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TP Insurer:			Owner/Wksp			
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TP Particulars: Veh No: 104	52785	. INC()/Non-INC().		
Owner Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ().	
Constrmed by : (Date:	Thner)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	31/05/2019 12:24
Date Of Accident	30/05/2019 13:40
Exact Location Of Accident	ALONG COLLEGE ROAD OUTSIDE ACAMEDIA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB4252D
Insured/Policyholder	
Name Of Registered Owner	ALVIN LEE JIN HENG
NRIC No	S9672148Z
Email Address	ALVIN-619@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94502469
Alternative Phone No	OTHERS-94502469
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103041804
Cover Note Number	
Driver	
Name of Driver	ALVIN LEE JIN HENG
NRIC No	\$9672148Z
Date Of Birth	25/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94502469
and the second s	HELD CHONNEL LINE OF THE CONTROL OF

OTHERS-94502469

ALVIN-619@HOTMAIL.COM

Address

BLK 504 WOODLANDS DRIVE 14

#07-132

Postcode

730504

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

.00

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 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

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?

ii res,against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190531/7002 (TYPE OF COLLISION IS HEAD TO SIDE)

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

FBH5278S

Vehicle Make/Model/Colour

YAMAHA

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

ANG LEOON HWA

NRIC/Passport Number

S9141022B

Contact Number

91726816

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

The second secon	DETAILS OF INJURED PERSON 1	
Name	ALVIN LEE JIN HENG	
Approximate Age		
Injuries Sustain	SLIGHT INJURY	
Injured person in which vehicle?	FBB4252D	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Signature

Date & Time:

31/5/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No .:

TCH PLAN		1
ACBMEDIA BLBG		A) FBB 42520 B) FBH 5278
	Councie RoAC)
CRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
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		Mr.
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14		an 31/05/2019
older's Signature Time: 30/5/2016 1143 am		eporting Centre Personnel's Signature works ame: RIC/FIN No.:

Date & Time: 30/5/2016





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

T/20190531/7002

1 of 3

Report No. T/20190531/7002

REPORT OF A TRAFFIC ACCIDENT

31/05/20	ne Report N 019 01:51	Made:	Vide Report No.: Station Dia	
Informa	nt's Partic	ulars	S. A. C. C. Committee and the second	
ALVIN L	f Informant: .EE JIN HE		Address: APT BLK 504 WOODLANDS 730504	DRIVE 14 #07-132 SINGAPORE
ID Type NRIC N	/ ID No.: O / S96721	48Z	Contact No.: Home/Office:	Mobile: 94502469
National SINGAP	ity: ORE CITIZ	EN	Email: ALVIN-619@HOTMAIL.COM	
Sex: Male	Age:	Date of Birth: 25/03/1996	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat DELIVE	ion: ROO DRIVI	ER	Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Infor	mation of the Accident			British and British and British and British
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2019 00:00	Type of Location: Straight Road
Location:		1140	1 30/03/2019 00:00	
COLLEGE RO	DAD			
Weather: Cloudy		Road Surface: Dry	Ę	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		80 Km/h raffic Volume:
- Artenia de la companya de la compa	• > > = = = = = = = = = = = = = = = = =		N	Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To S	ide	a	Anyone conveyed by imbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBB4252D	Car	YAMAHA	T135	Black	Condition	No of Passenger
			1.00	Diack		U

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Evnin/ Data		
FBB4252D	NTUC Income Insurance Co-Operative	5103041804	13/08/2018	03/10/2019		





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

2 of 3 Report No. T/20190531/7002

CONTINUATION OF REPORT

Details of Perso	on Involved			Division to	SI 100550011	
Any Pedestrian I		men menne enneemp				
No. of Pedestrian			Use of Pe	dostrio	0.0000	in a. NA
Driver	ALC: NO DESCRIPTION OF THE PERSON OF THE PER		OSC OFFE	uestriai	Cross	sing: NA
Name	ALVIN LEE JIN HE	NG		ID No).	S9672148Z
Related Vehicle	FBB4252D (Car)			Conta	act No.	94502469
Hospital/Clinic	KHOO TECK PUAT	T HOSPITAL		Class Drivin Licen Expir	g	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	30/05/2019		Date Disc			/2019
No. of Days gran	ted Medical Leave	05	Degree o		Slight	

Brief Details.

I was going straight towards Duke NUS at Singapore General Hospital. And the vehicle FBH5278S coming from the opposite lane decided to make a illegal right turn to ACADEMIA. The arrow marking on the road does not show he can make a right turn and the aetos officer told me that he cannot make a right turn over there too. I have no enough time brake as it was too sudden. After that the traffic police was called to the scene and told us to make a report ourself.





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

3 of 3 Report No. T/20190531/7002

CONTINUATION OF REPORT

Sketch Plan

NP168

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: 31/05/2019 01:51
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	

Accident HT/1047010 Policy No. Certificate No. Policyholder Name					
	5103041804	Vehicle No.	FBB42520	GST Registration No.	
	//TENSING WINDOWS AND				
	ALVIN LEE JIN HENG			Policyholder NRIC	40.
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		\$9672148Z
Contact No.(Mobile)	94502469	Contact No.(Office)	20023000	Costing	0
Email Address		Special Remark		Contact No.(Home)	
KPK.	* No Yes	TCA	« No Yes	eCode	No T
NCD Protection	No	NCD Entitlement(%)	0	eCede Reason	
Accident Details		, and the last of	0	Private Hiro	No
Report Date	31/05/2019 12:43	*****			
Date of Accident	30/05/2019	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
seporting Centre		Time of Accident hin:mm	13:40	Country of Accident	Singapore
codent Location	NUMBER CONTROL BOAR OUTSIDE ASSESSMENT	Orange Force		ICM No.	3017-2-2016
♥ Excess	ALONG COLLEGE ROAD OUTSIDE ACAMEDIA				
Own damage Excess					
	0.00	Additional Excess		Windscreen Excess	
Innamed Driver Excess		Outside Singapore OD Excess			
Third Porty Excess	0.00	Outside Singapore TP Excess			
♥ Benefits					
▼ GST Registered Informat	ion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified		
odification History			GST Status ventied	Yes	
Policyholder Mailing Add	THE STATE OF THE S				
ddress)	8UK 504 #07-132		H. Washington Co.		
ddress 4	200 201 10/1125	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730504
mit No.	07-190	Address Type	Singapore address	Post Code	730504
♥ Of Driver Infa	07-132	Related Policy Number	5107814572		SALON
river Name	ALLOW LIFE THE LIFE	100000000000000000000000000000000000000			
nnamed driver Name	ALVIN LEE JIN HENG	Driver Type	Main Driver		
	S	Driver NRIC	596721482	Ortver DOB	25/03/1996
egister Date of Driver License	94/09/2015	Driver Age	23	Oriving Experience	25/03/1996
ontact No.(Mobile)	94502469	Contact No.(Office)	100%		3
ddress 1	BLK 504 #07-132	Address 2	WOODLANDS DRIVE 14	Contact No.(Home)	
ddress 4		Address Type	Singapore address	Address 3	SINGAPORE 730504
nik No.	07-132		The second secon	Post Code	730504
oes he own a Singapore egistered car?	Yes - No	Driver Vehicle No.	PREADER		
		- 100	F884252D	Driver Insurer Company	NTUC
claration					
Claim 001 New					
laim Type •			OD-MX	Insured ALVIN LEE JIN HENG	
			A STATE OF THE STA		Insured
ontact No.(Mobile)				Name PLVIN LEE JIN HENG	Insured 896721482
orkact No.(Mobile)			94502469	Contact No.	NRUC S00721482 Contact No.
				Contact No. (Home)	NRIC B96721482 Contact No. (Office)
			94502469 alvin_619@hotmail.	Contact No. (Home) OI com Vehide F184252D	NRIC 500721482 Contact No. (Office) TP Vehicle FBH52785
ortact No. (Mobile) mail Address aim Description			alvin_619@hotmail.	Onfact No. (Home) Of	NO. Contact No. (Office) TP Vehicle FBHS2785
nail Address				Onfact No. (Home) Of	NAIC SPO721482 Contact No. (Office) TP Vehicle Number Name of Preferred
mail Address	Insured Liability Not at Fault		alvin_619@hotmail.	Onfact No. (Home) Of	NO. (Office) Per Vehicle Number Name of
neil Address sim Description eferred physiop specific process physion (Yes	* Repair Preferred Workshop (refer	v SIA Received	alvin_619@hotmail.	Onfact No. (Home) Of	NAIC SHO721482 Contact No. (Office) TP Vehicle Number Name of Preferred
mail Address	Proterered Prot at Fault		alvin_619@hotmail. FBB4252D / FBH527	Contact No. (Home) Old Vehicle Number 185 ON 30 May 2019 Claim	NAIC SUSTINES Contact No. (Office) P Vehicle Number Name of Praherred Workshipp
mail Address arm Description eferred othshop mails No. Yes talisation te Registered	* Repair Preferred Workshop (refer	pelow) GIA Francisco	alvin_619@hotmail. FBB4252D / FBH527	Contact No: (Home) Office Vehicle Number 195 ON 30 May 2019	NAIC SUSTINES Contact No. (Office) P Vehicle Number Name of Praherred Workshipp
mail Address arm Description eferred othshop mails No. Yes talisation te Registered	* Repair Preferred Workshop (refer	pelow) GIA Francisco	alvin_619@hotmail. FBB4252D / FBH527	Contact No: (Home) Com Vehicle Number V8S ON 30 May 2019 Claim Close	NAIC SHOTZIANZ Contact No. (Office) TP Vehicle Number Name of Preferred Workshipp Date
mail Address aim Description efferred orkshop strake No. Yes	* Repair Preferred Workshop (refer	pelow) GIA Francisco	#Mn_619@hotmail FBB4252D / FBH527 # B1/05/2019 12:45	Contact No: (Home) Com Vehicle Number V8S ON 30 May 2019 Claim Close	NAIC SHOTZIANZ Contact No. (Office) TP Vehicle Number Name of Preferred Workshipp Date
mail Address aim Description efferred orkshop make No. Yes natisation the Registered port Taken By	* Repair Preferred Workshop (refer	pelow) GIA Francisco	#Nn_619@hotmail FBB42520 / FBH527 * 31/05/2019 12:45 ROSLI WAHAB	Contact No: (Home) Com Vehicle Number V8S ON 30 May 2019 Claim Close	NAIC SHOTZIANZ Contact No. (Office) TP Vehicle Number Name of Preferred Workshipp Date
nail Address birm Description efernal prission alkation te Registered port Taken By Print AK letter	* Repair Preferred Workshop (refer	pelow) GIA Francisco	#Mn_619@hotmail FBB4252D / FBH527 # B1/05/2019 12:45	Contact No: (Home) Com Vehicle Number Ves ON 30 May 2019 Claim Close	NAIC SHOTZIANZ Contact No. (Office) TP Vehicle Number Name of Preferred Workshipp Date
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31/2019			Claim Handling(acc	cident reporting Cla	nim Task)	

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 30,05, 2019 (DD/MM/YYY), TIME: 40 PM (HH:M
LOCATION: COllege Road, outside academia
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: FBB425217
DINSURANCE COMPANY: NTUC
C)POLICY NUMBER: 510304 1804
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEF
OJMAKE & MODEL: Yamha Spark 713.5
FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: Transport
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: AIVIN WE JIM HENY (MALE) FEMALE)
DINRIC/FIN/PASSPORT: 59672 1482 CONTACT: QUELLE TO BE LEED TO THE CONTACT: QUELLE TO THE CO
CIADDRESS: woodlands only 14 RIKSO4 #07-132
representation of the second s
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passon get DRIVER
(Including driver) a)NAME: as above (MALE/FEMALE)
(_) b)NRIC/FIN/PASSPORT:CONTACT:
C) TO DICEOU.
d) DATE OF BIRTH: (25/03/1946) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY OF STATE
WO, KEDATIONSHIP OF THE DRIVER WITH INSUPER.
O. OWEATHER CONDITION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: (DRY// WET / OTHERS
6. WAS ANYBODY INJURED LYES VICO
/ GIREPORTED TO POUCE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
o. IHIRD PARTY VEHICLE
The of passinger of VEHICLE NUMBER: FBHS2785 MODEL: Yamaha
Including driver) b) DRIVER'S NAME: AND LOUN HANG
() PARTY VEHICLE S91410228 CONTACT: 91726 516
al DDIVERSE
Including driver) of MINERS WAINE.
() NRIC/FIN/PASSPORT:CONTACT:-

email = Alvin-619@ hotmail. com

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:





REPUBLIC OF SINGAPORE

ALVIN LEE JIN HENG



SINGAPORE CITIZEN 25 MAR 1996 Date of lower 22 AUG 2017

MALAYSIA Date of expiry 25 FEB 2023

MINISTRY OF HOME AFFAIRS

PASGPLEE<<ALVIN<JIN<HENG<<<<<<<< E6930513H4SGP9603253M2302258S9672148Z<<<<26

For LKK/NAC Use Only





1 of 2

POLICE REPORT (NP322)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Report No. L/20190521/7047

Date/Time Report Made 21/05/2019 23:01	Vide Report No. Station Diary No.				
Name Of Informant ALVIN LEE JIN HENG	Address 504 WOODLANDS DRIVE 14 #07-132 SINGAPORE 730504				
ID Type / ID No. NRIC NO / S9672148Z	Contact No. Home/Office: Mobile: 94502469				
Nationality SINGAPORE CITIZEN	E-nail Address ALVIN-619@HOTMAIL.COM				
Occupation	Sex Age Date of Birth Race Male 23 25/03/1996 Chinese				
Institution/School Name	Linguage English				
Date/Time Of Incident 21/05/2019 10:45	Location Of Incident Block 3 Tanjong Pagar Coffeeshop				
Brief details.					

I left it on the stonechair right infront of the coffeeshop. Only found out I left my wallet behind after I left. But when I went back to search, it wasn't there anymore

Prop	erty Informatio	n	Dollar Fig.					
S/N	Item	Туре	Brand	Model	Serial No/	Quantit y	Value	Description
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: 21/05/2019 23:01				
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch RAJPAL SINGH KANG Contact No.: 67360069					Classification Of Case:			
Authentication Stamp						FUPC) hotline	number: 68429

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2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. L/20190521/7047

1	Identity Card	Lost	SAF 11B		1	11b I don't know what's the serial	
2	Identity Card	Lost	SINGAPO RE NRIC	S9672148 Z	1	number. Pink NRIC	
3	Identity Card	Lost	Drivers' License Card		1	Not too sure about the seria	
4	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSE AS BANK LTD		1	Don't remember the 16 digit	

For LKK/NAC Use Only

Signature Of Officer Recording The Report:	
Not applicable	
Signature Of Interpreter: Not applicable	
Officer In Oh 200	

Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch RAJPAL SINGH KANG Contact No.: 67360069

Classification Of Case:

Date/Time: 21/05/2019 23:01

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Authentication Stamp

FUPO hotline number: 68429645



	Certifica	te of Insurance
MOTOR VEHICLES (THIRD PARTY RISK MOTOR VEHICLES (THIRD PARTY RISK ROAD TRANSPORT ACT, 1987 (MALA)	(S AND COMPENSATION (S)	DN) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISK	S) RULES, 1959 (MAL	AYSIA)
Certificate Number : 5103041804		Cover : Third Party
 Index mark and Registration Num 	ber of Vehicle	: FBB4252D
Chassis Number		: 5YP205906
Name of Policyholder		: ALVIN LEE JIN HENG
Effective Date of Insurance		: 13 Aug 2018
Expiry Date of Insurance Research as Classes of Research		: 03 Oct 2019
 Persons or Classes of Persons entill Named Driver(s) Only. 	tled to drive#	
	Kanada kanad	
enactment or regulation in th 6. Limitations as to Use# (a) Use for social domestic and p This Policy does not cover (a) Use for hire or reward.	at behalf from driving	in connection with the Policyholder's business or profession.
(b) Use for racing, pace-making, r	eliability trial or spee	d-testing.
(c) Use for the carriage of goods	(other than samples)	in connection with any trade or business.
(d) Use for any purpose in connec	tion with the Motor	frade.
headings.	ive by Section 8 of the of the Road Transport	e Motor Vehicle (Third Party Risks and Compensation) Act i Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
INSURE WITH COE	: N/A	
NAMED DRIVER (1) NAMED DRIVER (2)	: ALVIN LEE JII	N HENG
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A : N/A	
	NG GUO CHIN (00000	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 602556) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Aut	norised Officer	Chief Executive