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NATIONAL Assessment Centre Services. w	11 1 Janoss. N. MAY 4 (906450)	
Date In: 28/05/2019 16:16, Ich description	Date & Time Completed .	Done py
Ref No: NBA JAC 19009291/4 SAS c-Illing		
Veh No JU MIK T E-mail (Spine the	n, AlG 2hm)	Destrologia
DOA 27/05/2019 14:15 1-Motor Claim	Form (1046538-90)	28/105/2041
I-Motor W/O	Within: OD 2hrs, TP (hrs)	6.42 :-
OD TP Reporting Only		*
Assessment/Sur		
11D byvarue	Pax/Hand to Owner/Wksp	
Proformed Wksp / INC Assign Wksp / QW: (	Tol: Fax:	1
CIVI EGIUD	INC( )/Non-INC( ).	W
Owner Driver: (	Tel:	)
Policy No: ( ) Period: (	) Cover Type: (	)
Confirmed by : (	Dater, Times	)
Insured/Driver Liability: ( %) [Note-Est. Status (W	7 00 100	6]
Year of Registration: ( ) Warranty: YES (	)/NO( )	- 1
Excess: (\$ ) Londing: \$1,000 ( )/52,000	)	A Principal Prin
TO STATE OF THE PROPERTY OF TH	MANAGORIA BERTARA BERT	4 182 11 1
( ) Walk-In Customer: Customer's information strictly Con	Ildential & Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.		·
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		in Danoby
1) Apply for Transport Allowance ( )/ Courtesy Car (	0.000	
2) QC Cheole / Post Repair Inspection ( ·)	• • • • • • • • • • • • • • • • • • • •	
3) Upload Resurvey Photo [Repair Cost>\$3000] (	1 1 1	
3) Opious recurry t new (respire core		
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	AUSTRIA	NAME OF TAXABLE STREET
1/1/10/2000	ENDOS DE CONTRA DE CONTRA CONT	Single Phagible
491903958	1) Alt : Accident Reporting (330);	
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Driver/Owner:	4) PT : Follow-Through Survey	
Contact No:	For elaloung against Ities Only and and	75
	6) TR: Re-juspeellon  TO NI : Iday DA + SMRT Survey	
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OC Cheeked by (Ruge-In-Churge):	NS: Caurloty Car / Tpl Allow Place	10
QC Checked by (Engr-In-Charge): : .	*N6: Rapele Co-redination	23
warmiters a commonist a large transfer of the common of th	Control of the House Control	53 - 4
Tal. 1:	9) N12: Idao Mobile	30
	Involve dated New Chargest	
1 2 / 3:	Involce dated	

### SINGAPORE ACCIDENT STATEMENT

### 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 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.
- 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 independent of this report to the insurers, why hereby coperant to the archiving of this report to the insurers.

	ACCIDENT STATEMENT
Date Of Report	28/05/2019 16:16
Date Of Accident	27/05/2019 14:15
Exact Location Of Accident	ALONG HOUGANG AVENUE 1 NEAR TO BLOCK 110
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU2615J
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	LINWENJIE8787@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91155364
Alternative Phone No	OFFICE-91155364
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5107326380
Cover Note Number	
Driver	
Name of Driver	LIN WENJIE, HENRY
NRIC No	S8708750F
Date Of Birth	20/03/1987

Date Of Birth 20/03/1987 Occupation OUTDOOR Date Of Driving Pass 19/03/2008

**Driving Experience** 11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91155364

Fax Number

Contact Number OTHERS-91155364

EMail Address LINWENJIE8787@GMAIL.COM Address BLK 185C RIVERVALE CRESCENT

#08-129

Postcode 543185

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

2.7

ess where the second polymers are

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

ambulance?

NO YES

Was any other material or property damaged?

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

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190527/2208

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV6918D

Vehicle Make/Model/Colour

CHEVROLET

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHOI SIEW KOK

NRIC/Passport Number

S2552223J

Contact Number

92759440

Address

Postcode

Insurance Company Name

Page 2 of 20

## Nature Of Damage

No. Of Passenger (Including Driver)

-			100,000	DEDCOM	•
THE LA	110	м. п	10000	PERSON	

Name

LIN WENJIE, HENRY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJU2615J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

## 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.
- 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:
  - (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 State

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28 - 05 - 2019

14.12 pm

Reporting Centre Personnel's Signature

Name:

MDIC/EINI No.





1 of 4

Report No. T/20190527/2208

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT O	F A TRAFFIC	ACCIDENT		D. N.	
Date/Time Report Made: 27/05/2019 23:26			Vide Report No.:	Station Diary No. 86	
Informa	nt's Particu	ilars	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
Name of Informant: LIN WENJIE, HENRY			Address: APT BLK 185C RIVERVAL SINGAPORE 543185	LE CRESCENT #08-129	
ID Type / ID No.: NRIC NO / S8708750F		50F	Contact No.: Home/Office:	Mobile: 91155364	
Nationality: SINGAPORE CITIZEN		95.000	Email:		
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation:			Driving Licence Information Class: 3	on: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location T-Junction
Location:		No	27/05/2019 14:15	
HOUGANG A		10 Hougang Avenue 1		Danid Canad Limit
Weather: Road Dry		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: Not Controlled				Traffic Volume: Moderate
Type of Colli Between Mo	sion: ving Vehicles - Hea	d To Rear		Anyone conveyed by ambulance: No

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJU2615J	Car				Slightly	0
00020100					Damaged	0
SJV6918D	Car				Slightly	U

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 4

Report No. T/20190527/2208

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

## CONTINUATION OF REPORT

river		IDN	0.	S8708750F	
lame	LIN WENJIE, HENRY	1,250,0			
dillo		Con	tact No.	91155364	
Related Vehicle	SJU2615J (Car)				
Giarca volume	APPLICATION OF THE PROPERTY OF	Clas	ss of	Class: 3	
Hospital/Clinic	spital/Clinic MOUNT ALVERNIA HOSPITAL		ring ence & piry Date	Date of Expiry: NIL	
		Date Discharg	100000	5/2019	
Date Treatment	27/05/2019	Degree of Inju	ry Sligi	nt	
No. of Days gran	ted Medical Leave 05				
Driver		ID	No.	S2552223J	
Name	CHOI SIEW KOK				
Mairie				92759440	
	100 (0-1)	Co	ntact No	3. 92100440	
Related Vehicle	SJV6918D (Car)	Co	ntact No	200 C	
Related Vehicle		CI	ass of	Class: NIL	
	SJV6918D (Car)	CI		Class: NIL Date of Expiry: NIL	
Related Vehicle	NIL	CI	ass of riving cence & xpiry Da	Class: NIL Date of Expiry: NIL te	

On 27/05/2019 at around 1415 hours, I was driving on the left lane of a 2 lane road along Hougang Avenue 1.

Upon reaching the T-junction near to Blk 110 Hougang Avenue 1, I came to a stop behind the yellow box as from far, cars were stopping down due to a traffic light.

Suddenly, I felt an impact on the rear of my car which resulted in me moving front into the yellow box.

After the impact, I came out of the car and made a check on my vehicle. The other driver then apologized to me informing that he did not see my vehicle and as such, was not able to brake on time.

We then exchanged particulars before leaving our separately ways.

I then proceeded to send my car to my garage located at Bukit Merah Lane and that was when I felt pain at my neck and lower back area. I then proceeded to Mount Alvernia and I was awarded with a MC of 5

I do not have any inbuilt camera in my vehicle and I am unsure if there are any CCTVs at the said location.



T/20190527/2208

3 of 4

Report No. T/20190527/2208

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT





4 of 4

Report No. T/20190527/2208

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 CHIANG JING XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 23:26
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	377

iont MT/1045539	TANKS TO THE TANKS	Venide No.	53929131		GST Registration No.	NA:	
y No.	\$107324580	The state of the s					
Scale No.	SAS AUTO HOLDINGS PTE, LTD.				Policyholder NRSC	201709236H	
uct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Leading	D.	
ect foo (Mobile)	81155364	Contact No. (Office)			Contact No.(Nome)	(NO. *)	
Address.		Special Remark	2012/07/07		sCode Resson	(40.7)	
	» No. Yes.	TCA:	a No. Yes		Private Hire	res	
Protection	No.	NCD Entitlement(%)	0		STREET, STREET		
Accident Details		And deat Report Marrie 74 hor	Yes		Accident Type	Collision - Head to Rear	
ert Date	28/05/2019 15:36	Accident Report Within 24 hrs	14:15		Courses of Accident	Singapore	
of Accident	27/05/2014	Time of Accident Nr. min	29,1,0		3CH No.		
orting Cartre		Orenge Force					
Dert Likation	ALONG HOUGANG AVENUE 3 NEAR TO BLO	CA LLO					
Total Excess Applicable	Per Accident	Windscreen Exwess		0.00			
es Type	PER ACCIONATION						
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0 DD Excess	90,000	YIED TP EXCESS		0.00	Directa Coversor		
scunal Excess				1,800.00			
at QQ Excess Applicable	908.00	Tutal TF Excess Applicable		8,800.00			
Senefits							
GST Registered Informat			GST Regultra	tion Date	01/09/2017		
f Registereif	705 201709236H		GST Status V		Ven		
Registration No. Blication History	J8/95/2019 16:39 18:5y	vitem changed (LST Registration No. from istem changed (LST Registration Date from istem changed (LST Status Verified from )	- NA 10 201709236H NY 0170172017 NO 01709720 NG 10 788	17			
Policyholder Mailing Add		101000-00	201-01		Address 3	SINGAPORE 418569	
men 1	80 UBI CRITICINT	Address 2 Address Type	Stogapore address		Pust Code	408569	
street 4		Related Friday Number	5158747945				
ot No. P. OI Driver Info		THE PROPERTY OF THE PARTY OF TH	CSITE AND SEVERIT				
tuer Name	Uniterrial Diffrat	Driver Type	Monamed Driver			251172884	
soamed driver Name	LIN WELDE, HENRY	Driver MRIC	567667504		Driver DOB	20/113/1987	
ugister Date of Driver License	19/03/300%	Driver Age	12		Contact No.(Harris)	:11	
entact No.(Mobile)	81155364	Coread No.: Office)			Appress 3	SINGAPORS 543185	
tdrava 1	BLX 165C #08-129	Aldrein 2	REVERVALE CRESCE	WI.	Post Code	543185	
odness 4		Address Type	Foreign address		.000.3935		
nit No.	98-129				Driver Insurer Company	NIUC	
ous he cain a Singapore epistered car?	Yare is No	Driver Vehicle No.	SAGAISI				
Claim 001 Men							
Maria Walang				OD-MX	Insured SRS AUTO HOLD	THUS FTE. LTD. Insured 5	1017052364
Claim Type *				GD-HX	Insured SIRS AUTO HOLD Name Contact No.	Contact No. 8	101705236a1 18482464
				ос-их	Certadi No. (Home)	No. (Office)	
Contact No./Mobile)				ОО-НХ	Central No. (Home) Of Venice Successor	Contact No. (Office) TP Venicle	
Contact No./Mobile)					Cented No. (Home) OI Venice SU(26)31	Contact No. 9 (Office) TP Venucle Number Name of	184112444
Contact No (Mobile)  Email Address  Claim Descriptors  Proferred	lineyed Liabelly   New	at Facilit		E11/28/E3/ E3/69190	Cented No. (Home) OI Venice SU(26)31	Contact No. (orfice) TP Vericle Number Name of	184112444
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## ACCIDENT STATEMENT

ACCIDENT D	DATE: 27, 05,	2019/10	D/MM/YYY	), TIME:(_	14:1	≤ )(HH:MM)
LOCATION:_	Hougang	Aval	near	BIK	110	
p)IN2	ILS OF VEHICLE HICLE NUMBER: URANCE COMPAN	S JU NY:NI	2615. uc	7	A	14 <u>14</u>
d)PO	UCY NUMBER:	REHENSIVE	/ THIRD PAR	RTY / THÍRE	PARTY F	IRE &THEFT)
I)TYPE	KE & MODEL: H	PE / MPV /V	AN/LORR	OTOMAY	RCYCLE,	OTHERS)
HIPUN	HICLE CATEGORY:	T ACCIDEN	TTIME:	12015		) —
IF NC	YOU CLAIMING UP D, PLEASE STATE (TH ED / POLICY HOLD	HIRD PARTY	CLAIM / RE	RANCE (Y PORTING	ONLY)	
AINA	ME:		0		(MALE /	FEMALE)
c)ADD	C/FIN/PASSPORT:_	20172	-	_CONTA		**************************************
GIADE					02	-
THO of passonge DRIVER	TINUE TO 3.d IF DR	IVER ALSO	POLICY HO	LDER	W	
(Including diver) alman		in Jic	Henr-	1	MALE F	EMALE)
C 12 DINKIC	RESS: BIK 18	SC RI	of vervale	CONTA	CT: 911	SS 364 8-129
*djDAI	E OF BIRTH: ( 20)	103/19	M/DD/LES	M/YYYY)		•
1097E	OF DRIVING PARIVER AN EMPLO	CC I	9-03-200	8 ove comp		ES VIGO
IF NO,	RECATIONSHIP C	IF THE DRI	VER WITH	INSURFE	):	HIRIMA
a. djweat	HER CONDITION: SURFACE: (DRY)	(CLEAR)/R	AINING / OT	CHERS		
6. WAS AN	YBODY INJURED (	YES / NOI	EK9	-		
7. a)REPO	RTED TO POLICE ()	(ES) / NO)	-	0	(4)	1100
8. THIRD PA	PLEASE STATE WHI ARTY VEHICLE	CH POLICE	STATION:_	Pungo	101	W. P. C
No of passenger a) VEH	HICLE NUMBER:S	JV691	80	MODEL	ENTHUR	141
Including driver) b) DRI	VER'S NAME:	hoi sie		MODELL	V	
() 9 THIRD BY	C/FIN/PASSPORT:_ RTY VEHICLE	5255 2	22235	CONTAC	T: 92	759440
. T.	ICLE NUMBER;	121		MODEL		2000
el DRIV	ER'S NAME:	******		MODEL:_	-	
	C/FIN/PASSPORT:_			CONTAC	T:	
()	(NE)				7,0000	

email = Lin vensie 8787@gmail.com

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8708750F





LIN WENJIE, HENRY



CHINESE

Date of birth 20-03-1987

SINGAPORE



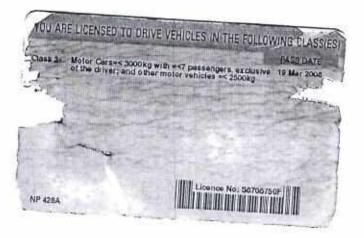
# For LKK/NAC Use Only

5717017



20-03-2017

APT BLK 1850 RIVERVALE CRESCENT #08-129 SINGAPORE 543185





0 10 1

Certificate of Insurance						
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (	SATION) RULES, 1960					
Certificate Number: 5107326380	Cover : Third Party					
1. Index mark and Registration Number of Vehicle						
Chassis Number	: SJU2615J					
2. Name of Policyholder	: KMHDU41BMAU910989					
3. Effective Date of Insurance	: SRS AUTO HOLDINGS PTE, LTD.					
4. Expiry Date of Insurance	: 31 Jan 2019					
<ol> <li>Persons or Classes of Persons entitled to drive#</li> <li>(a) The Policyholder.</li> </ol>	: 24 Nov 2019					
(b) Any other person who is driving on the Policyh	polder's order or with his/her parmirales					
revioled triet trie person driving is normitted to	n accordance with the licensing or other laws or regulations to drive					
(a) Use for social domestic and pleasure purposes	and in connection with the Policyholder's or Hirer's business.					
This Policy does not cover	and in connection with the Policyholder's or Hirer's business.					
(a) Use for racing, page-making, reliability trial or to	Dood torring					
(b) Use for the carriage of goods (other than sample	es) in connection with an and a set					
to be pose in connection with the Mot	for Trade					
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Tr headings.	f the Motor Vehicle (Third Party Risks and Compensation) 'ansport Act, 1987 (Malaysia), are not to be included under these					
EXCESS (SECTION 1)	2 424					
EXCESS (SECTION 2)	: N/A : S\$1,500					
ADDITIONAL EXCESS	: N/A					
UNNAMED DRIVER EXCESS	: N/A					
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO					
INSURE WITH COE	: N/A					
NCD PROTECTION	: NO					
PRIMARY DRIVER	: N/A					
NAMED DRIVER (1)	: N/A					
NAMED DRIVER (2)	: N/A					
HIRE PURCHASE COMPANY	: N/A					
SUM INSURED	: N/A					
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Chap Agency : SININS AGENCY PTE, LTD. (000006) Date of Issue : 30 Jan 2019 09:45 hrs	rate relates is issued in accordance with the provisions of the Motor oter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)					
Countersigned By:	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED					
Authorised Officer	Chief Executive					



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Riffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours 1 Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017733

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

		7.	ADDENDU	JM	11	
) PARTICULARS	DFPERSONN	MAKINGTHEA	MENDMENTS	1	57	32
Original Repor				_Vehlcle Reg	Istration No:	SJUNGS
	NRIC) : LIM	Wargire,	Harvey	_NRIC/FIN/P	assport No :_	58708750 F
(*Vehicle Drive	/Vehicle O	wner) (*) Plea	se delete as ap	propilate	000000000000000000000000000000000000000	
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Contact (Tel)	1			_Mobile No.	911553	64
Email Address	١					6
Date of Accide	nt 1_27	05/2019		_Time of Acc	100	
Place of Accide	nt : #	lones you	ugnanes A	VH 1 NH	AR 20 3	K 1/0
Insurance Com	pany:	m				
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		Maria Maria	- E4 - CALLO DE LA CALLO D	r-	100	
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				3	HII	
Policyholder	Driver's Sign	ature	i <u>n</u>	Recort	Ins Centre Pers	onner's Eleneture
Date:	The not become distance of \$200	rumatina rated		Name: NRIC/FI	NNO.1 Koldi	UN1903
*				Dates	30/0	5/2001:

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