

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

11/04/9069507

Date In: 28/05/2009 16:16	Job description	Date & Time Completed	Done by
Ref No: N/58/2MC/9009291/4	SAS e-illing		
Veh No: SDY 2615J	E-mail (3 days, AIC 2hrs)		
D.O.A: 27/05/2009 14:15	1-Motor Claim Form	11/04/6539-001	28/05/2009 16:42
OID TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: STV 6918D	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%. P: 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 repair.
( ) Total Loss Case:	to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( )	; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:	
Damage:	

11/04/903958	1) AR: Accident Reporting (\$30);	
Client Particulars:	2) DA: Damage Assessment (\$100);	INC (\$10)
Driver/Owner:	3) TP: Towing Fee	\$40/343
Contact No:	4) PT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 200)	\$75
Wardens Comments:	6) TR: Re-inspection	\$160
Del 1:	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TE (N1): TP (N-on INC) against INC	\$20
	*N12: Idas Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2615J
<b>Insured/Policyholder</b>	
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
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	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	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?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190527/2208

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	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	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

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.
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:

Driver's Signature  
(If driver is not the policyholder)

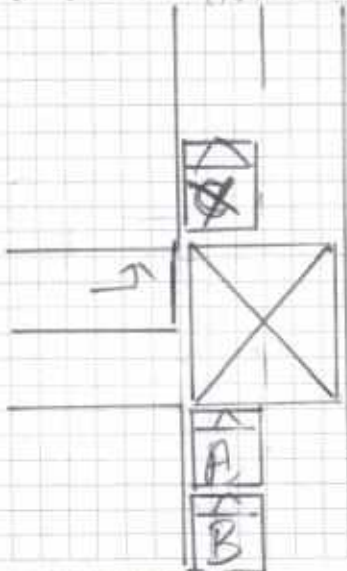
Date & Time: 28-05-2019  
14.12 pm

Reporting Centre Personnel's Signature  
Name: Ross L. Hutton  
NRIC/FIN No.:

SKETCH PLAN

A LONG HOUNGERS AVENUE 1

BK 110  
HOUNGERS AVENUE



A) SJU 26153  
B) SJV 6918D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DIS REFERR TO POLICE REPORT  
7/20190527/2208*

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28-05-2019  
14:12 pm

*[Signature]* 28/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*





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

Report No: T/20190527/2208

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2019 23:26	Vide Report No.:	Station Diary No.: 86
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**Informant's Particulars**

Name of Informant: LIN WENJIE, HENRY			Address: APT BLK 185C RIVERVALE CRESCENT #08-129 SINGAPORE 543185		
ID Type / ID No.: NRIC NO / S8708750F			Contact No.: Home/Office: Mobile: 91155364		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 20/03/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2019 14:15	Type of Location: T-Junction
Location:  HOUGANG AVENUE 1  Hougang Avenue 1 near to Blk 110 Hougang Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU2615J	Car				Slightly Damaged	0
SJV6918D	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190527/2208

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

Report No. T/20190527/2208

**CONTINUATION OF REPORT**

Driver Name	LIN WENJIE, HENRY	ID No.	S8708750F
Related Vehicle	SJU2615J (Car)	Contact No.	91155364
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/05/2019	Date Discharge	27/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver Name	CHOI SIEW KOK	ID No.	S2552223J
Related Vehicle	SJV6918D (Car)	Contact No.	92759440
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 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 days.

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





**SINGAPORE  
POLICE FORCE**



T/20190527/2208

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

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Report No. T/20190527/2208

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190527/2208

4 of 4

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

Report No. T/20190527/2208

**CONTINUATION OF REPORT**

**Sketch Plan**

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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65472076

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/05/2019 23:26

Classification Of Case:



## Claim Handling

Accident HT/1046539

Policy No.	5107328580	Vehicle No.	SJ026151	GET Registration No.	NA
Certificate No.					
Policyholder Name	SBS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201709236H
Product Code	PRIVACY CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	81155364	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KFR	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hhrs	Yes

Report Date	28/05/2019 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/05/2019	Time of Accident hr:min	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVENUE 3 NEAR TO BLOCK L13				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,300.00	Driver is Covered?	Covered
YTD OD Excess	500.00	YTD TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable	1,300.00		

Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/09/2017		
GST Registration No.	201709236H	GST Status Verified	Yes		
Modification History	28/05/2019 16:39:18 System changed GST Registration No. from NA to 201709236H 28/05/2019 16:39:18 System changed GST Registration Date from 01/01/2018 to 01/09/2017 28/05/2019 16:39:18 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	50 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	5108747945		

OI Driver Info					
Driver Name	(Unnamed Driver)	Driver Type	Unnamed Driver	Driver DOB	20/03/1987
Unnamed Driver Name	LIN WEIIE, HENRY	Driver NRIC	S0768750F	Driving Experience	13
Register Date of Driver License	19/03/2008	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	81155364	Contact No.(Office)		Address 3	SINGAPORE 543185
Address 1	BLK 185C 408-129	Address 2	RIVERVALE CRESCENT	Post Code	543185
Address 4		Address Type	Foreign address		
Unit No.	08-129			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SA026151		

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

Modification History

Claim 001

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop ☐ Insured Liability ☐ Not at Fault ☐ Preferred Workshop, Name unknown ☐ GIA report ☐ Received ☐

Preferred Workshop, Name unknown ☐ Preferred Workshop, Name unknown ☐ Preferred Workshop, Name unknown ☐ Preferred Workshop, Name unknown ☐

Report Taken By

Print All letter

OD-MX	Insured Name	SBS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
	Contact No. (Home)		Contact No. (Office)	88482444
	Vehicle Number	SJ026151	TP Vehicle Number	SLV6918D
			Name of Preferred Workshop	

SJ026151 / SLV6918D ON 27 May 2019				
28/05/2019 16:42	Claim Close Date		Date Received	28/05/2019 00:00
ROSLI WAHAB				

Save Submit

Attachment

Accident No.	HT/1046539	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	28/05/2019 16:42		
Path *					
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *
Message Read		Clear	Please Select *	NO *	Normal *

Send Message

Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	Photos	Normal	Photos 2019-5-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	SAS	Normal	SAS 2019-5-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 May 2019 16:42	SAS	Normal	SAS 2019-5-28

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	



## ACCIDENT STATEMENT

ACCIDENT DATE: 27.05.2019 (DD/MM/YYYY), TIME: 14:15 (HH:MM)

LOCATION: Hougang Ave 1 near BIK 110

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 2615J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai / Avante  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: CRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Lin Wen Jie Henry (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8708750F CONTACT: 91155264  
c) ADDRESS: BIK 185C Rivervale crescent #08-129  
S.543185

\* d) DATE OF BIRTH: 20/03/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19-03-2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: Punggol W.P.C.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJV 6918 D MODEL: Hyundai  
b) DRIVER'S NAME: Choi Siew HOK  
c) NRIC/FIN/PASSPORT: S255 2223 J CONTACT: 92759440

### 9. THIRD PARTY VEHICLE

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

email = Lin wenjie8787@gmail.com  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8708750F



Name

LIN WENJIE, HENRY

林文杰

Race

CHINESE

Date of birth

20-03-1987

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

5717017



NRIC No. S8708750F

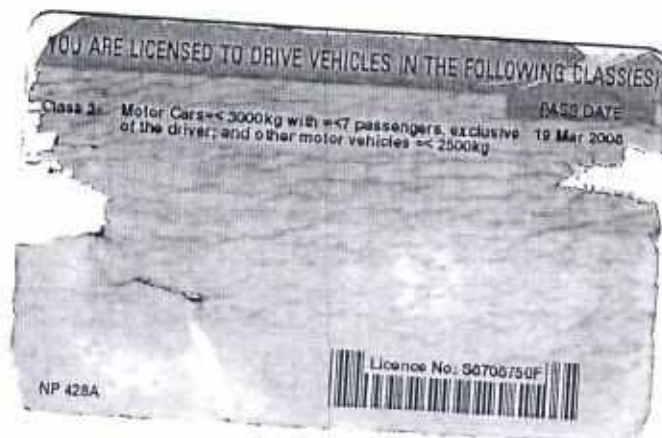


Date of issue

20-03-2017

Address

APT BLK 185C RIVERVALE CRESCENT  
#08-129  
SINGAPORE 543185





**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: 5107326380

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJU2615J**  
Chassis Number : **KMH DU41BMAU910989**
2. Name of Policyholder : **SRS AUTO HOLDINGS PTE. LTD.**
3. Effective Date of Insurance : **31 Jan 2019**
4. Expiry Date of Insurance : **24 Nov 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)	: N/A
EXCESS (SECTION 2)	: 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 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)

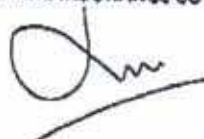
Agency : **SININS AGENCY PTE. LTD. (00000615123)**  
Date of Issue : **30 Jan 2019 09:45 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SJ42615J  
Name (as shown in NRIC) : LIN WENJIE, HENRY NRIC/FIN/Passport No : S8708750 F  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91155364  
Email Address : \_\_\_\_\_  
Date of Accident : 27/05/2019 Time of Accident : 14:15  
Place of Accident : ALONG GARDENWAY AVK 1 NEAR TO BLK 110  
Insurance Company : NIM

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO LIN WENJIE, HENRY

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Kardi Lian Hoon  
NRIC/FIN No.:  
Date: 30/05/2019