich this Certificate rel. sation) Act (Chapter 18	ates is issued in accordance with the provisions of the Motor 9) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency META AGEN	CY PTE. LTD. (0000057	34301
Date of Issue 20 Nov 2018		
		For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	4	Im
WASCO SWITTEN DESCRICE	orised Officer	FAILE PLANTAGE
Autho	mised Officer	Chief Executive

eBao Tech		HERMAN					Genera	lClaim
Hello, NAC_PAYA_UBI_80				· Change L	anguage	> Change	e Password	• Log Ou
My Desktop	Policy Query							
Notice of Loss	Policy No.			Date of Accident	23	3/05/2019 11	:45	
	Vehicle No.(For Motor)	GBG8605S		Certificate Number				
				Search				
	Select Policy No.	A ROSE CONTRACTOR OF THE PROPERTY OF THE PROPE	cyholder Policyholder Name NRIC	Product Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105582906	ELE	USCO CTRICAL 52898414D INEERING	GCV Comprehensive	GBG8605S	GBG8605S	24/11/2018	23/11/2019

Sequen	Date of Endorsemen		Endorsement	Туре	Endorsement	Status	Endorsement Content
▼ Endors	ements						
D Insure	d Object: GBG8605S	1401110	61				
Unit No.		Relate	ed Policy	5105582906			my-a-p-7-7
Address 4		Addre	ss Type	Singapore address		Post Code	750306
Address 1	BLK 306 #04-75	Addre	ss 2	CANBERRA ROAD		Address 3	SINGAPORE 750306
	nolder Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- insurance	No						
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y	
OD Excess		Singapore TP Excess				Young/Ir	nexperience Driver Excess
Outside Singapore		Outside					
Additional Excess		OS Premium	0				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Third		Own			Windows		
Excess Type		All Claims Excess					
Policy issue Date	20/11/2018	Effective Date	24/11/2018	00:00	Expiry Date	23/11/2019 23:	59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	BLK 306 #04-75 CANBERRA ROA	AD SINGAPOR	E 750306				
Certificate No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NRIC		
Policy No.	5105582906	Policyholder Name	JUSCO ELE	CTRICAL ENGINEERI	Policyholder NRIC	52898414D	

laim Handling ccident MT/1045921					
olicy No.	5105582906	Vehicle No.	GBG86059	GST Registration No.	
artificate No.				sear regulation reg	
olicyholder Name	JUSCO ELECTRICAL ENGINEERING			Policyholder NRIC	528984140
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No. (Mobile)	0.	Contact No.(Office)	D		
mail Address		Special Remark	3	Contact No.(Home) eCode	0
×.	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	(m. v)
OD Protection	No	NCD Entitlement(%)	0		
Accident Details				Private Hire	Yes
port Date	24/05/2019 15:32	Accident Report Within 24 hrs.	Yes		
Its of Accident	23/05/2019			Accident Type	Damaged whilst parked
gorting Centre	2010012012	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Section of the section of		Orange Force		ICM No.	
cident Location P Excess	TANGLIN PLACE UNLOADING BAY				
vn damage Excess	600,00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
YO Party Excess	0.00	Outside Singapore TP Excess			
P Benefits					
GST Registered Inform	ation				
F Registered	No		GST Registration Date		
F Registration No. dification History	(4/25/25/25/25/25/25/25/25/25/25/25/25/25/		GST Status Verified	Yes	
A STATE OF THE STATE OF	24/05/2019 15:33:49 Syst	em changed GST Status Venified from	m No to Yes		
Policyholder Hailing Ad	ffress				
dress 1	BLK 306 #04-75	12000			
Odress 4	NA A A A A . 12	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750306
it No.		Address Type	Singapore address	Post Code	750306
		Related Policy Number	5105582906		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LEOW KEE MENG (LIAO QUAING	Driver NR3C	573364308	Driver DOB	13/10/1973
gister Date of Driver License		Oriver Age	45	Driving Experience	21
ntact No. (Mobile)	96798133	Contact No.(Office)	0	Contact No. (Home)	0
fress 1	BLK 410A	Address 2	FERNVALE ROAD	Address 3	CORAL SPRING
iness 4	SINGAPORE 791410	Address Type	Singapore address	Post Code	791410
E No.	17-116				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
athalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
and the same					
laim 001 New					
im Type +	OD-HK	Insured Name	JUSCO ELECTRICAL ENGINEERII	Insured NR3C	528964140
viact No. (Mobile)		Contact No. (Home)		Contact No.(Office)	67559518
el Address		Of Vehicle Number	G8G8605S	TP Vehicle Number	G8G58402
mant Type Claimant Type *	Please Select:	Type of Benefit *	Please Select	AND CONTRACTOR	CONSTA
maré Name *	22	Claimant NRIC *	The second second		
mant Address					
n Description	GBG8605S / GBG58402 ON 23 May 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability +	Not at Fault	name or Preferred Workshop	
uire Finalisation	Yes 🔍	Preferered Repair Option			The same of the sa
a Registered	24/05/2019 15:38		Preferred Workshop, Name unknown	GIA report	Received
ort Taken By		Claim Close Date		Date Received	24/05/2019 00:00
	Jackson				
Print AK letter					
		(1)	Save Subme		
tachment			Sara Suome		
AND THE RESERVE OF THE PARTY OF					
dent No.	MT/1045921	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date			
	Path •	Optora Date	24/05/2019 15:39		
	yeth *		Category •	Confidential Lirgen	20.00
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