NATIONAL Assessment Centre Servi	A CONTRACTOR OF THE PARTY OF TH
Date in: 050012011 18105 Into de	scription Date & Time Completed Done by
REING: MBA THEEL 90 1904STY SAS	e-filing
want	mil (within thrs, AIC 2hrs)
and the state of t	otor Claim Form 1052 80 001 08 001 00
I-Mo	ntor W/O (William OD Thea TP 4hrs) 18:38
OD TP Peporting Only	oto Uploaded
TD Issues	ssment/Survey Report
TP Insurer: Ass't	Report by Fax / Hand to Owner/Wkap
Preferred Wksp /4NC Assign Wksp / QW: (-	Tel: Fax:
TP Particulars: Veh No: JUE &	\$066 INC()/Non-INC().
Owner / Driver: (T'el:)
Policy No: () Period: () Cover Type: ()
Confirmed by : (Date: Time:)
	Status (WO): N: 0-20%; P: 21-79%, F: \$0-100%]
Year of Registration: () Warranty	
Exects: (\$) Londing: \$1,000 ()/\$2,000()
General Remarks	为中国的特征。对对他国际首任中国的证据从12.12.12.12.12.12.12.12.12.12.12.12.12.1
	strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URG	ENTLY.
Drive-in () / Towed-in (); invoice: YES (() / NO (); Towing Co: ()
Remarks: (INC horline: 6788 6616)	Date&Time Completed - Done by
Apply for Transport Allowance () / Courtesy	· Cor ()
THE PROPERTY AND IN COLUMN TWO IS NOT THE PARTY OF THE PA	
2) QC Check / Post Repair Inspection	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	
2) QC Check / Post Repair Inspection	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Time: Actions: Actions:	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date(Pine) Actions	Invaice Preparation Checklist Ant(4) And
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Distertine: Actions NA/905669	Invariae Preparation Checklist Ant (s) And (1) AR: Accident Reporting (\$30); 2) DA: Dumeye Assessment (\$100); INC (\$80)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Distertion Actions Actions Claimant's Pairticulars:	Invalce Preparation Checklist Anit(s) Anit In Anit (s) Anit Ani
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Distertional Actions Claimant's Particulars:	Invalce Preparation Checklist In Bill Add I 1) AR: Accident Reporting (\$10); 2) DA: Durneye Assessment (\$100); INC (\$80) 3) TP: Towing Fee 4) FT: Fellow-Through Survey \$120 5) FT: Fullow-Through Survey (Resurvey) \$300
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Contact No:	Invalue Preparation Checklist In Bill Add I 1) AR: Accident Reporting (\$10); 1) DA: Dumeye Assessment (\$100); INC (\$80) 3) TF: Towing Fee 4) FT: Fellow-Through Survey \$120 5) FT: Fellow-Through Survey \$120 5) FT: Fellow-Through Survey (Resurvey) \$30 Enrichment angulat INC Only (well to Jan 2003) 6) TR: Resignmention \$255
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Detertion: Actions Claimant's Particulars:	Invalce Preparation Checklist In Bill Add. And Control And Control And Control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Chiman Carticulars: Claiman Carticulars: Contact No: Damaged Portion:	Invarce:Preparation Checklist In Bill Add. Ancident Reporting (\$10); INC (\$80)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Check / Post Repair Inspection (Repair Cost > \$3000] Injury: Date: Contact No:	() () () () () () () ()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Time: Actions Claimant's Particulars: Contact No: Damaged Portion: QC: Checked by (Engr-In-Charge):	() () () () () () () ()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Distribute: Actions Claimant's Particulars: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Additors' Comments:	Invaries Preparation Checklist Anic(5) Anic(5) Invaries Preparation Checklist Anic(5) Anic(5) I) AR: Ascident Reporting (\$100): INC (\$80) 2) DA: Dumege Assessment (\$100): INC (\$80) 3) TP: Towing Fee \$40,745 4) FT: Fellow-Through Survey \$120 5) IT: Fullow-Through Survey (Resurvey) \$30 Extelaipting against INC Only (well 10 Inn 1008) 6) TR: Reviewection \$71 7) NI: Iday DA + SNRT Survey \$160 8) NTUC Additional Services: (DIE 10
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date: Time: Actions Claimant's Particulars: Contact No: Damaged Portion: QC: Checked by (Engr-In-Charge):	() () () () () () () ()

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/07/2019 18:05
Date Of Accident	07/07/2019 11:40
Exact Location Of Accident	JOHOR JAYA HEADING TOWARDS WOODLANDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
SELECTION OF THE PROPERTY OF T	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC1932E
Insured/Policyholder	
Name Of Registered Owner	YAP CHYE HEE
NRIC No	S1621143E
Email Address	RAYTEO6407@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98633648
Alternative Phone No	OTHERS-97541810
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5018126769-12
Cover Note Number	
Driver	
Name of Driver	ONG KOH CHYE
NRIC No	S1290724I
Date Of Birth	04/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98633648
Fax Number	
See also provide the first to the first to	OF IFFO STATES

OTHERS-97541810

RAYTEO6407@GMAIL.COM

BLK 288C BUKIT BATOK STREET 25 Address

#05-22

Postcode 652288

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

FRIEND

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

JNE8066 (PRIVATE CAR)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: YAP CHYE HEE

GENDER:

: MALE

Passenger 2

NAME:

: YAP CHYE HEE (WIFE)

GENDER:

: FEMALE

Passenger 3

NAME:

: FRIEND : MALE

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CAWANGAN TRAFIK

ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM,

Police Station Address

POSTCODE: 81750 , COUNTRY: MALAYSIA

TEL NO: - FAX NO:

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO TRAFIK JOHOR BAHRU(S)/017199/19

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

JNE8066

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PROTON

PRIVATE CAR LEE POH LI

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.
- 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.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

No Personel: R205355

No K/P (Baru): ---Bahasa Asal : ---

Balai

: TRAFIK JOHOR BAHRU(S)

: R92851

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No Repot

: TRAFIK JOHOR BAHRU(S)/017199/19

Tarikh

: 07/07/2019

Waktu

: 1448 PM

Bahasa Diterima ; B. Malaysia

Butir-butir Penerima Repot

Nama: IVAN WALTER ANAK LITOR

Butir-butir Jurubahasa (Jika Ada)

Nama: ---

No Paspot: ---

Alamat: ---

Butir-butir Pengadu

Nama: ONG KOH CHYE

No K/P (Baru): --

No Sijil Beranak : ---

Jantina: Lelaki

Keturunan : Cina

Pekerjaan: TRELER DRIVER

Alamat Tempat Tinggal: BLK 288-C BUKIT ST-25 #05-22 SINGAPORE, 652288

Alamat Ibu/Bapa : ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Polis/Tentera: ---

Tarikh Lahir : 04/03/1958

Warganegara: Singapore

No Tel (Pejabat): ---

Pegawai Penyiasat

Pangkat: KONST/P

No Polis/Tentera: ---

No Paspot: K0388913E

Umur: 61 tahun 4 bulan

No Tel (HP): 97541810

ON 07/07/2019 AROUND 1140HRS, I WAS DRIVING MY CAR (SGC1932E) FROM JOHOR JAYA HEADING TO WOODLANDS SINGAPORE. BY THE TIME I REACH KM 10 JALAN JOHOR BAHRU KOTA TINGGI, I WAS DRIVING STRAIGHT ON THE RIGHT LANE. SUDDENLY A CAR (JNE8066) COMING FROM THE MIDDLE LINE CUT INTO MY LANE AND COLLIDE WITH MY LEFT FRONT SIDE OF MY CAR. NO INJURIES HAPPEN TO ANYONE, MY CAR DAMAGES WERE ON THE LEFT-FRONT OF MY CAR: HEADLIGHT, BUMPER, MUDGUARD AND OTHER DAMAGES I'M NOT SURE YET. THAT IS ALL

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak UK TJ R4188963 E07/07/2019 03:10:44 PM PEJ, SALINAN REPO

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR TIDAK BOLEH DIGUNAKAN INTUK TUJUAN PERBICARAAN

cident MT/1052382							
itcy fee.	8018338768-12	Vehicle No.	90019338		GST Registration No.		
tificate fin.							
cytolder Name	YAP CHYE HEE				Policyholder NRIC	51621	143E
duct Code	PRZVATE CAR INSURANCE	Cover Type	811VO CLASSIC		Loading		
tact No.(Motive)	98633649	Contact No.(Office)			Contact No.(Home)		
ual Apdress		Special Remark			ACTUBE :	No. 9	1
K.	+ No Yes	TCA	= No Yes		eCode Reason:		7
D Prefection	Yes	NCD Existement(%)	50°		Private Hins	No	
Accident Details	1,077		100		0.34440.000		
	CONTRACTOR OF THE PROPERTY OF		12/02		500000000000000000000000000000000000000	= 1112	
port Dene	08/07/2019 18: E2	Accident Report Within 24 hrs.	Yes		Accident Type	THUE N	
ne of Accident	57/07/2019	Time of Accident No. Hoth	LLIND		Country of Account	Duteid	e Singapore
porting Cantre		Grange Force			JOHNS.		
othern Location	IDHOR INTO HEADING TOWARDS WOODLANDS	SINGAPORE					
7 Excess							
in damage Excess	9.00	Additional Excess	0		Windstyren Excess	100.00	
married Driver Excess			- 40	0.60	Committee and second	4 5500	
	500.00	Dutside Singapore CID Recess					
nti Party Excess	0.00	Outside Singapore TP Encus		0.00			
7 Senefits							
verage			Sam Insu	est			
Cessy Walver			40004400	99			
enspert Allowance			99999999	.99			
GST Registered Informat	See						
T hegistered	No		GST Regis	tration Date			
7 Registration No.			GST Statu		Yes		
dhuqun mayr					0000		
and the second second second second second							
Policyholder Halling Add	rese :						
		WE S			-101-72		
Idraes I	BLK 706 #12-68	Address 7	JUNDING WEST STI	MET 71	Address 3		PORE 640706
Mires 4		Address Yype	Singapore antiress		Post Colle	64070	6
NT No.		Related Policy Number	9018136769+17				
□ OI Oriver Info							
iver Name	Unitarned Driver	Driver Type	Meaning Driver				
married driver Name	ONG KON CHIE	Driver NRIC	812907241		Onver 006	04/03	1958
egister Date of Driver License	17/03/1979	Driver Age	**		Driving Experience	41	57100
	27/00/1978		***			250	
ontact No. (Mobile)		Contact No.(Diffice)			Contact No.(Home)		
fdress I	BLK 288C #05-22	Address 2	BUKIT BATOK STA	RET 25	Address S	HATSI	RE VIEW
Adress 4	STAGAPORE 652286	Address Type	Foreign address		Prot. Code	hbaat	4
NE No.	89-22						
ses he own a Singapore	Yes a No	Driver Vehicle No.	50019328		Driver Insurer Company	White	
egistered car?					Commence of the Commence of th	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ederation							
Claim 001 frem							
Jaim Type +				C(0-MX	Insured VAF CHIE HE Name		
					4 HOSTIGO AND CHAR HE		Proper Stations
				Salara Control			- NEIC BERNETABLE
				B0ET364B	Centart		Contact
ortiact No.(Modifie)				- Secondaria	Contact fm. (Home)		Cornact (Office)
				- Secondaria	Centair fm. (Home) OI Venide Signification		Contact No. (Office) TP Vehicle (Intended
ortiect No.(Moldie)				- Secondaria	Centart Nn. (Home)		ORIC STREET OF THE STREET OF T
ordect No.(Mossie) mail Address				- Secondaria	Contact Nn. (Home) OI Vende SIGCISTEE Number		Office) To Variote Number Number Perferred
orfiect for (Moddle) mell-Address lavn Description				B0ET164B	Contact Nn. (Home) OI Vende SIGCISTEE Number		NEIC SHEELINGS COMECT AS. (Office) TP Verbicks Number Number Name of
orfiect for (Mostler) mell Address lien Description well-red	Inverted Liability Next at Facult	•		B0ET164B	Contact Nn. (Home) OI Vende SIGCISTEE Number		Office) To Variote Number Number Perferred
orriect for (Mossey) mell Address larm Description velocity	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	d .	PECTRISE \ Talestilee On	Contact No. (Home) OI OI Verios Securate Number 17 3st 2019		Office) To Variote Number Number Perferred
meli Address meli Address lern Description referred forkuboo deset No. Ves	Praférered		ıd ,	PECTRISE \ Talestilee On	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
mell Address mell Address lawn Description vefersed forkuloo mallet No. Vee vete Regulatered	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	id .	SSCIBIZE / 19E8066 OF	Contact No. (Home) Of Signature Signature Number 17 3at 2019		NEIC DEBILLINE Connect No. (Office) TP Vehicle Namber Name of Preferred Morkshap
meli Address meli Address llern Description veferoed forkchoo oranist No. Ves inablation lets Registered	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	d .	PECTRISE \ Talessee On	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		NEIC STRUCTURE COMMENT No.
mell Address larm Description veferosi forking coulet No. Yes wite Regularest equant Taken Se	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	d .	SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Careact Re. (Office) Ty Variote Number
mell Address larm Description veferosi forking coulet No. Yes wite Regularest equant Taken Se	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	ıd .	SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Careact Nesi Carea
mell Address larm Description veferosi forking coulet No. Yes wite Regularest equant Taken Se	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	et .	SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Careact Nesi Carea
ordect No.(Modife)	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture		SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Careact Nesi Carea
mell Address larm Description veferoel forking desset Ne. Ves veter Regulares veter Regulares veter Regulares	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture	d Save Subme	SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Careact Re. (Office) Ty Variote Number
mell Address larm Description veferosi forking coulet No. Yes wite Regularest equant Taken Se	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture		SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
mail Address well Address we	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture		SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
mail Address well Address we	* Repair Preferred Workshop, Nam	ma independent at 1668 manufacture		SSCIBIZE / 19E8066 OF	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
nell Address liem Description selection	Planer Cotion Preferred Wyrtehop, Na	me unknown * GAA regard Receive		DECTRISE / INCRESS OF THE STATE OF T	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
order for (Morde) nell Address som Description selected original original original Test and the selected apport Taken Se Front AK letter Attachment	Profession Preferred Waveshop, Na Option HT/1052382	me unknown * GAA regard Receive		BECTRISE / JAHRRIGE OF BANDT/2019 LBIST	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
order for (Morde) nell Address som Description selected original original original Test and the selected apport Taken Se Front AK letter Attachment	# Reper Cotion Freferred Wartshop, No.	me unknown * GAA regard Receive		DECTRISE / INCRESS OF THE STATE OF T	Centari Inn. (Hone) OI Veride SGCISTE Number 17 3rd 2019		Nesi Careact Connect Re. (Office) Ty Variote Namber Name of Penterred Workshap
order for (Morde) nell Address som Description selected original original original Test and the selected apport Taken Se Front AK letter Attachment	Profession Preferred Waveshop, Na Option HT/1052382	me unknown * GAA regard Receive		BECTRISE / JAHRRIGE OF BANDT/2019 LBIST	Contact (None) Of Vertice Founder 1 7 3ut 2019 Claim Claim	Unjungsy 4	NeEC SAME THE CONTROL OF SAME SAME SAME SAME SAME SAME SAME SAME
interest the (Model) mail Address intern Description internal original original original ata Singularises spourt Taken Sir Front AK letter Attachmans or or Coc. Repaired	Page Page Yes Page Page Page Page Page Page Page Page	me unknown * GAA regard Receive		DECISION DECISION DECISION DE COMPONICION DE COMPON	Continue Contin		NeEC SAME THE CONTROL OF SAME SAME SAME SAME SAME SAME SAME SAME
mell Address liam Description referred (original State St	Professed Reper Codies Preferred Workshop, Na Prefe	me unknown * GAA regard Receive	Save Subme	BECTRISE / JAMES OF ON 100 SECTION OF 100 SECTION O	Continue Contin	Unymosy 4	NeEC SAME THE CONTROL OF SAME SAME SAME SAME SAME SAME SAME SAME
mell Address larm Description referred orking o control o con	Professed Reper Codies Preferred Workshop, Na Prefe	me unknown * GAA regard Receive	Save Submit	DA/07/2019 18:37 ROSLI WANAS 06/07/2019 18:38 Listagory * Please Scient Frame Scient	Contact Non. (Home) Ot Vertice SGC1937E Rumber 7 3ut 2019 Confidential MG	Urgancy * formal * formal *	Netic Selections General Communication (Communication Communication Com
arriact for (Mossier) mail Address larm Description referred Orlondo O	# Reper Codies Freferred Workshop, Na Freferred Work	me unknown * GAA regard Receive	Save Submit	BRETSGAN BROTZERIE / JAHROGG ON BROTZERIE / JAHROGG ON BROTZERIE / JAHROGG ON ROSELI WANAR OR OT/2019 18:38 Extegory * Please Scient Please Scient Please Scient	Contact Cont	Unjuncy * formal * formal * formal *	Netic Selections General Communication (Communication Communication Com
aniet he (Mode) mail Address iem Description referred Orkohoo Statistic No. Yes copern fig. st Coc. Reserved Choose File No file chosen	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Submit	DA/07/2019 18:37 ROSLI WANAS 06/07/2019 18:38 Listagory * Please Scient Frame Scient	Centert No. No. Ottope) Ottope Ottope SEGCISTIZE Number 17 3ul 2019 Claim Close Oals Claim Close Oals Claim Close Oals Find • NO •	Urginosy * formal * formal * formal *	Netic Selections General Communication (Communication Communication Com
arriact for (Moode) mail Address lawn Description peternal construct control of control	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Submit	BRETSGAN BROTZERIE / JAHROGG ON BROTZERIE / JAHROGG ON BROTZERIE / JAHROGG ON ROSELI WANAR CONOTICOLO 18:38 Extegory * Please Scient Please Scient Please Scient	Contest No. (Home) Ot Vertice SGC1837E Number 17 Jul 2019 Clarm Clarm Clarm Clove Clarm Clarm	Unjuncy * formal * formal * formal *	NeEC SAME THE CONTROL OF SAME SAME SAME SAME SAME SAME SAME SAME
arriact for (Moode) mail Address lawn Description referred Gorkchoo goodet No. Yes address count Taken Se Front AK letter Amachmens Front No. Received Choose File No file chosen	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Subrut	BRETSGAN BROTZERIA JAMENDA ON BROTZERIA JAMENDA ON BROTZERIA JAMENDA ON BROTZERIA JAMENDA ON Category * Please Scient Please Scient Please Scient Please Scient	Centari No.	Urgency * Normal * Normal * Normal *	NeEC SAME THE CONTROL OF SAME SAME SAME SAME SAME SAME SAME SAME
ordect for (Model) mall Address larm Description referred learn Description referred learn Description referred learn Description Vec mallestion Vec mallestion Front AK letter Artachment re codern fix, learn Description Choose File No file chosen	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Subrut	BRETSGAN BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON CATAGORY * Please Scient	Centari No.	Unjacoy * formal * formal * formal * formal *	Next Command C
oriset he (Mosiw) half Address ern Description efferred orischo orisc	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Subrut	BRETSGAN BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON CATAGORY * Please Scient	Centari No.	Unjacoy * formal * formal * formal * formal *	Next Command C
oriset he (Mosiw) half Address ern Description efferred orischo orisc	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	me unknown * GAA regard Receive	Save Subrut	BRETSGAN BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON CATAGORY * Please Scient	Centari No.	Unjacoy * formal * formal * formal * formal *	Next Command Command Section 1985 (Office) 199 Vehicle Number Namber Section 1985 (Office) 1985 (Off
oriset for (Modes) nell Address een Description efersol orischoo start for yes star Argustered sount Taken & Front AK letter Artachment op cooen for, choose file No file chosen	Professed Preferred Workshop, Name Continue MY/1052362 Yes No. Path *	Clein No. Tiples Dele	Save Subrut	DECTIONS DECTIONS DECTIONS DECTIONS DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION Please Scient	Contact No. Otherwise Vertice SECCESTEE Vertice SECCESTEE Vertice SECCESTEE Vertice SECCESTEE Vertice Confidential Vertice Confidential Vertice Confidential Vertice Ver	Urgonsy * sormal * sormal * sormal * sormal * sormal * sormal *	NEIC SHALL THE CONTROL OF THE SHALL
oriset No. (Mossie) half Address ann Description efersal ann Description efersal ann Description efersal ann Description descr	Profession Preferred Wyrtehop, Na MY/1052362 * Yes Ne Path *	Cleim No. 1/pland Date Category	Char Char Char Char Char	BRETSGAN BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON BROTZERIA JAMENDAS ON CATAGORY * Please Scient	Centari No.	Urgonsy * sormal * sormal * sormal * sormal * sormal * sormal *	Next Command Command Next (Office) TP Vehicle Number Namber Pentered Workshap Workshap Date Received Office Offic
and Address and Description effected orkicho orki	Professor Reper Codies Preferred Workshop, Na Prefe	Cleim No. 1/pland Date Category	Char Char Char Char Char	DECTIONS DECTIONS DECTIONS DECTIONS DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION Please Scient	Contact No. Otherwise Vertice SECCESTEE Vertice SECCESTEE Vertice SECCESTEE Vertice SECCESTEE Vertice Confidential Vertice Confidential Vertice Confidential Vertice Ver	Uriginosy * formal *	NEIC SHALL THE CONTROL OF THE SHALL
mell Address Sam Description verferred forking genet Ne. Yes relation Attachment for Choose File No file chosen	Profession Preferred Wyrtehop, Na MY/1052362 * Yes Ne Path *	Claim No. Typhiad Date Category Category THE SERVICE Photos	Char Char Char Char Char	DECISION PERSON DECISION PERSON DECISION PERSON DECISION PERSON DECISION PERSON DECISION DECI	Centari No.	Uriginosy * formal *	NEIC SHALL THE CONTROL OF THE SHALL

	Uploaded By/Date	Folder Date	n	e Name	P Source	Action
→ Video List						
NOTE	NAC_BURIT_MERAN_SCORFG(NAT) S (BURIT MERAN))	DRAM ASSESSMENT CENTRE SERVICE on 118 Jul 2015 15:38	NRIC/ Driving License	Narmal	NACC/ Driving License 3019-7-8	
403	MAC_BURIT_MERAH_BOOGF9(NAT) S (BURIT MERAH))	ORAL ASSESSMENT CENTRE SERVICE on DE Jul 3019 18:38	SAS	Norma	SAS 2019-7-8	
	NAC BURTT MERCH (809678) NATS 6 (WURLT HERCHI))	CONAL ASSESSMENT CENTRE SERVICE on 00 Jul J019 10/30	Photos	Normal	Photias 3018-7-8	
C/	S (BUKIT MEAKH))	DNAL ASSESSMENT CENTRE SERVICE on 08 Jul 2019 18:38	Phylin	Normal	Photos 3019-7-8	
0	S (NUKET HERAH))	ONAL ASSESSMENT CENTRE SERVICE on 08 34 2019 18:38	Physics	Normal	Photos 2019-7-6	
21	MAC BUNIT MENAH, BOOK 760 NATI	CINAL ASSESSMENT CENTRE SERVICE on 88 Jul 2019 19:38	Photos	Normal	Photos 3010-7-8	
Val	NAC_BUKIT_MERAH_BD0676(NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 68 Jul 2019 18: 18	Photos	Normal	Photos 2019-7-8	
100	NAC_BURIT_HERBU_BODGTN(NATI S (BURIT HERAH))	ONAL ASSESSMENT CENTRE SERVICE on 66 Jul 2019 18:38	Photos	Normal	Photos 3010-7-8	
1						

Display in New Window | Scan and canoading

ACCIDENT STATEMENT

ACCIDENT DATE: 7 7 1019 (DD/A	111 00001 2002 1 1 1 110
LOCATION:	MM/TTT), TIME:(
T. DETAILS OF VEHICLE	*
alvehicle Number: SGC 19	32 E
OMPANY: NT	UC
CIPOLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / TH	HRD PARTY / THÍRD PARTY FIRE &THEFT)
elMAKE & MODEL;	
f)TYPE:(SALOON / COUPE / MPV /VAN g)VEHICLE CATEGORY:(PRIVATE / COA	/ LORRY / MOTORCYCLE / OTHERS
9/VEHICLE CATEGORY: (PRIVATE / COM	MMERCIAL / MOTORCYCLEI
h)PURPOSE OF USING AT ACCIDENT TIME	1E: 11.40 am
IF NO, PLEASE STATE THIRD BARY	
ANAMET THE	HEE
DINKIC/FIN/PASSPORT: 8 16211	+3 E CONTACT QUE 3 100
c)ADDRESS:	- 1663 3048
* CONTINUE TO 2 4 15 2 2 1	
* CONTINUE TO 3.d IF DRIVER ALSO POL	CY HOLDER
(Including driver) SINAME: DUG COSH CUT	
O DINKIC/FIN/PASSPORT	(MALE / FEMALE) / P/D
c)ADDRESS:	CONTACT: 9754/8/0
"diDATE OF SIPTIS (INC. 177 1/17)	
e)OCCUPATION: (INDOOR / OUTDOOR)	(DD/MM/YYYY) .
DONNE OF DRIVING DAGE	r rick lust v
WAS DRIVER AN EMPLOYED OF THE TO	ISLIDED'S SOMBAND AND A
IF NO, RELATIONSHIP OF THE DRIVER 5. GIWEATHER CONDITION (CITAL IN THE INTERPREDICTION)	WITH INSURED.
b)ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (KES / NO)	3. OF 18
IF TES, PLEASE STATE WHICH POLICE STATE	TOWN TRAFIC ID
II II VEHICLE	1
Including driver) b) DRIVER'S NAME: CHE PORT	MODELL PROPER
() NRIC/FIN/PASSPORT:	
Y. THIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	MODEL:
Including delicas Of DRIVER'S NAME:	MODEL:
NRIC/FIN/PASSPORT:	CONTACT:
* * *	

email = Ponteo 6407@ Gmail-com VIDEO PASSPORT (III



REPUBLIC OF SINGAPORE

PA SGP

K0388913E

For LKK/NAC Use Only



ONG KOH CHYE

04 MAR 1958 10 APR 2018 13 NOV 2023

SEE PAGE 2 \$12907241

SINGAPORE CITIZEN SINGAPORE

MINISTRY OF HOME AFFAIRS



K0388913E2SGP5803044M2311137S1290724I<<<<58





Class 20 Class 2A Motorcycles not exceeding 200 oc Motorcycles between 201 oc and 400 cc

Cless 2 Metercycles expeeding 400 cc Motor Cars and Motor Trectors the weight of which unladen does not exceed 2500 kilograms Class 3

Class 4 Heavy Motor Cars and Melor Tractors the weight of which unladen exceeds 2500 kilogra Class 5

Motor Vehicles which ere not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

01 Jun 1978 01 Jun 1978 01 Jun 1978 17 Mar 1978

17 May 1979

13 Jul 1961



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: 5018126769-12 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle SGC1932F

Chassis Number : MR053ZEC107111806

2. Name of Policyholder : YAP CHYE HEE

3. Effective Date of Insurance : 14 Jan 2019 4. Expiry Date of Insurance : 13 Jan 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.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : YES **EXCESS WAIVER** : YES PRIMARY DRIVER

: YAP CHYE HEE NAMED DRIVER (1) : YAP YI KIONG NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS BANK 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 : INCOME - JURONG BRANCH (00000600183)

Date of Issue : 22 Nov 2018 14:04 hrs Reprint : 22 Nov 2018 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive