

NATIONAL Assessment Centre Services. Wef 1 Jan 2005 MHA119074270

|                              |  |                       |              |
|------------------------------|--|-----------------------|--------------|
| Date In: 7/6/19-14:45        | Job description                          | Date & Time Completed | Done by      |
| Ref No: NA/INC190700174      | SAS e-filing                             |                       |              |
| Veh No: 5JRE87895            | E-mail (within 3hrs, AIC 2hrs)           |                       |              |
| D.O.A: 6/6/19-19:20          | i-Motor Claim Form                       | M7/104825-001         | 7/6/19 14:49 |
| OD: <u>TP</u> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |              |
|                              | i-Photo Uploaded                         |                       |              |
| TP Insurer:                  | Assessment/Survey Report                 |                       |              |
|                              | Ass't Report by Fax / Hand to Owner/Wksp |                       |              |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 6DES602E 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

| Remarks: (INC hotline: 6788 6616)                       | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:-        | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
| Cat. 1:                         | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
| Cat. 2 / 3:                     | Q1*   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |          |
|                                 | 9) N12: Idac 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 willful 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             | 07/06/2019 14:45                |
| Date Of Accident           | 06/06/2019 19:20                |
| Exact Location Of Accident | PIE TWDS BKE AFTER ADAM RD EXIT |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJR8789S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | PUAH GEOK TIN        |
| NRIC No                     | S1549517J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96262835 |
| Alternative Phone No        | OFFICE-96262835      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | PICNIC AUTO W/O ROOF RACK |
| 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   | PRIVATE HIRE              |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5100908268-01                          |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | PANG MUN KIT         |
| NRIC No              | S1402892G            |
| Date Of Birth        | 11/04/1960           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 16/04/1985           |
| Driving Experience   | 34 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97966752 |
| Fax Number           |                      |
| Contact Number       | OFFICE-97966752      |
| Email Address        | NOEMAIL              |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 151 TAMPINES STREET 12<br>#06-16 |
| Postcode  | 521151                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | SPOUSE                               |
| Vehicle Registration Number of Driver's Own Vehicle | -                                    |
|   | -                                    |
|   | -                                    |
| Insurance Company of Driver's Own Vehicle           | -                                    |
|   | -                                    |
|   | -                                    |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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                         | 3                             |
| 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)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

#### 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 |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBE5602E           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | HO HGIAP MIN       |
| NRIC/Passport Number        | S1556119Z          |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |               |
|-------------------------------------|---------------|
| Vehicle Registration Number         | SKU8134D      |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      | HUI CHING LIM |
| NRIC/Passport Number                | S6866379B     |
| Contact Number                      |               |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |

### DETAILS OF INJURED PERSON 1

|   |              |
|---|--------------|
| Name  | PANG MUN KIT |
| Approximate Age                                     |              |
| Injuries Sustain                                    | NECK & BACK  |
| Injured person in which vehicle?                    | SJR8789S     |
| Were seat belts worn?                               | YES          |
| Was this injured conveyed to hospital by ambulance? | NO           |
| Address   |              |
| Postcode  |              |

## SKETCH PLAN

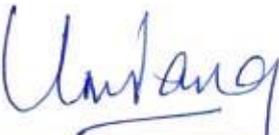
### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) 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:

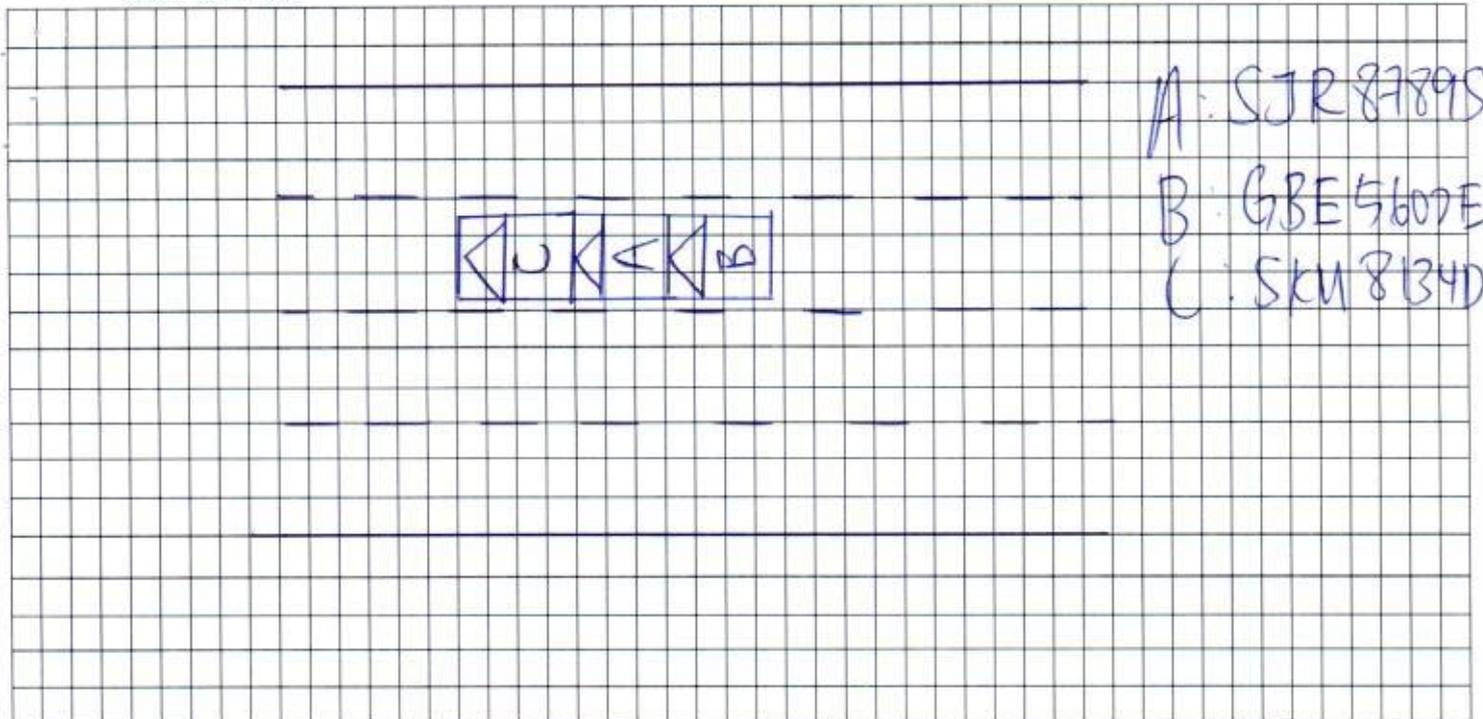
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively 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 :
  - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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' 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:
  - (I) 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
  - (II) For complying with requirements under my regulations, laws or court orders.

\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

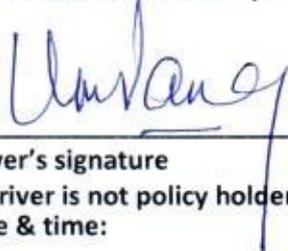
I Was travelling along PIE towards BKE after Adam Road as the traffic was bad , we were all moving slowly . when the vehicle infront of me came to a stop I also came to a stop without making any contact with the vehicle infront of me . suddenly I felt an huge impact from the rear portion of my vehicle which cause my vehicle to thrust forward and collide onto the vehicle infront of me .

Empty lined area for additional details or notes.

DECLARATION

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

\_\_\_\_\_  
Policy holder's signature  
Date & time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
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           | 6/6/2019                        | (DD/MM/YY) |
| Time of accident           | 7:20pm                          | (HH:MM)    |
| Exact location of accident | PIE towards BKE after adam Road |            |

## DETAILS OF VEHICLE

|  |   |   |   |
|--|---|---|---|
| Vehicle registration number                        | SJR 8789S                                   |   |   |
| Vehicle make and model                             | toyota picnic                               |   |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>             | MPV <input checked="" type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/>   |
|  | Lorry <input type="checkbox"/>              | Bus <input type="checkbox"/>            | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/>     | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      |   |   |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>                | No <input checked="" type="checkbox"/>  | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

## INSURANCE INFORMATION

|                   |  |   |                                  |
|-------------------|--|---|----------------------------------|
| Insurance company | NTUC                                   |   |                                  |
| Policy number     |  |   |                                  |
| Type of policy    | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |   |  |
|------------------------------|---|--|
| Name                         | Puan Geok Tin                               | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S1549517J                                   |  |
| Contact                      | 96262835                                    |  |
| Address                      | Blk 151 Tampines Street 12 #06-16 S(521151) |  |

## DRIVER

## SAME AS INSURED ABOVE (SKIP TO D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | Pang Mun Kit  | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1402892G   |  |
| Contact                      | 97966752  |  |
| Address                      | Blk 151 Tampines Street 12 #06-16 S(521151)                                 |  |
| Email address                |   |  |
| Date of birth                | 11/04/1960  |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 16/04/1985  |  |

**GENERAL INFORMATION OF THE ACCIDENT**

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 2 (Inclusive of driver)  |

**PASSENGER 1**

|        |  |
|--------|--|
| Name   | Grab passenger   |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

**PASSENGER 2**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 3**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 4**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 5**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 6**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**OTHER INFORMATION**

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**DETAILS OF POLICE STATION ACTION**

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |

**WITNESS 1**

|      |  |
|------|--|
| Name |  |
|------|--|

**WITNESS 2**

|      |  |
|------|--|
| Name |  |
|------|--|

**THIRD PARTY VEHICLE 1**

|                              |              |
|------------------------------|--------------|
| Vehicle registration number  | G7BE5602E    |
| Vehicle make model           |              |
| Name                         | HO HGIAP MIN |
| NRIC / Fin / Passport number | S1556119Z    |
| Contact                      |              |

B

**THIRD PARTY VEHICLE 2**

|                              |               |
|------------------------------|---------------|
| Vehicle registration number  | SKU8134D      |
| Vehicle make model           |               |
| Name                         | HUI CHING LIM |
| NRIC / Fin / Passport number | S6866379B     |
| Contact                      |               |

C

**THIRD PARTY VEHICLE 3**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 4**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| 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                               |   |
|--|---|
| Name   | Pang Mun Kit  |
| Injuries sustained                             | head & neck   |
| Which vehicle person in?                       | SJR 87895   |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S1402892G



Name: PANG MUN KIT  
彭文傑  
Race: CHINESE  
Date of Birth: 11-04-1960  
Sex: M  
Country of Birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1402892G  
Name: PANG MUN KIT  
Birth Date: 11 Apr 1960  
Issue Date: 16 Apr 2003




For LKK/NAC Use Only

Driver

Land Transport Authority

VOCATIONAL LICENCE  
Licence No: S1402892G  
Name: PANG MUN KIT  
Issue Date: 3/1/2014  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence




For LKK/NAC Use Only

1412777



NRIC No: S1402892G



Blood Group: A+ Date of Issue: 06-11-1993

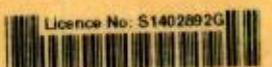
Address: APT BLK 151 TAMPINES STREET 12 #06-16 SINGAPORE 521151  
NRIC No: S1402892G Date: 04-05-2000 No: 3622819

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| CLASS    | DESCRIPTION  | PASS DATE   |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc   | 26 Mar 1984 |
| Class 3  | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 Apr 1985 |
| Class 4  | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   | 24 Dec 1993 |

Licence No: S1402892G



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 02   | TAXI VL     | 03/01/2014 |

For LKK/NAC Use Only



Owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1549517J



 Name  
PUAH GEOK TIN

**For LKK/NAC Use Only**

 CHINESE

Date of birth: 13-12-1962 Sex: F  
Country/Place of birth: SINGAPORE

S1549517J

**For LKK/NAC Use Only**

5841477



NRIC No. S1549517J

**For LKK/NAC Use Only**

 Date of issue: 19-12-2017

Address:  
APT BLK 151 TAMPINES STREET 12  
#06-16  
SINGAPORE 521151

### 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:** 5100908268-01

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJR87895</b>   |
| Chassis Number  | : JTEGH23B700026638 |
| 2. Name of Policyholder   | : PUAH GEOK TIN     |
| 3. Effective Date of Insurance  | : 24 May 2019       |
| 4. Expiry Date of Insurance   | : 23 May 2020       |
| 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)                   | : S\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : PUAH GEOK TIN                                   |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : N/A   |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

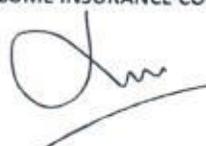
Agency : INXURE NETWORK SERVICES (00000614975)  
Date of Issue : 30 Apr 2019 09:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5100908268-01 |                    | PUAH GEOK TIN     | S1549517J         | GPC     | drive CLASSIC | SJR8789S    | SJR8789S       | 24/05/2019    | 23/05/2020  |

Continue

▼ **Policy Information**

|                             |  |                             |                  |                   |                                  |
|-----------------------------|--|-----------------------------|------------------|-------------------|----------------------------------|
| Policy No.                  | 5100908268-01                                      | Policyholder Name           | PUAH GEOK TIN    | Policyholder NRIC | S1549517J                        |
| Certificate No.             |  |                             |                  |                   |                                  |
| Address                     | BLK 151 #06-16 TAMPINES STREET 12 SINGAPORE 521151 |                             |                  |                   |                                  |
| Product Name                | PRIVATE CAR INSURANCE                              | Plan                        |                  | Group Policy Flag | N                                |
| Policy issue Date           | 30/04/2019   | Effective Date              | 24/05/2019 00:00 | Expiry Date       | 23/05/2020 23:59                 |
| Excess Type                 | Per Accident                                       | All Claims Excess           |                  |                   |                                  |
| Third Party Excess          | 1500   | Own damage Excess           | 2000             | Windscreen Excess | 100                              |
| Additional Excess           | 0  | OS Premium                  | 0                |                   |                                  |
| Outside Singapore OD Excess | 2000   | Outside Singapore TP Excess | 1500             |                   | Young/Inexperience Driver Excess |
| Agent                       | INXURE NETWORK SERVICES                            | Agent Tel.                  | 62956108         | GST Flag          | Y                                |
| Co-insurance Flag           | No   |                             |                  |                   |                                  |
| Open Policy Info            |  |                             |                  |                   |                                  |
| Certificate Info            |  |                             |                  |                   |                                  |

▼ **Policyholder Mailing Address**

|           |                |                       |                    |           |                  |
|-----------|----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 151 #06-16 | Address 2             | TAMPINES STREET 12 | Address 3 | SINGAPORE 521151 |
| Address 4 |                | Address Type          | Singapore address  | Post Code | 521151           |
| Unit No.  |                | Related Policy Number | 5100908268-01      |           |                  |

▶ **Insured Object: SJR8789S**

▼ **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Claim Handling

Exit

Accident MT/1048005

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 5100908268-01   | Vehicle No.         | SJR87895  | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | PUAH GEOK TIN   |                     |   | Policyholder NRIC    | S1549517J |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              | 0         |
| Contact No.(Mobile) | 96262835  | Contact No.(Office) | 0   | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                |           |
| KPK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |           |
| NCD Protection      | No  | NCD Entitlement(%)  | 10  | Private Hire         | Yes       |

Accident Details

|                   |                                 |                               |       |                     |                 |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date       | 07/06/2019 14:56                | Accident Report Within 24 hrs | Yes   | Accident Type       | Chain Collision |
| Date of Accident  | 06/06/2019                      | Time of Accident (h:mm)       | 19:20 | Country of Accident | Singapore       |
| Reporting Centre  |                                 | Orange Force                  |       | ICM No.             |                 |
| Accident Location | PSE TWDS BKE AFTER ADAM RD EXIT |                               |       |                     |                 |

Total Excess Applicable

|                            |              |                            |          |                    |  |
|----------------------------|--------------|----------------------------|----------|--------------------|--|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00   | Driver is Covered? |  |
| OD Standard Excess         | 2,000.00     | TP Standard Excess         | 1,500.00 |                    |  |
| YIED OD Excess             |              | YIED TP Excess             |          |                    |  |
| Additional Excess          | 0.00         |                            |          |                    |  |
| Total OD Excess Applicable |              | Total TP Excess Applicable |          |                    |  |

Benefits

GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

Policyholder Mailing Address

|           |                |                       |                    |           |                  |
|-----------|----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 151 #06-16 | Address 2             | TAMPINES STREET 12 | Address 3 | SINGAPORE 521151 |
| Address 4 |                | Address Type          | Singapore address  | Post Code | 521151           |
| Unit No.  |                | Related Policy Number | 5100908268-01      |           |                  |

OI Driver Info

|   |   |                     |                    |                        |               |
|---|---|---------------------|--------------------|------------------------|---------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver     | Driver DOB             | 11/04/1960    |
| Unnamed driver Name                     | PANG MUN KIT  | Driver NRIC         | S1402892G          | Driving Experience     | 34            |
| Register Date of Driver License         | 16/04/1985  | Driver Age          | 59                 | Contact No.(Home)      | 0             |
| Contact No.(Mobile)                     | 97966752  | Contact No.(Office) | 0                  | Address 3              | TAMPINES PARK |
| Address 1                               | BLK 151   | Address 2           | TAMPINES STREET 12 | Post Code              | 521151        |
| Address 4                               | SINGAPORE 521151  | Address Type        | Singapore address  |                        |               |
| Unit No.                                | 06-16   |                     |                    |                        |               |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                    | Driver Insurer Company |               |

Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

|                                |                                   |                         |                                  |                     |                  |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|---------------------|------------------|
| Claim Type *                   | DD-MX                             | Insured Name            | PUAH GEOK TIN                    | Insured NRIC        | S1549517J        |
| Contact No.(Mobile)            | 96262835                          | Contact No.(Home)       | 67859653                         | Contact No.(Office) |                  |
| Email Address                  |                                   | OI Vehicle Number       | SJR87895                         | TP Vehicle Number   | GBE5602E         |
| Claimant Type Claimant Type *  | Please Select                     | Type of Benefit *       | Please Select                    |                     |                  |
| Claimant Name *                |                                   | Claimant NRIC *         |                                  |                     |                  |
| Claimant Address               |                                   |                         |                                  |                     |                  |
| Claim Description              | SJR87895 / GBE5602E ON 6 Jun 2019 |                         | Name of Preferred Workshop       |                     |                  |
| Preferred Workshop Contact No. |                                   | Insured Liability *     | Not at Fault                     |                     |                  |
| Require Finalisation           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report          | Received         |
| Date Registered                | 07/06/2019 14:59                  | Claim Close Date        |                                  | Date Received       | 07/06/2019 00:00 |
| Report Taken By                |                                   |                         |                                  |                     |                  |

Print AK letter

Save Submit

Attachment

|                    |  |               |                         |
|--------------------|--|---------------|-------------------------|
| Accident No.       | MT/1048005   | Claim No.     | 001                     |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No                                      | Upload Date   | 07/06/2019 15:00        |
| Path *             | <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> |               |                         |
| Category *         | <input type="text"/> Please Select   | Confidential  | <input type="text"/> NO |
| Urgency *          | <input type="text"/> Normal  | Description * | <input type="text"/>    |

