NATIONAL Assessment Cen	ntre Services. Well 133	180480 PIAN Meson	The state of the s
Date In: 24/6/19.16:3~	Jeb description	Date & Time Completed	Done by
Ref No: Anthemolilazing	SAS e-filing		
Veh No: Jugusy	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 3/6/19-14:05	i-Motor Claim Fori		2 6 19 13 13
6	i-Motor W/O (Within		1919 19104
OD TP Reporting Only	i-Photo Uploaded		
TP insurer:	Assessment/Survey R	eport	
ir insulei.	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No: P	A72776	INC()/Non-INC()	
Owner / Driver: (11:11	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date)
Insured/Driver Liability: (%	(WO):	N: 0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ()	Warranty: YES ()/N		
	\$1,000 ()/\$2,000 ()		
General Remarks:-	MARIN TARREST TON NOOR PROPERTY	2.500.00	সমূহ দ্
To Associate a contract provident provident and additional and the second and additional additional and additional additio	START OF BUILDING	distribution of the state of th	
() Walk-In Customer: Customer's	information strictly Confidentia	al & Strictly NO refer of repaire	
() Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inve	oice: YES () / NO (); Towing Co: (.)
Remarks: (INC horline: 6788 6616	0):2	Date&Time Completed	Done by
Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	> \$30001 ()		
NO. 10 TO 10			
Injury:			
Date/Time Actions	Salatora de la Salatoria de Salatoria	Commence of the Age of	
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	Unique - my - marine		
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Na contesta	T _{anner}	n en en en	Anit (S) Amit (\$
NA1904668 :	and the second s	e Preparation Checklist	Tit Bill Add Bil
laimant's Particulars :-	CONTROL STATE AND CONTROL CONTROL OF STATE OF ST	Accident Reporting (\$30);	F260
river/Owner:		Damege Assessment (\$100); INC (owing Fee S	40/\$45
HIVE/JOWNER:		ollow-Through Survey	\$120
ontact No:		ollow-Through Survey (Resurvey)	\$30
ormand Destina		viming against INC Only (wof 10 Jan 20) Re-inspection	\$75
amaged Portion:		dao DA + SMRT Survey	\$160
		Additional Services	
C Checked by (Engr-In-Charge):	OD*	Courlesy Car / Tpt Allowance	SS
		Repeit Co-ordination	510
uditors! Comments :-	•N7:1	ost Repair Inspection	\$25
t. 1;	Advantage of the Control of the Cont	DV / Collect Excess Coordination 11): TP (Non INC) against INC	\$20
	The second secon	dae Mobile	30
1. 2/3:	Invoice	7077/J	MAKENE PERMIT
	Invoice	lated Fee Charges	

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/06/2019 16:32
Date Of Accident	21/06/2019 14:05
Exact Location Of Accident	ECP TWDS ROCHOR RD BEFORE ROCHOR EXIT
Country/State of Loss	SINGAPORE
And the second second second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ9218Y
Insured/Policyholder	
Name Of Registered Owner	LCDW KEI SCANTEK
Co Reg No	53257074W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84031349
Alternative Phone No	OFFICE-84031349
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO.

Fleet Policy NO

Policy Number 5108670887

Cover Note Number

Driver

Name of Driver THAYALAN SARAVANAKUMAR

NRIC No S8167067F Date Of Birth 03/08/1981 Occupation INDOOR Date Of Driving Pass 10/07/2014

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84031349

Fax Number

Contact Number OFFICE-84031349

EMail Address NOEMAIL

BLK 640 JURONG WEST STREET 61 Address

#02-12

Postcode 640640

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 - CHANGE/CROSS LANE

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

4

Was any body injured in the Accident?

NO

YES

NO

2

YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190621/2106.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

PA7277C

Details Of Properties

BUS

Vehicle Category Name of Driver

NRIC/Passport Number

Page 2 of 19

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHF759T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJX884X

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)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

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	P Poursago Béfore Rouver EpoiT.
various B - PATITIC	and company and company
MEMICUL C - SHF 759	To Divini The
VBH1CUE D - 55×884	* 3 - 7
DESCRIBE CIRCUMSTANCES OF THE ACCID	ENT.

75 PER PONCE REPORT.	REPORT NUMBER
	T/20190621/206
VALUE A - SJQ 92184	
VEHICLE B - PA 72 77 C	
VEHICUE C - SHF 759 T	
VEHICLE D - SJX 884 X	

Stave declare the foregoing particulars are true in every respect.

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.:

THE PARTY REPORTING ONLY NOTAL Comprehensive Third Party Third Party Fire Theft S 215404 NTAC Comprehensive Third Party SARA JANARUMAR S 4164064 Any Passengers: (Imale) Outdoor Indoor
ECP TOWARD ANCHOR AND, BEARE ENCHOR TEXT INT PARTY WE COME SCANTER HIP: 84031349 Home: Office: \$3257074 W ISH UM THATOWRID S(547746) DD THIRD PARTY REPORTING ONLY NAME Comprehensive Third Party Third Party / Fire / Theft \$108670867 As Above If NO, THATOMAN SARA JANARAMAR \$ \$167067 1981 Dutdoor / Indoor
LCOW KET SCANTEK H/P: 84031349 Home: Office: \$3257074 W ISH 4M TUA TOW RIT S(547746) DD THIRD PARTY REPORTING ONLY NTUC Comprehensive Third Party Third Party / Fire / Theft \$108170867 As Above If NO, THA DILAN SARA JANARUMAR \$ \$167067 Any Passengers: (Im 611) 03/05/1951 Outdoor / Indoor
LCOW KET SCANTEK H/P: 8403 1349 Home: Office: 53257074 W ISH UM TUA TOW RID S(547746) DD THIRD PARTY REPORTING ONLY NTWC Comprehensive Third Party Third Party / Fire / Theft 5108 170867 As Above If No. THA STLAN SARA VANARUMAR 5 8167067 Any Passengers: (Imale) 03/05/1981
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S 3257074 W IS HI LIM TUA TOW RED. S(547746) DD THIRD PARTY REPORTING ONLY NTUC Comprehensive Third Party Third Party / Fire / Theft S 108 670867 As Above If No. THA SALAN SARA VANARUMAR S \$167067 PROPERTY Any Passengers: (IMAIL) 03/05/1981
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Comprehensive Third Party Third Party / Fire / Theft SIOS LTOSST As Above If No. THE STLEN SARA VENERAL SAR
As Above If No. THE SALEN SALE SALE SALES
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As Above If No, THA JALAN SARA VANARUMAR S & 167-067 Any Passengers: (Imale) 03/05/1951 Outdoor / Indoor
S & 167-567 Any Passengers: (Imale) 03/05/1951 Outdoor / Indoor
S & 167067 Any Passengers: \ (\maile) 03/05/1951 Outdoor / Indoor
Outdoor / Indoor
10 3112 2019
Male / Female
H/P: 8403/349 Home: Office:
BLK 640 JURONL WEST ST 61 \$102-12 5 (640640)
No If yes, Reg No.
Employee, If no, state Owner
Clear Raining Other
Dry Wet Other
No, If Yes, Who?
No, If Yes, Where? ROCHOK NPC.
PA 72774 Any Passengers :
Contact No. :
SHF 7597 Any Passengers:
SJ × 884× Any Passengers:
Any Passengers:
Any Passengers :
Any Passengers :
Witness Contact :
RIGHT FRONT PURTION OF VISHICUR
Yes/ No





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

1 of 4 Report No. T/20190621/2106

	Date/Time Report Made: 21/06/2019 16:53		Vide Report No.: G/20190621/0095	Station Diary No.: 113
Informa	nt's Partici	ulars		
	Informant: .AN SARA\	/ANAKUMAR	Address: APT BLK 640 JURONO SINGAPORE 640640	G WEST STREET 61 #02-12
	/ ID No.: D / S81670	67F	Contact No.: Home/Office:	Mobile: 84031349
Nationality: INDIAN		Email:		
Sex: Male	Age: 37	Date of Birth: 03/08/1981	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: EMPLOYER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Inform	mation of the Accident			
Type of Accident:	Non-Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 21/06/2019 14:05	Type of Location: Straight Road
EAST COAST ROCHOR RO ALONG THE	Traveling Toward Road 2 FEXPRESSWAY DAD EXPRESSWAY TOWARD	S ROCHOR RO	AD	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	F3	Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same		Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA7277C	Van				Slightly Damaged	0
SHF759T	Car				Seriously Damaged	2
SJQ9218Y	Car				Slightly Damaged	1
SJX884X	Car				Slightly Damaged	0





2 of 4

Report No. T/20190621/2106

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Any Pedestrian Ir	avolved: No				
No. of Pedestrian		Line of Pedes	trion Cros	rainm. NIA	
Driver	is injured. NIE	Use of Pedes	man Cros	ssing: NA	
Name	MANOGARAN	ID	No.	S1176885G	
Related Vehicle	PA7277C (Van)	Co	ontact No	. 81697277	
Hospital/Clinic	NIL		ass of iving cence & opiry Date	Class: 3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Dischar			
	ted Medical Leave NIL	Degree of Inju			
Driver					
Name	LYE POH WAH	ID	No.	S1200743D	
Related Vehicle	SHF759T (Car)		ontact No	. 98592433	
Hospital/Clinic	NIL	Dr Lie	ass of iving cence & opiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Dischar			
No. of Days gran	ted Medical Leave NIL		ree of Injury NIL		
Driver		SON STREET	CONTRACTOR OF STREET		
Name	THAYALAN SARAVANAKUMAR		No.	S8167067F	
Related Vehicle	SJQ9218Y (Car)		ontact No	. 84031349	
Hospital/Clinic	NIL	Dr Lie	ass of iving cence & piry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharg			
	ted Medical Leave NIL	Degree of Inju			





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE

3 of 4 Report No. T/20190621/2106

CONTINUATION OF REPORT Tel No: 1800-2949999

Driver				enter en	and River	
Name	TEOW HUEY YEN		ID No		S7872083B	
Related Vehicle	SJX884X (Car)			Conta	ct No.	96878488
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	The second second	NIL	

Brief Details.

On 21/06/2019, at about 1400hrs, I was driving my vehicle (SJQ9218Y) along East Coast Expressway towards Rochor Road. I was driving slowly at lane 4 of the expressway and suddenly i saw the vehicle (PA7277C) driving on Lane 3 was coming in towards my lane. The vehicle (PA7277C) then hit my vehicle and I applied brake. After applying the brake, my vehicle then skidded towards the middle lane. My friend and I then come down from the car and make a check. The vehicle (SJX884X) on Lane 1 then claimed that vehicle on Lane 2 (SHF759T) hit her car.

However, vehicle on Lane 2 claims that vehicle on Lane 1 hit his car and thus his car had a domino effect and hit the car on Lane 3 and 4 subsequently.

No one was injured, however there was one person that felt giddy and conveyed by the ambulance. The damages on my vehicle (SJQ9218Y) had scratches on the front right bumper and also dislodge on

I am lodging this report for insurance claims. I do not know how much are the repair cost.





4 of 4

Report No. T/20190621/2106

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 TAN HUI LIN, MELISSA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2019 16:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD	Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8167067F



THAYALAN SARAVANAKUMAR

3

தயாளன் சரவணக்குமார்

INDIAN

INDIA

Date of birth 03-08-1981 18700

For LK

CONTRACTOR OF SINGAPORE DRIVING LICENCE

Licence Number: S 8 1 6 7 0 6 7 F

Name:

THAYALAN SARAVANAKUMAR

Britt Cate: 03 Aug 1981

tosue Date: 17 Sep 2009



WIIC No. 0.01670675



Nationality INDIAN

Date of issue

14-07-2009

APT BLK 640 JURONG WEST STREET 61 #02-12 SINGAPORE 640640 9045093

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

Class 28 Motorcycles ws 200 CC

Class 3 Motor cars = 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg 17 See 2009 10 Jul 2014

14 tase 14 ta

For LKK/NAC Use Only

S8167067F

S/No.9000197554



NP 428A



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: 5108670887

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJQ9218Y

Chassis Number

: KNAFH221395067562

2. Name of Policyholder

: LCDW KEI SCANTEK

3. Effective Date of Insurance

: 10 Apr 2019

4. Expiry Date of Insurance

: 09 Apr 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.

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.

s\$600
: N/A
: S\$100
: N/A
: PLEASE REFER OVERLEAF
; NO
: YES
: NO
: NO
; NO
: N/A
: N/A
: N/A
: HONG LEONG FINANCE LIMITED
: 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 09 Apr 2019 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_800	0601		The second second	and the latest and th	To the District or Light State of		• Change	Language	• Chang	e Password	→ Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0-				Date	of Accident	2	1/06/2019 1	4:05	
	Vehicle No.(For Motor)		SJQ9218Y			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108670887		LCDW KEI SCANTEK	53257074W	GPC	drivo CLASSIC	SJQ9218Y	S3Q9218Y	10/04/2019	09/04/2020
					0	Continue	1				

Policy No.	5108670887	Policyholder Name	LCDW KEI	SCANTEK	Policyholder	53257074W	
Certificaté No.		Name			NRIC	- Carrelland Common	
Address	15H LIM TUA TOW ROAD SINGA	PORE 547746					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	09/04/2019	Effective Date	10/04/2019	9 00:00	Expiry Date	09/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	o	Own damage Excess	600	*	Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No				- 1000 to 100 - 10		
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	15H LIM TUA TOW ROAD	Addre	ss 2	SINGAPORE 547	746	Address 3	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Addre	ss Type	Singapore addre	ss	Post Code	547746
Address 4			4 6 4 7	The Court of the C			
Address 4 Unit No.		Relate Numb		5108670887			
Unit No.	ed Object: SJQ9218Y			5108670887			
Jnit No.	::::::::::::::::::::::::::::::::::::::			5108670887			

Claim Handling					
Accident MT/1050291					
Policy No.	5108670887	Vehicle No.	\$3Q9218V	GST Registration No.	
Certificate No.					
Policyholder Name	LCDW KEI SCANTER			Policyholder NRIC	53257074W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo QLASSIC	Loading	0
Contact No.(Mobile)	84031349	Contact No. (Office)	a	Contact No.(Home)	0
Email Address	ALTER DISKS	Special Remark		eCode	11. 🗸
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire.	No
→ Accident Details					
Report Date	24/06/2019 16:58	Accident Report Wehin 24 hrs	Yes	Academ Type	Collision - Change / Cross lane
Date of Accident	21/06/2019	Time of Accident hhomm.	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ECP TWDS ROCHOR RD BEFORE ROCHOR	R EXIT			
▼ Total Excess Applicable	CENSES CONTROL OF				
ecess Type	Per Accident	Windscreen Excess	100.00		
25/25/03/03/03/03/03					
DD Standard Excess VIED OD Excess	600.00	TP Standard Excess	0.00		
Additional Evens	500.00	YIED TP Excess		Driver is Covered?	
Total OD Excess Applicable	0	Total Tri F.			
♥ Benefits	1100.00	Total TP Excess Applicable			
GST Registered Informa	ation				
SST Registered	No.		GST Registration Date		
ST Registration No.	1550		GST Status Venfied	Yes	
10dification History	24/06/2019 16:59:38 Sy	stem changed GST Status Verified fro		.,,,,,,	
Policyholder Mailing Ad	dress				
Address 1	15H LIM TUA TOW ROAD	Address 2	SINGAPORE 547746	Address 3	
Address +		Address Type	Singapore address	Post Code	547746
Int No.		Related Policy Number	5109670887		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	THAYALAN SARAVANAKUMAR	Driver NRIC	58167067F	Driver DOB	03/08/1981
tegister Date of Driver License		Driver Age	37	Oriving Experience	*
Contact No.(Mobile) Address 1	84031349	Consact No.(Officia)	D	Contact No. (Home)	0
Address 4	BLK 640	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640640
Jnit No.	02-12	Address Type	Singapore address	Post Code	640640
Does he own a Singapore					
Registered car?	○ Y65 ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Ireathalyser or Blood Test			2 2		
Reading?	0 mg	Any injury?	○ Yes No		
fodification History					
Lancack March					
Claim 001 New					
	-				
Claim Type *	GD-MX	Insured Name	LCDW KEI SCANTEK	Insured NRIC	53257074W
ontact No.(Mobile)	96444479	Contact No.(Home)		Contact No.(Office)	N3L
and the control of th	20-11-112			TP Vehicle Number	PA7277C
mail Address		Ol Vehicle Number	83Q9218Y	ar. A colore tamelers.	
imail Address Saimant Type Claimant Type •		Type of Benefit. *	Please Select	or venue number	
mail Address Claimant Type • Saimant Name •				ar version reactions.	
mail Address Nament Type Claimant Type • Nament Name • Darmant Address	Please Select ✓	Type of Benefit. *			
imail Address : Claimant Type Claimant Type * Claimant Name * Claimant Address Daim Description	Please Select	Type of Benefit. *] Name of Preferred Workshop	
mail Address : Laimant Type Claimant Type * Laimant Name * Laimant Address Laim Description referred Workshop Contact	Please Select ✓	Type of Benefit. *			
mail Address : Ilaiment Type Claimant Type * Ilaiment Name * Ilaimant Address Ilaimant Address Ilaimant Address Ilaim Description referred Workshop Contact Io.	Please Select ✓	Type of Benefit. * Claimant NR3C *	Please Select		Received
mail Address	Prease Select ≥≥ \$3092187 / PA7277C ON 23 Jun 2019	Type of Benefit. * Claiment NRIC * Indured Liability *	Please Select	Name of Preferred Workshop	
Imail Address : Claimant Type Claimant Type • Claimant Name • Claimant Address Claimant Address Claim Description referred Workshop Contact 60. Lequire Finalisation	Ptease Select ≥≥ \$309218Y / PA7277C ON 23 Jun 3019 Ves	Type of Benefit. * Claiment NRIC * Insured Liability * Preference Repair Option	Please Select	Name of Preferred Workshop	Received 💟
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mail Address: Claimant Type Claimant Type * Claimant Name * Claimant Address: Claimant Type Claimant Type * Claimant Type Claimant Type * Clai	Prease Select ≥≥ \$309218Y / PA7277C ON 23 Jun 2019 Yes 24/06/2019 17:00	Type of Benefit. * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Please Select Not at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop	Received 💟
mail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Description referred Workshop Contact Locopine Finalisation Jace Registered eport Taxen By Print AK letter	Prease Select ≥≥ \$309218Y / PA7277C ON 23 Jun 2019 Yes 24/06/2019 17:00	Type of Benefit. * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Please Select	Name of Preferred Workshop	Received 💟
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mail Address Italiment Type Claimant Type * Italiment Name * Italiment Address Italiment Address Italiment Address Italiment Overshop Contact Italiment Overshop Co	Prease Select ≥≥ \$309218Y / PA7277C ON 23 Jun 2019 Yes 24/06/2019 17:00	Type of Benefit. * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Please Select Not at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop	Received 💟
mail Address Italimant Type Claimant Type * Italimant Type Claimant Type * Italimant Name * Italimant Address Italimant Address Italimant Description referred Workshop Contact Italimant equire Finalisation see Registered eport Taken By Print AK letter Attachment	Prease Select ≥≥ \$309218Y / PA7277C ON 23 Jun 2019 Yes 24/06/2019 17:00	Type of Benefit. * Claiment NRIC * Indured Liability * Preferenced Repair Option Claim Close Date	Please Select Not at Fault Preferred Workshop, Name unknown.	Name of Preferred Workshop	Received 💟
mail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Description referred Workshop Contact to Copyrie Finalisation Jace Registered eport Taxen By Print AK letter	Please Select >> >>	Type of Benefit. * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Please Select Not at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop	Received 💟

