1 671 11 1 771

Date In: 19/06/2019 14:57			
	Jeb description	Date &Time Complet	ed Done by
Kerno: NA/INC1901,0886/64	SAS c-filing		
Veh Nor SKS 7215 X	E-mail (white Shis, AIC 2hrs)		
DOX: 18/06/2019 4:50	i-Motor Claim Form	MT/1049741	1916/19 18:
OD : (P) Reporting Only	I-Motor W/O (Within: OD 2)	nts, TP +hts)	- International Confession
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TP Insurer:	Assessment/Survey Report		1
	Ass't Report by Fax / Hand	to Owner/Wksp	
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TP Particulars: Veh No: XD	9766 J INC ()/Non-INC()	
Owner/Driver: (Tel:)
Policy No: () Period	1: (Cover Type: ()
Confirmed by : (Date:	Times	Jarra) Lab
Insured/Driver Liability: (%) [Not	c-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80	0-100%]
	ranty; YES ()/NO () 	
Excess: (\$) Loading: \$1,000 (()/\$2,000()	relationada d	
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() Walk-In Customar : Gustomor's Informa			r.
() Total Loss Case : to e-mail Insurer U	RGENTLY.		4
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Upload Resurvey Photo [Repair Cost > \$3000]			1234842
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3) Upload Resurvey Photo [Repair Cost> \$3000] Injury:		Little Collins of the	Section State
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Opload Resurvey Photo [Repair Cost > \$3000] Injury: MA19	Ougua Illyologiant R	D)3((()((G))); sporting (330); sporting (5100); INC (5	32-22
Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA19	Ougua Ill Voltage A Damage A Diff Towing Per	Dist(10) (G12) sporting (330); sporting (3100); INC (5	32-22 Inaffbin 32-22
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Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA19 Uniform Particulars: Var/Owner: Hact No: Häged Portion: Checked by (Engr-In-Charge):	OUSU OUSU ON INVOICED ON THE PROPERTY OF THE P	eporting (330); secsment (3100); INC (3 ough Survey ough Burvey (Resurvey) instINC Only (wof 10 Jan 200) on iMRT Survey al Services:- or/Tpt Allowence ordination Inspection It Excess Coordination	32-22 30) 0/543 5120 530 5160 535 510 525
Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA19	Invoice Invoic	porting (330); separament (3100); INC (3 separament (3100); INC (3	32-22 30) 0/543 5120 530 5160 525 530 525 530
Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA19 Uniform Particulars: Var/Owner: Hact No: Häged Portion: Checked by (Engr-In-Charge):	OUSU OUSU ON INVOICED ON THE PROPERTY OF THE P	porting (330); separament (3100); INC (3 separament (3100); INC (3	32-22 30) 0/543 5120 530 5160 535 510 525

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number **EMail Address**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

	ACCIDENT STATEMENT
Date Of Report	19/06/2019 14:57
Date Of Accident	18/06/2019 14:50
Exact Location Of Accident	UPP SERANGOON TURNING TO SLIP RD OF PIE/CTE
Country/State of Loss	SINGAPORE
Before the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS7215X
Insured/Policyholder	
Name Of Registered Owner	ANG XUE WEN
NRIC No	\$8705882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91379142
Alternative Phone No	OFFICE-91379142
Vehicle Particulars	Established
Manufacturer	VOLKSWAGEN
Model	JETTA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	5092551020-01
Cover Note Number	
Driver Control of the	FER I STATE OF THE PARTY OF THE
lame of Driver	FOO BENG YEW, KEVIN(FU MINGYAO, KEVIN)
RIC No	S7930537E
ate Of Birth	05/10/1979
ccupation	OUTDOOR
ate Of Driving Pass	28/01/2016
riving Experience	3 YEARS AND 4 MONTHS
anda-	MALE
1-kil- N - 1	

(LOCAL) +65-91559538

NOEMAIL

Address

APT BLK 169C PUNGGOL FIELD #12-667

Postcode

823169

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

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? Was any injured conveyed to hospital by

YES

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE STATEMENT ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD9766J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

FOO BENG YEW, KEVIN (FU MINGYAO, KEVIN)

BACK & NECK

SKS7215X

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 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.
- 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:
 - 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 envelops/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: DESCRIBE CIRCUMSTANCES OF THE ACCIDENT along supporr Derangoun Load turning in to the Vehicle Was Suddenly the vehicle in first of me bruke and of CIE/PIE 310p, So 1 also follow and Stop. Out of a Suddaly , The Vehicle portion of my left Vehicle A. I look at my in car video then I that the reliase B realize dodus bruke Stop in time.

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 ٠ 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.

国际 的现在分词 1000 1000 1000 1000 1000 1000 1000 10	ACCIDENT DETAILS	AND THE WAY TO SHARE THE PARTY OF THE PARTY
Date of accident	18/06/2019	(DD/MM/YY)
Time of accident	02: 50 pm.	(HH:MM)
Exact location of accident	upper Seronguan turning to Slip Road	

	DI	ETAILS OF	VEHICLE			MEN.
Vehicle registration number	SKS 7:	215×				
Vehicle make and model	Jeff	And in contrast of the last of				
Type of vehicle	Saloon d	MPV 🗆	CRV 🗆 Motorc	Van vcle □	Others:	
Vehicle category	Private 2	Comme	100 777	Motorcy		
Purpose of using at said time	Private.					
Are you claiming under your own insurance company?	Yes Third part cla	No-d	if no, please Reporting of			

	INSURANCE IN	FORMATION	Telescon March 1980
Insurance company	NTUC		
Policy number	509255 1020-	01	
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER	Control of the
Name	ANG XUE WEN Male -	Female 🗸
NRIC / Fin / Passport number	S8705882/D	, cinate az
Contact	9132 9142.	
Address	BIK 1692, Punggol Field . # 12-667 5(823169)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O	.B)	4 4 FE
Name	Foo Beny Yew Kelvin	Male 🗹	Female D
NRIC / Fin / Passport number	S7930537/E		remare 2
Contact	0155 95 38.		
Address	BIL (69c , Maggol field, #12-667	5(82316	1)-
Email address			
Date of birth	65/10/1999		
Occupation	Indoor Outdoor		
Driving date pass			

HELDRICH SERVICE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dry.z Wet a
No of passenger	(Inclusive of driver)
	(modasive of driver)
在 经验中的图象。1997年	PASSENGER 1
Name	I ASSENDER I
Gender	Male D Female D
	male 5 Telliale 5
	PASSENGER 2
Name	PASSENGER 2
Gender	Male D Female D
	Male D Female D
Name	PASSENGER 3
Gender	
Gender	Male Female
建设设计划	PASSENGER 4
Name	
Gender	Male Female
HE LAND IN LAND IN THE REAL OF	PASSENGER 5
Name	
Gender	Male Female
了。 第1章 第1章 第1章 第1章 第1章 第1章 第1章 第1章 第1章 第1章	PASSENGER 6
Name	A A SENGER O
Gender	Male Female
	THOICE OF TENTIALE OF
ALEXANDER OF THE PROPERTY OF THE PARTY OF TH	OTHER INCORPORTION
Was anybody injured?	OTHER INFORMATION Yes No
Was other vehicle damaged?	
vas other venicle damaged?	Yes 🗷 No 🗅
Pomoutod As a disco	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
A STATE OF THE STA	
《 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	WITNESS 1
Name	
新疆域的运动等自然和达到的 以为200	WITNESS 2
Name	

THIRD PARTY VEHICLE 1		
Vehicle registration number	XD97667.	
Vehicle make model		
Name		
NRIC / Fin / Passport number		_
Contact		_

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

的对数是是非常是对对自己的对象	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	

持续是一种多行政包括。 在1957年	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

阿里拉斯尼亚大亚 克斯拉克斯	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					

自己的		INJU	RED PERSON 1	
Name	Fon		ew / Ke Vin	4
Injuries sustained			Vecic.	
Which vehicle person in?		/		
Were seat belts worn?	Yes	No 🗆		
Was injured conveyed to	Yes 🗆	Nop		
hospital by ambulance?				
		INJUF	RED PERSON 2	A 150
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	T TANISHOODER	20007930734		
AND REPORT OF THE PARTY OF THE			ED DEDCOMO	
Name	AND SHOW THE SHOW	INJUR	ED PERSON 3	Parent line
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
May 14 to 20 years and a second				
Name -		INJUR	ED PERSON 4	OTS WAT
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No =		
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	ies 🗆	No 🗆		
The Alexander State		INJUR	ED PERSON 5	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				

INJURED PERSON 6					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7930537E





FOO BENG YEW, KEVIN (FU MINGYAO, KEVIN)

符 明 糴

CHINESE 05-10-1979 M

1/930637E

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASS/ES)

CFFECTIVE DATE

Class 3 Motor pars with unladen weight =< 3000kg with =< 7 28 Jan 2018 passengers, excitative of driver, and other motor vehicles with saladon weight =< 2500kg

NP 428A



4521279



S7930537E



03-02-2010

APT BLK 169C PUNGGOL FIELD #12-667 SINGAPORE 823169

NRIC No: \$7930537E

Date: 10/04/2013



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: 5092551020-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKS7215X

Chassis Number

: WVWZZZ1KZAU001209

2. Name of Policyholder

: ANG XUE WEN

3. Effective Date of Insurance

: 21 Jul 2018

4. Expiry Date of Insurance

: 20 Jun 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

EXCESS (SECTION 1)

- (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.

: S\$600

EXCESS (SECTION 2) : N/A 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

: ANG XUE WEN NAMED DRIVER (1) : FOO BENG YEW KEVIN

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK

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)

: B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue

: 20 Jun 2018 13:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling		3(an reporting C	idili idsk)			
Policy No.	5092551020-01	Out to the same of					
Certificate No.	3972331140-01	Vehicle No.	5K\$7215X		GST Re	egistration No.	
Policyholder Name	ANG XUE WEN						
Product Code	PRIVATE CAR INSURANCE				Policyh	older NRIC	10000
Contact No.(Mobile)	91379142	Cover Type	drive CLASSIC		Loading		\$870
Email Address	21113145	Contact No.(Office)				t No.(Home)	0
KFK	10 May 10 May 17	Special Remark			eCode	real (nome)	LP2000
NCD Protection	# No Yes	TCA	= No Yes		eCode I	Dance	No *
→ Accident Details	No.	NCD Entitlement(%)	50		Private		0400
Report Date	14.00				1,11200		No
Date of Accident	19/06/2019 17:57	Accident Report Within 24 hrs	Yes		Acciden	1 Tons	
Reporting Centre	18/06/2019	Time of Accident hh:mm	14:50				Side 5
Accident Location		Orange Force			ICM No.	of Accident	Singa
⇒ Excess	UPP SERANGOON TURNING TO SLIP RD OF PIE/CI	E			ICH NO.		
Own damage Excess	600.00	Additional Excess	0				
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			Windscr	een Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess		600.00			
→ Benefits		Cousine singapore IP Excess		0.00			
▼ GST Registered Information	ation						
GST Registered	No						
GST Registration No.	No		GST Res	istration Date			
Modification History			GST Sta	tus Verified		Yes	
						Q-0.130	
Policyholder Mailing Ad	dress						
Address 1							
Address 4	BLK 169C #12-667	Address 2	PUNGGOL FIELD		Address	2	
Unit No.		Address Type	Singapore addres	s	Post Cod		SINGA
OI Driver Info		Related Policy Number	5092551020-01		rost coo	Ψ.:	823161
Control of the Contro							
Driver Name	FOO BENG YEW KEVIN	Driver Type	Named Driver				
Unnamed driver Name		Driver NRIC	57930537E		140100000000	SS-1	
Register Date of Driver License	28/01/2016	Driver Age	39		Driver DC		05/10/
Contact No.(Mobile)	91559538	Contact No.(Office)	88		Driving E		3
Address 1	BLK 169C #12-667	Address 2	PLWGGOL FIELD		Contact No.(Home)		
Address 4	SINGAPORE 823169	Address Type	Singapore address		Address 3		THE N/
Unit No.	12-667		singapore address		Post Code	6	823160
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.					
					Driver Ins	urer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg						
rurading/		Any injury?	* Yes No				
Modification History							
1							
Claim 001 New							
Claim York 1							
Claim Type *				OD-MX •	Insured	AME MUT HORE	
Contact No.(Mobile)				helicon and a second	Name	ANG XUE WEN	
					Contact No.		
Email Address				· particular in the second	(Home) OI		
				ANGXUEWEN87@GMAIL.COM	Vehicle	SKS7215X	
Claim Description					Number		
Preferred				SKS7215X / XD9766J ON 18 Jun	2019		
Workshop 0	Preference Liability Not at Fault	•					
Finalisation Lies	Preferred Workshop, Name uni	known V GIA Bossined					
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