

NATIONAL Assessment Centre Services			
Date for: 14/06/2019 18:54	Job description	Date & Time Completed	Done by
Ref No: NBS/Inc/1901061814	SAS e-filing		
Veh No: SGX 586X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/2019 16:20	i-Motor Claim Form	mri/190109-001	14/06/2019
OD TP (Reporting Only)	i-Motor W/O (Within OD 2hrs, TP 4hrs)		19/15
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SFS 98K	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%; F: 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) In-line: 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	Amc (\$)	Amc (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est 1:	For claimant's original INC Only (waf 10 Jan 2015)		
Est 2/3:	6) TR: Its-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$100		
	8) NTUC: Additional Services:		
	• NI: Courtesy Car / Tpt Allowance \$5		
	• NI: Repair Co-ordination \$10		
	• NI: Post Repair Inspection \$25		
	• NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (NI) INC against INC \$20		
	9) NI: Idno Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice issued	Fee Charged	

07-MAY-2019 16:39

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	14/06/2019 18:54
Date Of Accident	13/06/2019 16:20
Exact Location Of Accident	756 UPPER SERANGOON ROAD(UPP SERANGOON SHOPG CTR)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX5816X
Insured/Policyholder	
Name Of Registered Owner	LOH WEI MING
NRIC No	S8913227D
Email Address	RAYZMOND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92386829
Alternative Phone No	OTHERS-92386829

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5092376198-01
Cover Note Number	

Driver

Name of Driver	LOH WEI MING
NRIC No	S8913227D
Date Of Birth	20/04/1989
Occupation	INDOOR
Date Of Driving Pass	19/06/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386829
Fax Number	
Contact Number	OTHERS-92386829
Email Address	RAYZMOND@GMAIL.COM

Address	BLK 13 LORONG 7 TOA PAYOH #10-507
Postcode	310013
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190613/2107

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	SFS93K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

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.

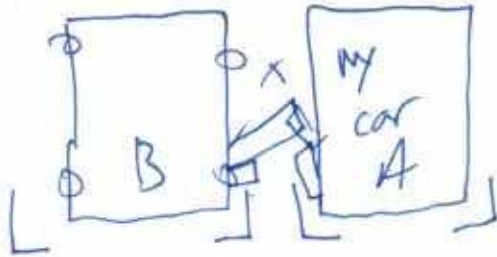
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

car park



A - SG 5816X

B - SF S 93K

756 UPPER SADDLEWOOD ROAD (UPP SADDLEWOOD STAGE ONE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
A/20190613/207

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:

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

[Signature] 14/06/2019
[Signature]



**SINGAPORE
POLICE FORCE**



A/20190613/2107

1 of 2

POLICE REPORT (NP299)

Report No. A/20190613/2107

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Date/Time Report Made 13/06/2019 17:20		Vide Report No.		Station Diary No. 45	
Name Of Informant LOH WEI MING		Address APT BLK 13 LORONG 7 TOA PAYOH #10-507 SINGAPORE 310013			
ID Type / ID No. NRIC NO / S8913227D		Contact No. Home/Office Mobile 92386829			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SALES EXECUTIVE		Sex Male	Age 30	Date of Birth 20/04/1989	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 13/06/2019 16:20		Location Of Incident 756 UPPER SERANGOON ROAD UPPER SERANGOON SHOPPING CENTRE SINGAPORE 534626 Carpark of the shopping centre			

Brief details.

On 13/06/2019 at about 1620hrs, I was inside my car (SGX 5816X) located at 756 Upper Serangoon Road, S'pore 534626 Upper Serangoon Shopping centre Carpark. While I was inside my car, on the right side carpark lot, a lady passenger opens her left front car door (SFS93K), slammed it and the door hits my driver's door which causes a minor scratch and my right side mirror to force close.

Signature Of Officer Recording The Report: A / Sgt 1 MUHAMMAD ALIF BIN ALIAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2019 17:20
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp LEONG ZHI WEI Contact No.: 65575076	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20190613/2107

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190613/2107

I came out of my car to confront the driver and passenger but the driver (Male Chinese Driver) came out and alleged that I made a scratch on his front left passenger door. I told him that his passenger was the one opened her passenger door and slammed it to my driver's door.

He kept quiet, took some photos and drove off.

I am lodging this report for record purposed and in case the driver of SFS93K claim insurance against me.

That is all.

Signature Of Officer Recording The Report:

A / Sgt 1 MUHAMMAD ALIF BIN ALIAS

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp LEONG ZHI WEI
Contact No.: 65575076

Authentication Stamp

Signature Of Informant:

Date/Time:
13/06/2019 17:20

Classification Of Case:

Claim Handling

Accident MT/1049109

Policy No.	305270158-01	Vehicle No.	30X5816X	GST Registration No.	
Policyholder Name	LOH WEI MING	Product Code	PRIVATE CAR INSURANCE	Policyholder NRIC	999112270
Contact No. (Mobile)	92386829	Cover Type	Third Party	License	C
Email Address		Contact No. (Office)		Contact No. (Home)	
KYC	<input type="checkbox"/> No <input type="checkbox"/> Yes	Special Remark		eCode	<input type="button" value="No"/>
NCD Protection	No	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
Accident Details		RCD Endowment(%)	10	Howdy Here	No
Report Date	14/06/2019 19:08	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/06/2019	Time of Accident (hr:min)	16:20	City of Accident	Singapore
Reporting Centre		Damage Force		ICH No.	
Accident Location	758 UPPER SERANGOON ROAD/LRP SERANGOON (4490C CTR)				
Excess					
Own damage Excess	0.00	Additional Excess	0	Whichever Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					
Policyholder Mailing Address					
Address 1	BLK 13 #10-507	Address 2	LOHONG T TON PAYOH	Address 3	SINGAPORE 110011
Address 4		Address Type	Singapore address	Post Code	110011
Unit No.		Related Policy Number	3052464531-07		
OT Driver Info					
Driver Name	LOH WEI MING	Driver Type	Main Driver	Driver DOB	30/04/1968
Uninsured driver Name		Driver NRIC	989112270	Driving Experience	5
Register Date of Driver License	19/06/2013	Driver Age	30	Contact No. (Home)	
Contact No. (Mobile)	92386829	Contact No. (Office)		Contact No. (Name)	
Address 1	BLK 13 #10-507	Address 2	LOHONG T TON PAYOH	Address 3	SINGAPORE 110011
Address 4		Address Type	Singapore address	Post Code	110011
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	30X5816X	Driver Insurer Company	KTC
Declaration					
Breathalyzer or Blood Test Reading?	3 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Modification History					

Claim 001

New

Claim Type *	GD-MX	Insured Name	LOH WEI MING	Insured NRIC	999112270
Contact No. (Mobile)	94520158	Contact No. (Home)		Contact No. (Office)	
Email Address	PISO_WEI@YAHOO.COM.SG	OL		tp	
Claim Description	30X5816X / SP553K ON 13 Jun 2019			Vehicle Number	SP553K
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Preferred No. Provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/06/2019 19:14	Claim Close Date		Date Received	14/06/2019 00:00
Report Taken By	ROSLI WAHAB				
Print & Email					

Save Submit

Attachment					
<div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Message Email</div> </div> </div>					
<div> <div> <div>Accident No.</div> <div>MT/1049109</div> </div> <div> <div>Claim No.</div> <div>GST</div> </div> <div> <div>Last Doc. Received</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> </div> <div> <div>Upload Date</div> <div>14/06/2019 19:15</div> </div> </div>					
<div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Message Email</div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div> <div>Photo</div> <div>Photo</div> </div> </div> </div>					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_3006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 14 Jun 2019 19:15	Photo	Normal	Photo 2019-6-14	
	NAC_BUKIT_MERAH_3006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 14 Jun 2019 19:15	Photo	Normal	Photo 2019-6-14	
	NAC_BUKIT_MERAH_3006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 14 Jun 2019 19:15	Photo	Normal	Photo 2019-6-14	

Send Message

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:15	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:15	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:15	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:15	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:14	SAS	Normal	SAS 2019-6-14
 Video List				
Uploaded By/Date	Folder Path	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: (13/06/2019) (DD/MM/YYYY), TIME: (16:20) (HH:MM)

LOCATION: 756 UPPER SERANGOON ROAD (UPPER SER SHOPPING CENTER)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFX 5816X
 b) INSURANCE COMPANY: NTVC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ATTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: LOH WEI MING (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S8912227D CONTACT: 92386829
 C) ADDRESS: DLK 13 Tou Pong Lorong 8 #10-607

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (20/04/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: Kelam Ayer

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFS 93K MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = Raymond@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8913227D



Name

LOH WEI MING

罗 辉 明

Race

CHINESE

Date of birth

20-04-1989

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8913227D

Name

LOH WEI MING

Birth Date: 20 Apr 1989

Issue Date: 23 Oct 2008



001667505J



3318106

NRIC No. S8913227D



Date of issue

23-04-2004

Address

APT BLK 13 LORONG 7 TOA PAYOH
#10-507
SINGAPORE 310013

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

VALID DATE

Class 1B Motorcycles \leq 200 CC
Class 2 Motor cars \leq 3500 kg with \leq 7 passengers, exclusive of the driver; and motor tractor/vehicles \leq 2500 kg

23 Oct 2008

19 Jan 2013

S8913227D

S / No. 9000182762

NP 428A



License No. S8913227D

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: 5092376198-01

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGX5816X |
| Chassis Number | : MR053ZEC107150522 |
| 2. Name of Policyholder | : LOH WEI MING |
| 3. Effective Date of Insurance | : 29 Aug 2018 |
| 4. Expiry Date of Insurance | : 28 Aug 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
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	: LOH WEI MING
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 24 Aug 2018 13:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive