NATIONAL Assessment Cc	ntre Services we came	Nha44907283	mentrales conditions
Dute In: 1406 2008 19:41	Job description	Date & Fine Completed	Done by
REING NED JULIGO10638/	SAS c-filing		
Veh No VP 2865C	E-mail (with this AlC this)		
DOA 1406 1209 149	60 i-Motor Claim Form	MT/1049207-001	17/06/2019
OD TP Reporting Only	i-Mator W/O (Within: OD 2h	ra. (17 4 hrs)	69:46
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:		Tel: Fa	K; 1
TP Particulars: Veh No:	GBC 14564 INC)/Non-INC()	e de la companya de l
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	1
The same of the sa	%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-JC	0%]
Year of Registration: () Wattanty; YES ()/NO ()	
Excess: (\$) Londing:	\$1,000()/\$2,000()		
General Remarks	第一个国际特别的基本企业	177 Webseller 11 1 1 1	
The state of the s	information strictly Confidential & S	Strictly NO rafer of repairer.	
	nsurer URGENTLY.		
Drive-In () / Towed-In (); Im	voice: YES () / NO ();	Towing Co: (
Remarks: - (INC harling: 6788 661	(6)	Date&Tune Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:			
	Titles is interested to the second	PATRICIS AND EVEN OF THE	nac'i
Date/Time Actions	assembly the Examination	NO. BUSINESSES AND ON	H-1912 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NA1904571	Inverce P	reparation Checklist	Anit (\$) Anit (\$)
Chaimant's Particulars	l) AR : Aecid	The second secon	
THE PROPERTY OF THE PROPERTY OF THE PARTY.	2) DA : Dume 3) TF : Towin	ge Assessment (\$100); INC (\$8 x Fee \$40	() (S45)
Driver/Owner;	4) FT : Fellow	v-Through Survey	5120
Contact No:	Eox claimin	v-Through Survey (Resurvey) A egainst INC Only (wal 10 Jan 2003)	
Damaged Portion:	6) TR: He-in	The state of the s	\$150
	6) NTUCAL	illianal Services:	
QC Checked by (Engr-In-Charge):	1N3; Good	tery Car / Tpi Allowance	\$5
Table 10 and 10	• N6, Rejin	ir Co-ordination	510
Auditors Comments :-		Repair Inspection Collect Excess Coordination	\$25 \$5
Zat. At	<u> 17 (811)</u> :	TF (Non INC) equinal INC	301
Cns. 7/3	9) N12: Idea Invalor dates		10000000000000000000000000000000000000
1 /1 '4	o considerati	For Chargad	2000

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 fiability.
- 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

ACCIDE	APP CT	ATER	
ACCIDE	MI 211	- 11	11-12

Date Of Report

14/06/2019 19:44

Date Of Accident

14/06/2019 14:40

Exact Location Of Accident

IMM LOADING AND UNLOADING BAY

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP2865C

Insured/Policyholder

Name Of Registered Owner

SPEEDMAN PTE LTD

Co Reg No 201503275D

Email Address SPEEDMAN1557@GMAIL.COM

Mobile Phone No (LOCAL) +65-87291069 OFFICE-633333306

Alternative Phone No

Vehicle Particulars

TOYOTA

Model

DYNA

Exact Purpose for which vehicle was being used at

time of accident

Manufacturer

WORKING PURPOSES

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5101293720

Cover Note Number

Driver

Name of Driver CHUA AH CHAI NRIC No. S1659543H Date Of Birth 16/02/1964 Occupation OUTDOOR Date Of Driving Pass 15/07/1985

Driving Experience

33 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-87291069

Fax Number

Contact Number

OFFICE-633333306

EMail Address

SPEEDMAN1557@GMAIL.COM

Address

BLK 2 JALAN BATU

#03-69

Postcode

431002

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

4

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

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

2

Was any body injured in the Accident?

NO.

Was any injured conveyed to hospital by

NO

ambulance?

97294

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)

84

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

PLEASE REFER TO SKETCH PLAN

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

GBC1456Y

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ZHOU FUCHUAN

NRIC/Passport Number

G6797861M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

Speedman Pte Ltd

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.:

DECLARATION

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

Speedman Pte Ltd

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Resorting Centre Personnal's Signature

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:

Accident HT/1949207							
Missy We.	NAME OF THE OWNER OWNER OF THE OWNER OWNE						
Certificate No.	a7015#3350	Very cie Na	WERKE:		GET Registration	fac.	
SHOUNDER NAME	SPEEDHAN PTE LTD						
roduct Ende	COMMERCIAL VEHICLE INSURAL	Cover Type			Holoynooder NH22	.70	CHRAZYO
intham Iro. (Models)	07301000	Contact No (Office)	K3333396		Loading	. 8	
hall harress		Special femary:	113333300		Contact No. (zum		
in.	- No Yes	Yes	100 100		+Coin	190	4.1
CII Protestion	PH .	NUT Ensternant(No)	10		ACTIVATE RACEION		
Accident Datalle		P-CHURCASSINIBAN	.749		Private Her	744	
port trace	17/96/70/16/09:36	Accident Rejoin Mittin 2x 365	Yes		7.5500000000000000000000000000000000000		
ITS OF Accidence	14/06/2019	Time of Accident litumin	281001		Account Type		nere:
marting Cartes		Drange throp	38100		Country of Accord	re Sir	Satione
pident Lingston	MANUSATING AND UNLOADING MAY				TON NO.		
bess							
en damage Excess	1,500.00	Additional Evens					
numed Driver Emirae	The state of the s	Outside Singapore Ob Excess			WHOSENers Baces	50 000	0.000
rd Party Ensure	hate.	Outside Singapore TP Excess					
Benefita		Chicago Studenting 14 Dictors					
virtatio			2.5				
rd Party Working Rose.			Som insu				
GST Registares Informat	line		manage and a	77			
Regulared	We		200 0.20	tration Date			
Registrative: No.			GST Statu		791		
shorter menury	13709/2019 00 39:54 0ystem 23	wrong GET Status Section from No.	62 Yes	DRUSS.	741		
Pulicylinider Hailing Add	ress						
PANEL	1217 SEPPEL MOAD	Address 2	405.755				
esse e	VOOC SIMMEUREE	Address Type	#03-DEC		Attings 2	Ale	STATUTE OFFICE
1 Heli	V3-950	Bylatical Power Northpe	Singapore address		Fish Code	1101	TURK
Of Driver Into		TO THE WORLD IN COME	9101130895-0.0				
ier Name	Uniterrated Disserv	Driver Flore	Unnerted Driver				
ternes inter Name	CHISA AN CHAIL	Street NRIC	STATISTICAL DEMANDS		The control of the co		
istar Safe of Driver Liberse	15(9)V.zawn	Drycer Age.	18		Drivet DDB		03(1004)
DECT. No. (Photology	972910HF	Contact No.(Omice)	67311306		Driving Expensence		
trees (BOLS 483-59	Address 2	HILAN BATU		Contact No. (Horse		
Printer M	SHIGAFOAT 431002	Address Type	Foreign address		Address 8 Prof. Case		TANJONS WWW
No.	13-64	THE APPLICATION OF THE PERSON			From Autom	*31	1003
n He own is Singapure Hitered car?	Yes - No	Driver Venicle No.	YP2WSC		Driver Insurer Cor		
					THE STREET STREET	data state	TL.
Claim DD1 Neve							
m thing or							
m Type +				(00)-600	• Prisone suppose	AN FTE LTD	Symmet protodyran
m Type + ONT NO.(MOEM)				Service .	Cortact	AN FIELD	Denier
GHT Re-(Mobile)				(00-MW 54236567	Contact No. (Harrie)	AN FTE LTD	MARC HISTORY THE
GHT Re-(Mobile)				Service .	Contact No. (Horne) Of	110 - 171012	Contain Ballands
ORT No. (MOEM).				Service .	Contact No. (Harrie)	110 - 171012	GASC DESCRIPTION OF THE CONTROL OF T
out no.(Nozas) el Adoress el Description				Service .	Contact No. (Harris) Or Variate Wyzer's Number	110 111012	GACCONTACT No. BEEFFORM IOPICES IOPICES No. BEEFFORM
OUT NO. (MODIA) I) Address IT Description	insurectionisty Darmaby at four	(F)		\$4236667	Contact No. (Harris) Or Variate Wyzer's Number	110 111012	Septiments of the septiment of the septi
outrine (Mozale) Il Adorres In Description Percent SASpec Total Nation	Report Preferred Workshop, Name of	inkerson e BIA Raceives		\$4236667	Cortact No. (Harma) CP Verticals Veryoods Number Jun 20114	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OUT No. (MOESS) If Description Principle Salors Augustanus Registarus Registarus Registarus	 Preferred Workshop, Barrier 	inknown + IIIA Received		\$4236667	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIAL STATE OF STATE
OUT No. (MOESS) If Description Principle Salors Augustanus Registarus Registarus Registarus	Report Preferred Workshop, Name of	inknown + IIIA Received	(PATTAMES CORCLASSES DATA	Contact Name (Harms) OF Vertical Name (Harms) Sunday Sunday Day	110 111012	Contract No. SETTING NO. SETTING TO VOICE No. SETTING TO VOICE No. SETTING TO VOICE No. SETTING TO VOICE No. SETTING No. SET
OHT NO. (MODIA) a) Address to Description to the control state of the control fing to 1 Yes heigenered of Taken 29	Report Preferred Workshop, Name of	inknown + IIIA Received	(NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OHT No. (MODELS) If Address If Description If Description If Taken 2p If Taken 2p	Report Preferred Workshop, Name of	inknown + IIIA Received	i vil	NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
ORT No. (Notate) al Adorros in Description event Subject Test No. (Yes Autore Anglesared of Taken 29	Report Preferred Workshop, Name of	inknown + IIIA Received		NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
GRT No. (Notite) at Description at Description at the state of the	Report Preferred Workshop, Name of	inknown + IIIA Received	Save Superes	NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
	Report Preferred Workshop, Name of	inknown + IIIA Received		NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
ORT No. (Notate) al Address ar Description broad blood control blood control Address Prof. Address Chackmand	Report Preferred Workshop, Name of	inknown + IIIA Received		NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OHT NO. (MODELS) If Address If Description If Description If Taken 2y	Region Preferred Workshop, Name (Initiative Parties		NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OHT NO. (MODELS) If Address If Description In Description	Region Preferred Workshop, Name (Charmon BIA Received	Save Supres.	NYTHISE / GREINSEY DIX 14	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OHT NO. (MODELS) If Address If Description In Description	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Initiative Parties	Save Subma	S4734667 VPUBESC / GRC145EF DN 14 17/06/2018 08:46 BCSL1 WAHAB	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
DEC NO. (Mozele) If Address The Description The Descri	Region Preferred Workshop, Name (Charmon BIA Received	Save Subma	SAZJANSEY WHITESC / GRC IASEY DW 14 17/06/2018 09:46 ROSLI WARKE	Corried No. (Home) Of Number Number Sun 2029 Claim Claim	110 111012	Contract No. BESSIDES TO Volume To Volume Number Nu
OHT No. (Moteta) If Address If Description In Description	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Suprise	SAZJANSEY VPUBESC / GRC14SEY DN 14 17/06/2018 08:46 BOSL1 WAHAE	Contact No. (Planne) (In Vertical Vercent No. (Planne) (In Vertical Vertical Vercent No. (Planne) (In Vertical Vertical Vercent No. (Planne) (In Vertical V	L. THELES	SOCIO DI CONTROLO DE LA CONTROLO DE CONTRO
OHT No. (Motets) If Address If Description In Description	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Supris.	SAZJANSE? VPUBESC / GBC INSEP DN 14 07/06/2018 09:46 BIOXLI WAHAB EL JUG/ZUIN 08:46 Elitagory *	Contact No. (Planne) (In Vertical No. (Planne) (In Vertical No. (Planne) (In Vertical No. (No. (No. (No. (No. (No. (No. (No.	University -	Contract No. BESSIDES TO Volume To Volume Number Nu
OHT No. (Motals) If Address If Description The Control of the C	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultrus	SAZJANSEY VPUBESC / GRC14SEY DN 14 17/06/2018 09:46 ROSLI WAHAR IL //06/2018 09:46 Estagony **	Contact No. Plants Process Pro	Undericy - Normal * Normal *	Contract No. BESSIDES TO Volume To Volume Number Nu
OHT No. (Motale) all Address art Description enters proper pages p	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultinu	SAZJANSE? VAUSENC / GRC (4564 DW 14 07/06/2018 09:46 ROKLT WANKS ET CHESTER SCHOOL PRESS SCHOOL MAKES SHORT MAKES SHORT	Contact No. Plants Process Pro	Unyericy * Normal * Normal *	Contract No. BESSIDES TO Volume To Volume Number Nu
out No.(Mobile) al Adorpsis or Description or and March property Yea fact Ma. Februaring ort Taken by Print Ad letter feet No. Clos. Réceived foode File No file chosen soose File No file chosen	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultinu. Ottor Clear	SAZJANSE? VAUSESC / GRC (ASSAY DW 14 07/06/2018 09:46 BIOXLI WAHAB Emisyony * France Scient Mease Select Piscore Beleat	Contact No. Harmon OR Verificial Representation Control Co	Unyericy * Normal * Normal * Normal * Normal *	Contract No. BESSIDES TO Volume To Volume Number Nu
out No. (Notate) al Address or Description or Description or Statute from Acceptan from Ac	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultime	SAZJANSE? VAUSENC / GRC JASEY DW 14 D 2/06/2018 09:46 ROCKLI WARKS EMERGENCY * Please Sciency Mease Sciency Please Scie	Contact No. 1972005 No. 1972005 Verinda Nazambel Verinda Nazambel Contact District Lines Lines Contact District Lines Li	Ungericy * Normal * Normal * Normal * Normal *	Contract No. BESSIDES TO Volume To Volume Number Nu
out No. (Notate) al Address or Description enters pages page	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultime	SAZJANSE? VAUSESC / GRC (ASSAY DW 14 07/06/2018 09:46 BIOXLI WAHAB Emisyony * France Scient Mease Select Piscore Beleat	Contact No. Harmon OR Verificial Representation Control Co	Ungericy * Normal * Normal * Normal * Normal *	Contract No. Difference Te Volume No. No. No. No. No. No. No. No.
ont No. (Notate) al Address or Description onter State process tackment tackment tackment bert No. Disc. Received other File No file chosen other No. other State other State other File No file chosen other State other State	Heroer Claries Heroer Claries Hel/100+0300 Tyes No.	Charmon BIA Received	Save Sultime	SAZJANSE? VAUSENC / GRC JASEY DW 14 D 2/06/2018 09:46 ROCKLI WARKS EMERGENCY * Please Sciency Mease Sciency Please Scie	Contact No. 1972005 No. 1972005 Verinda Nazambel Verinda Nazambel Contact District Lines Lines Contact District Lines Li	Ungericy * Normal * Normal * Normal * Normal *	Contract No. BESSIDES TO Volume To Volume Number Nu
ont No. (Notate) al Address or Description onter State process tackment tackment tackment bert No. Disc. Received other File No file chosen other No. other State other State other File No file chosen other State other State	Het/suledgrap Tyes No Page 4	Charming Page 1 April 2 April	Caser Clear Clear Clear Clear Clear Clear Clear	SAZJANSEY VPUBESC / GBC INSEY DN 14 B7/05/2018 09:46 BQXLI WAHAB BLOCK WAHAB CHINGON ** PRESS SCHOOL PRESS	Contact No. 1972 Contac	Undericy - Normal * Normal * Normal * Normal * Surmal * Stormal *	Contract No. Contract No. Contract Te Volume No. No. No. No. Contract No. Cont
out No.(Notale) al Adorres or Description energy published for No. (Yes Angustame or Taken by Print Ad Setter Clock Received Totale Pile No file chosen stock File No file c	Herore Canine Het/salebass T Yes No Path •	Carry No. Apriled Date Carry No.	Save Sultinus	SAZJANSE? VAUSENC / GRC JASEY DW 14 D 2/06/2018 09:46 ROCKLI WARKS EMERGENCY * Please Sciency Mease Sciency Please Scie	Contact No. 1972 Contac	Ungericy * Normal * Normal * Normal * Normal *	Contract No. Difference Te Volume No. No. No. No. No. No. No. No.
ORT No. (Nomic) al Adorres or Description error prose of the charact record page	Het/suledgrap Tyes No Page 4	Carry No. Apriled Date Carry No.	Caser Clear Chear Chear	SAZJANSEY VPUBESC / GBC INSEY DN 14 B7/05/2018 09:46 BQXLI WAHAB BLOCK WAHAB CHINGON ** PRESS SCHOOL PRESS	Corrisch No. Planne) Verhole Numbel Verhole Numbel Verhole Numbel Verhole Numbel Verhole Verho	Undericy - Normal * Normal * Normal * Normal * Surmal * Stormal *	Contract No. Contract No. Contract Te Volume No. No. No. No. Contract No. Cont
PACOUNT NO IN THE CHURCH NOOSE FIRE N	Hefysion Preferred Workshop, Name (Report Clarine) Hefysion No. Page 9 Page 9 Ulfoodid to/Date Life And Notice National Assessment Course Life And Notice National Assessment Course Life And Notice National Assessment Course	Class No. Appeal Date Category SERVICE Process	Caser Clear Chear Chear	NYUSESC / GRC14SEF DN 14 17/06/2018 08:46 BOXLI WANAE Frank School Mease Select Please Select Please Select Please Select	Corrisch No. Planne) Verhole Numbel Verhole Numbel Verhole Numbel Verhole Numbel Verhole Verho	Ungericy * Normal * Normal * Normal * Surmal * Surmal *	Contract No. Contract No. Contract Te Volume No. No. No. No. Contract No. Cont

	Ullforded Wy/Date	Felder Date	10 m		
Videot Lint					
-5	THAC BURIT MERAN BOOKTH NAT	TONIAL ASSESSMENT CENTRO SERVICE on 17 Jun 2019 De 46	NRIC/ Driving Listen	Normal	MRICO Decomp Lawrence 2018-6-19
143	SAC_BLXIT_MERAH_BLOKING NAT \$ 1804LT MERAH)	TOWAL HISTORMENT CENTRE SERVICE FM 17 Jun 2019 09:46	545	- Numerous	SAR 2019-ec-17
52	S-CHURST PERANS	TOWAL ADDRESSMENT CENTRY SERVICE (Wh 17 Jun 2019 09:46	Descript	Normal	Photos 2019-4-17
110	NAC_BURIT_MEDAH_SBUE76(AA: 3 (BURIT MEMAH)	TIONAL ASSESSMENT CENTRE SERVICE) OR 17 Jul 2019 08: 46	Photos	Normal	Practice 2018-0-79
2	AAC_BURTT_MERAN_9006761 NA. B (BURT) HERANI	TIONAL ASSESSMENT CENTRE SERVICE LIUN 37 JUN 2029 09:46	Priston	Normal.	Photos 2019-6-27
37	HAC_BUKIT_MERAH_B00676(NA S (BUKIT HEACH)	TIDNAL ASSESSMENT CENTRE SERVICE LINE 17 Jun 2019-09-46	Photos	Normal	PERSON 2019-6-07
	NAC SLACT MENAN HOSEPS NA S CROKET HEARN)	CONAL ABBESSMENT CERTAL SERVICE bel 17 Jul 2019 16:46	541	Normal	545-1019-0-17
Pos	TO CONTACT THE WAY	FIGNAL SGSESSWENT CENTRE SERVICE 1 on 17 Aut 2019 (N. 48)	Proprieta	Normal	Photos 20,940-17
4	NAC_BURLT_MERAN_SCORFE (NA S 180,907 MERAN)	TOWAL ASSESSMENT CENTURE SERVICE TOW 17 Jun 2019 DR 48	Photog	Nemal	Priorat 2015-6-17
	Dipnett stress;	TIDRAL ASSESSMENT CENTRE REHVICE J no. 17 Jun 2017 (18: 46	Photos	Neimal	Propert 2019-6-17
			Committee and the state of the	cident reporting. Cla	ann rask)

Brighty it New Window | Scan and Laborating

	ACCIDENT STATEMENT
	10/06 292
A	CCIDENT DATE: 106 70 HOD/MM/YYY), TIME: 1 : 60 (HH:MM)
L	DOCATION: 14Rows Irven Copyrial Boy
-	The distribution of the
	T. DETAILS OF VEHICLE VA DALLO
	a) VEHICLE NUMBER: YP 2005
	DINSURANCE COMPANY: A/WL
	C)POLICY NUMBER:
-	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHEFT)
	e/MARE & MODEL:/OYMA
	()TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS)
*	9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	THE POSE OF USING AT ACCIDENT TIME: WILL WILL
	I ARE YOU CLAIMING UNDER YOUR OWN INSIDANCE IVESTING
30	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. HYSOKED / POLICY HOLDER
	AINAME: STEPED MONU MA (100 [MALE / FEMALE) 33
	DINRIC/FIN/PASSPORT:CONTACT:CONTACT:
	C)ADDRESS:
While of ann	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Alo of bassons	DRIVER CHAIN AND CHOO
Cludleding drive	DINRIC/FIN/PASSPORT: CONTACT: CONTACT:
(_)	b) NRIC/FIN/PASSPORT:CONTACT:CONTACT:
V0-1-448.0	C/NODICESS.
	d) DATE OF BIRTH: (16) 03, 1964) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASC15/07/1905
	WAS DRIVER AN EMPLOYED OF THE MICHIEFO
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DRY / WET / OTHERS
	WAS ANYBODY INJURED (YES / NO)
7	a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
, 8	THIRD PARTY VEHICLE
His of passinger	g) VEHICLE NUMBER. CIDC 1930 Y
Including driver) DRIVER'S NAME: ZHOU FUCHIAN
()	C) NRIC/PIN/PASSPORT: UD /7 /26/ TO CONTACT.
9.	THIRD PARTY VEHICLE
No of passanger	d) VEHICLE NUMBER: MODEL:
100	el Delvere Marie
Including drive) f) NRIC/FIN/PASSPORT:CONTACT::-
()	ax representative contents to the contents of
	* *

email = SPERDMAN 1557 Gr gmarc. Com.





CHUA AH CHAI

CHINESE 15-03-1964 SINGAPORE



For LKK/NAC Use Only

DRIVING LICENCE

- S1659543H

CHUA AH CHAI

him bow 16 Mar 1964 # E → 09 Jan 2013

LKK/NAC Use Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE 22 Jan 1986 22 Jan 1986 14 Apr 1994 15 Jul 1986

Class 26 Class 2A Class 2 Class 3

Motorcycles =< 200 cc Motorcycles > 300 cc Motorcycles > 300 cc Motor Carses 3000 cg with =<7 passengers, exclusive ut the driver; and other motor vehicles =< 2500kg 'Motor vehicles which are constructed to genty load or passengers and the uniaden weight > 2500kg 'Motor vehicles which are not constructed to carry load and the uniaden weight < 7250kg Motor vehicles not constructed to carry any load and the uniaden weight > 7250kg

31 Mar 1994

For LKK/NAC Use Only

NP 426A





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 : 5101293720-01 Cover : Comprehensive

Index mark and Registration Number of Vehicle
 YP2865C

Chassis Number : JHHUCS3H90K016043

2. Name of Policyholder : SPEEDMAN PTE LTD

3. Effective Date of Insurance 22 Jun 2019
4. Expiry Date of Insurance 21 Jun 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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # 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) : \$\$1,500

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

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 : LIAN HEE FOON (00000632320)

Date of Issue : 09 May 2019 13:11 hrs Reprint : 09 May 2019 13:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive