| NATIONAL Assessment Centre                    | Services :   | ver i Janfohj /                         | WAY190   | 85275                   |                     | ACOUSTINE |
|---|--|---|--|-------------------------|---------------------|-----------|
| Date In: 0110712909 14:24                     | Job description  |   | Date & Time Con  | apteted                 | Done by             |           |
| REINO: NBB/MC190/1598/V                       | SAS e-filing   |   |  |                         |                     |           |
| Veh No SBJ 1868L                              | E-mail (witten 8)  | ars, AIC 2hrs;                          |  |                         | 11.                 |           |
| DON 29/06/8019 19:30                          | i-Motor Claim  | Form .                                  | mn (10513  | 14001                   | pilo                | 1201      |
| OD . TP C Peporting Only                      | i-Mator W/O  | Within: OD 2hrs. T                      |  |                         | 15:3                | 0         |
| The inclinating Only                          | i-Photo Uploa  | ded !                                   |  |                         |                     |           |
| TP Insurer:                                   | Assessment/Sur   | vey Report                              |  |                         |                     |           |
|   | Ass't Report by  | Fax / Hand to                           | Owner/Wksp   |                         |                     |           |
| Preferred Wkap / INC Assign Wkap / QW; (      |  |   | Tel:   | Fax:                    |                     |           |
| TP Particulars: Veh No: UNK                   | uona CAR   | INC (                                   | )/Non-INC (  | ).                      |                     |           |
| Owner / Driver: (                             |  |   | Tel:   |                         | )                   |           |
| Policy No: ( ) Porio                          | od: (  | ) (                                     | Cover Type: (  |                         | )                   |           |
| Confirmed by : (                              |  | Date:                                   | Time:  |                         | )                   |           |
|   | te-Est. Status (W  | O): N: 0-20%                            | %; P: 21-79%.  | F: 80-100%              | ]                   |           |
|   | ittanty: YES (   | )/NO( )                                 |  |                         |                     |           |
| Excess: (\$ ) Londing: \$1,000                | ( )/\$2,000(   | )                                       |  |                         |                     |           |
| General Remarks;                              |  |   | <b>在外面的</b>  |                         |                     | - MIRO    |
| ( ) Walk-In Customer's inform                 |  | Idential & Stric                        | tly NO refer of re   | epairer.                |                     |           |
| ( ) Total Loss Case : to e-mail Insurer       | URGENTLY.  |   |  |                         |                     | 14***     |
| Drive-In ( ) / Towed-In ( ); Invoice:         | YES ( ) / NO   | ) ( ) ; Tor                             | ving Co (  |                         |                     | )         |
| Remarks: (INC harling: 6788 (616)             |  |   | Dite&Time Com  |                         | Done by             |           |
|   | artesy Cor ( )   | SERVICE DE 1999. 312                    | F100 25300 A.100   |                         |                     | _         |
| 2) QC Check / Post Repair Inspection          | ( )  | -                                       |  |                         |                     |           |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 001 ( )  |   |  |                         |                     |           |
| Injury :                                      |  |   | 4 = -  |                         |                     |           |
|   |  |   |  |                         |                     |           |
| Date/Time: Actions                            | 12 12 23 11 12 16  |   |  |                         | in his the          | ·         |
|   |  |   |  |                         |                     |           |
|   |  |   |  |                         |                     |           |
|   |  |   |  |                         |                     |           |
|   |  |   |  |                         |                     |           |
| MAIAMONO                                      |  | PROPERTY STATES                         | at Opposition and the Seas   | Lead on william         | Anit((5)            | Ami (\$)  |
| NA1904942 "                                   |  | Invoice Prepa                           | ration Checkli   | st.                     | <b>公司</b> 医脱毛性 1000 | Med Hill  |
| laimant's Particulars :-                      | TO THE PROPERTY OF THE PROPERT | I) AR : Assident R                      |  | TRIC PROPERTY.          |                     |           |
| river/Owner:                                  |  | 2) DA : Dumoge As<br>3) TF : Towing Fee |  | INC (\$80)<br>\$40/\$45 |                     |           |
|   |  | 4) FT : Fallow-The                      | ough Survey<br>ough Survey (Resurv   | \$120<br>ey) \$30       |                     | -         |
| ontact No:                                    |  |   | inst INC Only (well  |                         |                     | 7-17      |
| amaged Portion:                               | -  | 6) TR: He-inspecti<br>7) NI: Iday DA+!  | the same and the s | \$75                    |                     |           |
|   | the state of the last of the last of   | 6) NTUC Addition                        | Annual Control of the |                         |                     |           |
| C Checked by (Engr-In-Charge):                |  | OIL:                                    | or / Tpt Allowence   |                         |                     | *****     |
|   |  | *N6, Repeir Co-                         | ordination   | 510                     |                     |           |
| aditors Comments :-                           |  | *N/: Fost Repnis *N8: DV / Calle        | r Inspection<br>at Excess Cooldinate   | \$25<br>on \$5          |                     | *****     |
| 4.1.  |  | TE(NIL) : TF(                           | Nin INC) against INC   |                         |                     |           |
| 1.2/3.  |  | N12: Idea Nobel     Invalor dated       |  | 10<br>Charged           |                     | 5717×     |
| 1/1 1   | 1  | tilboles dales                          |  |                         |                     |           |

# 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

| (All and Statement)  | a value of the report sering made available  |
|--|--|
| MANAGE CONTRACTOR  | ACCIDENT STATEMENT   |
| Date Of Report   | 01/07/2019 14:24   |
| Date Of Accident   | 29/06/2019 19:30   |
| Exact Location Of Accident   | AT IMM LEVEL 1 CARPARK (NEAR TO PILLAR 11-2)   |
| Country/State of Loss  | SINGAPORE  |
| And the state of t | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SBJ7468L   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | PANG AH CHOY   |
| Work Permit No   | S0179179F  |
| Email Address  | KYOTOINT@SINGNET.COM.SG  |
| Mobile Phone No  | (LOCAL) +65-97873581   |
| Alternative Phone No   | OTHERS-97873581  |
| Vehicle Particulars  | 5 THE 15-97 07 350 T   |
| Manufacturer   | MERCEDES-BENZ  |
| Model  | 200E   |
| Exact Purpose for which vehicle was being used at<br>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   | 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  | 5017047161-12  |
| Cover Note Number  | Park (1) ( The first of the fir |
| Driver   |  |
| Name of Driver   | PANG AH CHOY   |
| Vork Permit No   | S0179179F  |
| Date Of Birth  | 30/10/1984   |
| Occupation   | INDOOR   |
| Date Of Driving Pass   | 02/10/2003   |
| Oriving Experience   | 15 YEARS AND 8 MONTHS  |
| Sandan :   | MALE   |
|  | 7017 /7 <del>74 (m.</del> )  |

(LOCAL) +65-97873581

KYOTOINT@SINGNET.COM.SG

OTHERS-97873581

Address

BLK 550A SEGAR ROAD

#06-624

Postcode

671550

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR.

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

NO 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

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190630/2040

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

#### 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 aforesald.
- 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)
  - (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
- 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.
- 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.

railes Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

Name:

NRIC/FIN No.

Date & Time:





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 4

Report No. T/20190630/2040

### REPORT OF A TRAFFIC ACCIDENT

|  | Date/Time Report Made: 30/06/2019 12:40 |                              | Vide Report No.:                                      | Station Diary No.:<br>99   |  |  |  |
|--|---|------------------------------|---|----------------------------|--|--|--|
| Informa                                  | nt's Partic                             | ulars                        |   | THE STREET SHOWS OF THE    |  |  |  |
|  | f Informant:<br>AH CHOY                 | E-                           | Address:<br>APT BLK 60 TEBAN GARDE<br>600060          | NS ROAD #04-450 SINGAPORE  |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S0179179F |   |                              | Contact No.:<br>Home/Office: Mobile: 97873581         |                            |  |  |  |
| National<br>SINGAP                       | lity:<br>PORE CITIZ                     | EN                           | Email:  |                            |  |  |  |
| Sex:<br>Male                             | Age:                                    | Date of Birth:<br>13/03/1948 | Type of Informant:                                    |                            |  |  |  |
| Race:<br>Chinese                         |   |                              | Language:   | Institution / School Name: |  |  |  |
| Occupation:<br>Retiree                   |   |                              | Driving Licence Information: Class: 3 Date of Expiry: |                            |  |  |  |

| Type of<br>Accident:  | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>29/06/2019 19:30 | Type of Location:<br>Car Park |
|---|---------------------------|------------------------------------|---|-------------------------------|
|   |                           | ar 11-2)                           |   |                               |
| . <u>12</u> 13 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25 |                           | Road Surface:<br>Dry               |   | Road Speed Limit:             |
| Clear   |                           |                                    |   |                               |
| Clear<br>Traffic Flow:<br>One Way                           | _                         | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate   |

| Details of Vehicle Involved |      |                  |           |       |                     |                 |  |
|-----------------------------|------|------------------|-----------|-------|---------------------|-----------------|--|
| Vehicle No.                 | Туре | Make             | Model     | Color | Condition           | No of Passenger |  |
| SBJ7468L                    | Car  | MERCEDES<br>BENZ | 200E AUTO | Grey  | Slightly<br>Damaged | 0               |  |
|                             | Car  |                  |           |       |                     | 0               |  |

| Details of Vehicle Insurance |  |               |            |             |  |  |
|------------------------------|--|---------------|------------|-------------|--|--|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |  |  |
| SBJ7468L                     | NTUC Income Insurance Co-Operative Limited | 5017047161-12 | 01/06/2019 | 31/05/2020  |  |  |





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

2 of 4 Report No. T/20190630/2040

CONTINUATION OF REPORT

| Any Pedestriar  | son Involved<br>I Involved: No       |           |  |                      | Des College State of the Colle |
|---|--------------------------------------|-----------|--|----------------------|--|
| No. of Pedestri                                       | ans Injured: NIL                     |           |  |                      |  |
| Driver  | and injured. IVIL                    | Use of    | Pedestr  | ion C                | ssing: NA  |
| Name  | DANIC ALL                            |           | - causti   | ian Cro              | ssing: NA  |
|   | PANG AH CHOY                         |           | 10   |                      |  |
| Related Vehicle                                       |                                      |           | ID I   | No.                  | S0179179F  |
| verated venicle                                       | SBJ7468L (Car)                       |           | -  |                      |  |
| Hazzit tion   |                                      |           | Cor  | tact No              | 97873581   |
| Hospital/Clinic                                       | NIL                                  |           |  |                      |  |
|   |                                      |           |  | s of                 | Class: 3   |
|   | 1 2                                  |           | Driv   | ing                  | Date of Expiry: NIL  |
|   |                                      |           | Lice   | nce &                |  |
| Date Treatment  | NIL                                  |           | Expi   | ry Date              |  |
|   |                                      |           |  |                      |  |
| No. of Days gran                                      | ted Medical Leave                    | Date Dis  | charge   | MIL                  |  |
| rivel   | ited Medical Leave NIL               | Date Dis  | charge   | MIL                  |  |
| Dilvel  |                                      | Date Dis  | charge   | MIL                  |  |
| Name  | ted Medical Leave NIL Unknown Driver | Date Dis  | charge<br>of Injury                                    | NIL<br>NIL           |  |
| Name  | Unknown Driver                       | Date Dis  | charge   | NIL<br>NIL           | NIL  |
| No. of Days gran<br>Driver<br>Name<br>Related Vehicle |                                      | Date Dis  | of Injury  | NIL<br>NIL           | NIL  |
| Name<br>Related Vehicle                               | Unknown Driver (Car)                 | Date Dis  | of Injury  | NIL<br>NIL           |  |
| Name  | Unknown Driver                       | Date Dis  | ID No  | NIL<br>NIL<br>O.     | NIL<br>NIL   |
| Name<br>Related Vehicle                               | Unknown Driver (Car)                 | Date Dis  | ID No<br>Conta   | NIL NIL O. of        | NIL NIL Class: NIL   |
| Name<br>Related Vehicle                               | Unknown Driver (Car)                 | Date Dis  | ID No<br>Conta<br>Class<br>Drivin                      | NIL NIL O. of        | NIL NIL Class: NIL   |
| Name Related Vehicle lospital/Clinic                  | Unknown Driver (Car)                 | Date Dis  | ID No<br>Conta<br>Class<br>Drivin<br>Liceno            | NIL NIL O. of g ce & | NIL<br>NIL   |
| Name Related Vehicle lospital/Clinic                  | Unknown Driver (Car)                 | Date Disc | ID No<br>Conta<br>Class<br>Drivin<br>Licence<br>Expire | NIL NIL O. of g ce & | NIL NIL Class: NIL   |

On 29/06/2019 at about 1930hrs, I was driving my vehicle bearing the registration plate number SBJ7468L, I was IMM Level 1 carpark. At the point of time, the traffic volume was moderate. I was in my vehicle waiting for a carpark lot near pillar 11-2 for about 15 minutes.

There was a vehicle on my right leaving the parking lot and I intended to park. Just after the vehicle drove off from the lot, out of sudden, a dark blue vehicle (Unknown Plate Number) came from the rear and make a quick reverse into the parking lot and brush against my front left bumper. I was in a stationary position when the dark blue vehicle reversed. The driver is one male Chinese in his 50s with mustache.

A dispute broke out between us and the driver claims that I had hit into his vehicle which I did not. I told him to wait and went into the mall to look for my wife to take my handphone. About 1 minute later, I returned however the driver and his vehicle was no longer at scene.

I do not have a in-car camera installed in my vehicle. I am unsure if there is CCTV at the vicinity of the





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

3 of 4

Report No. T/20190630/2040





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

4 01 4 Report No. T/20190630/2040

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

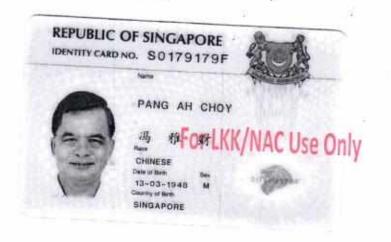
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

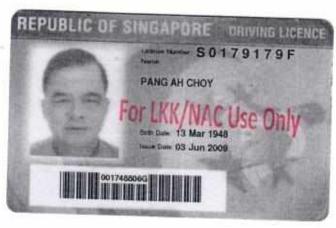
| Signature Of Officer Recording The Report: D / ASP OR JUN WEN, SYLVESTER St 714824 NS JIN MAO  | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>30/06/2019 12:40 |
| Officer In Charge Of Case:<br>TP / HRT /<br>Sr Staff Sgt ESTHER CHONG<br>Contact No.: 65476368 | CT TO                          |
| Authentication Stamp NP168   | SIGNATURE .                    |

| Claim Handling   |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| Policy No.   | 5017947141-52  | Vehicle No.  | SR27468.  |  | Teach with the second  |  |
| Contribute No.   |  | OTSTREET, TREET,   | 98379681  |  | GST Registration No.   |  |
| Folicyholder Name  | PANG AR CHOY   |  |   |  | 12/00/07/28/07:5   |  |
| Modust Code  | PRIVATE CAR INSURANCE  | Cover Type   | Third Farty   |  | Pulicyholder NRIC  | 501701702  |
| INTEREST No. (Mobile)  | #7#7358E   | Careact No.(Office)  | 1000 0000   |  | Leading Control to March   | 8  |
| inal Admes   |  | Special Semark   |   |  | Contact No.[Home;<br>=Code   |  |
| 990  | n five Yes   | TCA  | + No Yes  |  |  | No. *  |
| ICD Frotection   | *es  | BCD Entitlement(%)   | 30  |  | eCade Resear<br>Provate Hine   | 0429   |
| * Accident Details   |  | PARAMETER STATE OF THE STATE OF | (800)   |  | ancate nee   | No.  |
| Report Date  | 01/07/2019 11:01   | Accident Report Within 24 firs   | Yes   |  | DAMESTO.   | 10311  |
| Date of Accident   | 29/06/2016   | Time of Accused teams  | 19(3)   |  | Accident Type  | HR amil nas  |
| Reporting Centre   |  | Crange Force   | (Fareit)  |  | Caustry of Accident  | Sirgagure  |
| Accident Location  | AT DIM LEVEL 1 CARPARK (REAR TO FILLAR 11-2)   |  |   |  | ID4 No.  |  |
| Total Excess Applicable  | DISTRIBUTE TO THE PROPERTY OF CHARGE AND   |  |   |  |  |  |
| HOSSS Type   | Fer Accident   | Windscreen Excess  |   |  |  |  |
|  |  | THE PERSON NAMED IN COLUMN   |   | 200  |  |  |
| IC Standard Excess   | 0,00   | TP Standard Excess   |   | 0.00   |  |  |
| IETI OO Excess   | 9.06   | YIED TH Excess   |   | 0.00   | Oriver is Chiefred?  | / WOW NED  |
| dditional Excess   |  |  |   | 760,000  | - Universe Channelly   | Covered  |
| otal OD Excess Applicable  | 0.00   | Total TF Excess Applicable   |   | 0.00   |  |  |
| ⇒ Benefits   |  | WALL VERSION AND THE   |   |  |  |  |
| ⇒ GST Registered Informat  | lian   |  |   |  |  |  |
| ST Registered  | Ng   |  | 1000  |  |  |  |
| ST Registration No.  |  |  |   | utration Date<br>us Verified   |  |  |
| Hillication History  |  |  | .023.200  | ma serviced  | Yes  |  |
|  |  |  |   |  |  |  |
| Policyholder Halling Add   | ruse   |  |   |  |  |  |
| Adress 1   | BLK 462 #10-626  | Address 2  | CLEMENTI AVENI  | H 3  | Address 3  | Englishmen control   |
| Dáreze 4   |  | Astoness Type  | Singapore actorns   |  |  | EJNGAPORE 120402   |
| nt Se.   |  | Related Policy Number  | 3017047161-12   | 5  | Post Code  | 120462   |
| of Driver Into   |  | The state of the s | - 101-12  |  |  |  |
| Over Name  | PANS 6H CHOV   | Driver Type  | Main Driver   |  |  |  |
| nnamed driver Name   |  | Driver NEIC  | 5817917W  |  | DACK WITH BALL   |  |
| egister Date of Oriver License   | 91/01/1965   | Driver Age   |   |  | Driver DOIL  | 13/03/1948   |
| ontact No. (Humbe)   | 97822061   |  | 25  |  | Driving Experience   | 34   |
| doresa 1   | BLK 962 #19-626  | Contest Noctotics  |   |  | Contact No.(Huma)  |  |
| Dôress 4   | , out 100 4 10 12 to   | Address I  | ELEMENTS AVENU  |  | Address 3  | STREET/ORE 130462  |
| W. No.   |  | Admess Type  | Singapore address   | 0  | Post Clide   | 120462   |
|  |  |  |   |  |  |  |
| ives he own a Singapore<br>egistered car?  | Tes -< No  | Driver Vehicle Na  | 5637468L  |  | Driver Insurer Company   | MTHC   |
| estemenon  |  |  |   |  |  |  |
| wathalyser or Blood Text   |  |  |   |  |  |  |
| Claim 001 New  |  |  |   |  |  |  |
| man.   |  |  |   |  |  |  |
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# Certificate of Insurance

| MOTOR VEHICLES (THIRD PARTY RISKS AND COM | ADENICATIONS A COLUMN         |
|---|-------------------------------|
| MOTOR VEHICLES (THIRD PARTY RISKS AND CON | APENSATION) ACT (CHAPTER 189) |
| ROAD TRANSPORT ACT, 1987 (MALAYSIA)       | W ENSK (10N) RULES, 1960      |
| MOTOR VEHICLES (TUIND DARTH DISHE)        |                               |

TOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

| Certificate | Num | ber: | 501 | 7047 | 161 | -12 |
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Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SBJ7468L

Chassis Number

2. Name of Policyholder

: WDB1240212B033957

3. Effective Date of Insurance

: PANG AH CHOY

: 01 Jun 2019

4. Expiry Date of Insurance

: 31 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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

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 I N/A NCD PROTECTION : YES (FREE) PRIMARY DRIVER : PANG AH CHOY 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

: VICOM LTD (00000612210)

Date of Issue

: 29 May 2019 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive