NATIONAL Assessment Centre Services. [wel | Jan'00] . MMA 11909025 Done by Date &Time Completed Date In: Jeb description 10/7/19 16:18 Ref No: SAS c-filling NAI INC 19012218/14. You He E-mail (white Shrs, AIC 2hrs) EU 61884 MT/1052800 001 LILLA I-Motor Claim Form 10/7/19 16:52 917119 16:30. I-Motor W/O (Within: OD 2hrs, TP 4hrs) C Reporting Only (11) / (1) i-Photo Uplonded Assessment/Survey Report TP Insurer: Ass't Report by Pax / Hand to Owner/Wkon er v teachness Proformit Wksp / INC Assign Wksp / QW: ( TP Particulars: )/Non-INC ( INC ( 5LV 3133 Y. Owner / Driver: ( Tel: Policy No: ( Period: ( Cover Type: ( Confirmed by: ( Dates Tima Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( Warranty: YES ( )/NO( Excess: (S Loading: \$1,000 ( )/\$2,000 ( ) Concentration in the second of ) Walle-In Curcomar: Customor's information strictly Confidential & Strictly NO refer of repairer ) Total Loss Case : to e-mall Insurer URGENTLY. )/Towed-In(\_. Drive-In ( ); Invoice: YES ( ) / NO ( ) : Towing Co. ( Company of the Company of the Company 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury; 1) All 1 Applient Reporting = (530); ING (210) 2) DA | Damege Assessment (5100); 340/545 3) TP 1 Towing Pee Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) 11 Contact No: Por claiming atalast ING Only (world Jan 200) 6) TRr Re-inspection Damaged Portion: 7) NI Idea DA + SMRT Survey 8) NTUC Additional Services: QC Checked by (Engr-In-Charge): \* NS: Courlesy Car / Tpt Allowanne Not Hapele Co-ordination NIT Post Repair Inspection +Na; DV / Collect Excess Coordination TP (Nti) : TP (Kim INC) against INC al. 1: Involve stated 1 2/3: Involve dated

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

Date Of Accident  Date Of Accident  Date Of Accident  Description of Accident  Country/State of Loss  DETAILS OF OWN VEHICLE  EU8188H  Insured/Policyholder  Name Of Registered Owner  Rich on S2554579F  Email Address  Mobile Phone No  (LOCAL) +65-98575163  Vehicle Particulars  Manufacturer  Model  Airwave  Exact Purpose for which vehicle was being used at ime of accident  Ven Or pepair to your vehicle?  No  No  No  No  No  No  No  No  No  N		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NEIC No S2554579F NOEMAIL Mobile Phone No (LOCAL) +65-98575163  Vehicle Particulars Manufacturer Mounded Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE HIRE PRIVATE HIRE POSICY POSICY NO  AIRWAPY  AIRW	Date Of Report	10/07/2019 16:18
Country/State of Loss  SINGAPORE  DETAILS OF OWN VEHICLE  LIGH 88H  Insured/Policyholder  Name Of Registered Owner NEIC No S2554579F NOEMAIL Mobile Phone No OFFICE-98575163  Alternative Phone No OFFICE-98575163  Alternativ	Date Of Accident	09/07/2019 16:30
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner NEIC No S2554579F NOEMAIL Mobile Phone No (LOCAL) +65-98575163  OFFICE-98575163  Vehicle Particulars  Manufacturer Model Alkernative Phone No OFFICE-98575163  Vehicle Particulars  Manufacturer Model Alkery Ou claiming under your own insurance policy or repair to your vehicle?  NO	Exact Location Of Accident	PORTSDOWN AVE FLYOVER JUNCTION TWDS QUEENSWAY
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No  S2554579F  MOEMAIL  (LOCAL) +65-98575163  Mobile Phone No  (LOCAL) +65-98575163  OFFICE-98575163  Vehicle Particulars  Manufacturer  Monufacturer  Monufacturer  HONDA  AIRWAVE  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  PRIVATE HIRE  Insurance Company  Jame of Insurance Company  Vipe Of Coverage  THIRD PARTY  Vipe Of Coverage  TH	Country/State of Loss	
Insured/Policyholder Name Of Registered Owner Name Of Registered Owner NRIC No S2554579F NOEMAIL (LOCAL) +65-98575163  Alternative Phone No OFFICE-98575163  Vehicle Particulars Manufacturer Mobile Phone No Alternative Phone No OFFICE-98575163  Vehicle Particulars  Manufacturer HONDA AlrwAVE Exact Purpose for which vehicle was being used at lime of accident Exact Purpose for which vehicle was being used at lime of accident Exact Purpose for which vehicle was being used at lime of Accident Exact Purpose for which vehicle was being used at lime of Accident Exact Purpose for which vehicle was being used at lime of Accident Exact Purpose for which vehicle was being used at lime of Accident Exact Purpose for which vehicle was being used at lime of Exact Purpose for Which vehicle was being used at lime of Exact Purpose for Which vehicle was being used at lime of Exact Purpose for Purpose for Section of Exact Purpose Policy Purpose for Which vehicle was being used at lime of Exact Purpose for Which vehicle was being used at lime of Exact Purpose for Purpose for Insurance Company Policy Number  In Company  In Comp		DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC No S2554579F NRIC No S2554579F NOEMAIL (LOCAL) +65-98575163  Alternative Phone No (LOCAL) +65-98575163  Alternative Phone No OFFICE-98575163  Alternative Phone No Alternative Phone No Alternative Phone No OFFICE-98575163  Wehicle Particulars  Manufacturer HONDA AIRWAVE Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? NO	Vehicle Registration Number	EU6188H
NRIC No S2554579F Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98575163  Alternative Phone No OFFICE-98575163  Vehicle Particulars  Manufacturer HONDA Model AIRWAVE  Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE  INSURANCE COMPARTIVE LTD THIRD PARTY INDEPTOR OF Coverage THIRD PARTY INDEPTOR OF COVERAGE  INDEPTOR OF COVERA	Insured/Policyholder	
NRIC No S2554579F Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98575163 Mobile Phone No OFFICE-98575163  Vehicle Particulars Manufacturer Model Airway Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE  THIRD PARTY No Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY NO S105549321  TOVER  TOVER  TOVER  TOVER  TOVER  TOVER  TOVER  TOVER  TOVER  TAN KUAN YONG JIMMY S104601 S104601 SMONTHS TOVER  TO	Name Of Registered Owner	LIM PHAIK FANG
Mobile Phone No (LOCAL) +65-98575163  Alternative Phone No OFFICE-98575163  Vehicle Particulars  Manufacturer HONDA AlRWAVE Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle?  And No Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE  THIRD PARTY  Alame of Insurance Company  Alame of Insurance Company  Alame of Insurance Company  Alame of Insurance Company  Alame of Driver  Alame of	NRIC No.	S2554579F
Alternative Phone No OFFICE-98575163  Vehicle Particulars  Manufacturer HONDA AIRWAVE Exact Pupose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY NO Policy Number 5105549321  Cover Note Number 5105549321  Cover Note Number TAN KUAN YONG JIMMY ST304482J Late Of Birth 22/101/1973 Double Color Spare Spa	Email Address	NOEMAIL
Alternative Phone No Vehicle Particulars  Wanufacturer Model Model Model AIRWAVE Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy Are you claiming under your own insurance policy NO THIRD PARTY PRIVATE HIRE  INSURANCE CO-OPERATIVE LTD THIRD PARTY INDUSTRIANCE CO-OPERATIVE LTD THIRD PARTY	Mobile Phone No	(LOCAL) +65-98575163
Manufacturer Model AIRWAVE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE INSURANCE CO-OPERATIVE LTD THIRD PARTY THI	Alternative Phone No	
Model AIRWAVE Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken ITHIRD PARTY PRIVATE HIRE  INSURANCE CO-OPERATIVE LTD ITHIRD PARTY IT	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  If No, Please state action to purple state state action state s	Manufacturer	HONDA
Ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  If No, Please taken  If No,	Model	AIRWAVE
of repair to your vehicle?  If No, Please state action to be taken  PRIVATE HIRE  THIRD PARTY PRIVATE HIRE  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  PRIVATE HIRE  THIRD PARTY	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
PRIVATE HIRE  Insurance Company  Name of Insurance Company  Name of Insurance Company  Notice Policy  Policy Number  Policy Note Number  Poriver  Note of Driver  Note of Birth  Note of Driving Pass  Note of Driving Pass  Note of Driving Experience  Note of Driver  Note of Driver  Note of Driving Pass  Note of Drivi	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Notice Policy NO Policy Number S105549321 Cover Note Number S0river NAME OF Driver NAME OF Driver NAME OF DRIVER NAME OF DRIVER NAME OF BIRTH NOTICE OUTDOOR	lf No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage THIRD PARTY NO Policy Number Story Note Number TAN KUAN YONG JIMMY ST304482J Pate Of Birth Story Outpoor State Of Driving Pass Story Outpoor Story Outpoor Story Outpoor State Of Driving Pass Story Outpoor Story	Vehicle Category	PRIVATE HIRE
THIRD PARTY Fleet Policy NO Policy Number 5105549321 Cover Note Number	Insurance Company	
THIRD PARTY NO Policy Number 5105549321 Cover Note Number - Driver  Dame of Driver TAN KUAN YONG JIMMY IRIC No S7304482J Date Of Birth 22/01/1973 Decupation OUTDOOR Date Of Driving Pass 02/02/1994 Driving Experience 25 YEARS AND 5 MONTHS Decupation MALE Debile Number (LOCAL) +65-91990607	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5105549321 Cover Note Number -  Driver  Jame of Driver TAN KUAN YONG JIMMY  JAME OF Birth 22/01/1973 Cocupation OUTDOOR Jate Of Driving Pass 02/02/1994  Javing Experience 25 YEARS AND 5 MONTHS Javing Experience MALE  Jobile Number (LOCAL) +65-91990607	Type Of Coverage	
Cover Note Number  Driver  Itame of Driver  Itame of Driver  Itan KUAN YONG JIMMY  S7304482J  Sate Of Birth  Cocupation  OUTDOOR  Sate Of Driving Pass  O2/02/1994  Striving Experience  Sender  MALE  Solide Number  Outline Number  OUTDOOR  OUTDOOR	Fleet Policy	NO
Driver  Itame of Driver  TAN KUAN YONG JIMMY  S7304482J  Sate Of Birth  Decupation  OUTDOOR  Sate Of Driving Pass  Outproof  Seed of Driving Experience  SEED OF TAN KUAN YONG JIMMY  STAN KUAN YONG	Policy Number	5105549321
Izame of Driver  TAN KUAN YONG JIMMY  S7304482J  Sate Of Birth  Cocupation  OUTDOOR Sate Of Driving Pass  O2/02/1994  Striving Experience  SET YEARS AND 5 MONTHS  MALE  Sobile Number  Outline Number  Outline Number  Outline Number	Cover Note Number	San Carlot Control of Carlot Carlot
RIC No	Driver	
S73044823     S2/01/1973     Occupation	Name of Driver	TAN KUAN YONG JIMMY
Decupation	NRIC No	S7304482J
tate Of Driving Pass 02/02/1994  riving Experience 25 YEARS AND 5 MONTHS  dender MALE  lobile Number (LOCAL) +65-91990607  ax Number  ontact Number	Date Of Birth	22/01/1973
riving Experience 25 YEARS AND 5 MONTHS sender MALE lobile Number (LOCAL) +65-91990607 ax Number ontact Number	Occupation	OUTDOOR
MALE  Iobile Number  ax Number  ontact Number	Date Of Driving Pass	02/02/1994
lobile Number (LOCAL) +65-91990607 ax Number ontact Number	Oriving Experience	25 YEARS AND 5 MONTHS
ax Number ontact Number	Gender	MALE
ontact Number	Mobile Number	(LOCAL) +65-91990607
	ax Number	
Mail Address NOEMAIL	Contact Number	
	Mail Address	NOEMAIL

Address

BLK 470 AMK AVE 10 #12-900

Postcode

560470

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

: WANG ZIYU

GENDER:

: MALE

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

### 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

**SLV3133Y** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name TAN KUAN YONG JIMMY

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? EU6188H Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name WANG ZIYU

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? EU6188H Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? NO

Address Postcode

#### 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</u> and <u>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.

The same

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.:

		Portsdown Ave to at portsdown A	wards Qurensway ve flyover junction
Veh A: EU 61884	3		
Ven B= SLV 3133 Y	2	<del>&gt;</del>	
	1	->	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Lane 1 of Portsdown Ave towards
Queensway at portsdown are flyover junction on 09-07-2019@1630 hrs
Traffic light was red on that time. Suddenly, I heard a bang
sound and felt an impact from rear portion of my vehicle.
Vehicle B was collided onto my rear portion of my vehicle.

### DECLARATION

I/We 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:

Find

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VEHICLE NO: EU 618	8H MAKE & MODEL: Honda AIRWAVE
DATE OF ACCIDENT	09/07/2019
TIME OF ACCIDENT	0430 AM (PM)
LOCATION OF ACCIDENT	Portsdown Ave towards Queensway of
Exact Purpose use during accider	
NAME OF OWNER	J
	Lim Phaik Fang
TELPNO 9857 5163 NRIC 82554579F	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
TOTAL DESIGNATION OF CO.	
1010	C Insurance
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO. 51055	49321
NAME OF DRIVER	As above / If No. Tan kuan Yong, Jimmy
NRIC 87304482J	Any passengers:   Pax
DATE OF BIRTH	22 / 01 / 1973 (M) Wang Zi Yu
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	02 1 02 1 1994
GENDER	Male / Female
CONTAC NO. 91990607	Office: Home,
The state of the s	mo kio Ave 10 # 12-900 \$ (560470)
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No.
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No/Ifyes: Who? (1) Tan kuan Yong, Jimmy (2) Wang Zi Yu
CONTAC NO.	(91990607) (97337792)
POLICE REPORT	No If yes . Where?
VEHICLE B NO. SLV 313	
NAME	3 y (Toyota Harrier) Any Passenger:
CONTAC NO.	AND LABORATE CONTRACTOR OF THE
PEHICLE C NO.	Any Passenger:
EHICLE D NO.	Any Passenger .
EHICLE E NO.	Any Passenger .
EHICLE F NO.	Any Passenger .
NY WITNESS	raily raisenger.
VITNESS CONTACT NO.	
	vin person soliciting (s) / YES / NO
ave you been approach by unknov ffering accident claims assistance?	
ARTICULAR WORKSHOP	
ELP NO	huameng@live.com-sg
ONTACT PERSON	
	•
LX NO.	
	49967 - Was appared to the control of the control o
To a second seco	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7304482J





TAN KUAN YONG, JIMMY

CHINESE

22-01-1973 Country of birth SINGAPORE

57304482J

Land Transport Authority VOCATIONAL LICENCE

Licence No: S7304482J

Name: TAN KUAN YONG JIMMY

Issue Date : 12/10/2010

Please visit www.lta.gov.sg to check the status of this vocational licence

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 Feb 1994

For LKK/NAC User

13-04-2009

APT BLK 470 ANG MO KIO AVENUE 10 #12-900

SINGAPORE 560470

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

TAXI VL

12/10/2010

For LKK/NAC Use Only





# Certificate of Insurance

: EU6188H

GJ11029793

: 19 Nov 2018

: 08 Sep 2019

: LIM PHAIK FANG

Cover : Third Party

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: 5105549321

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 or Hirer's business.

### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)** : \$\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : N/A NCD PROTECTION : YES : LIM PHAIK FANG PRIMARY DRIVER NAMED DRIVER (1) : N/A : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

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 (00000614946)

Date of Issue

: 16 Nov 2018 13:40 hrs

S KAKI BUKIT AVENUE 4 SINGAPORE 415933 6741 4803 FAX: 6744 614

Countersigned By:

**Authorised Officer** 

Chief Executive

### Claim Handling Accident MT/1052800

Policy No. Certificate No.	5105549321	Vehicle No.	EU6188H		GST Reg	istration No.	
Policyholder Name	LIM PHAIK FANG						
Product Code	PRIVATE CAR INSURANCE	plant of the s			Policyhol	der NRIC	\$2554
Contact No.(Mobile)	98575163	Cover Type Contact No.(Office)	Third Party		Loading		0
Email Address		Special Remark				No.(Home)	
KFK	» No Yes	TCA	* No Yes		eCode		No *
NCD Protection	Yes	NCD Entitlement(%)	50		eCode Re		
		reso critical field (16)	50		Private H	ire	Yes
Report Date	10/07/2019 16:47	Accident Report Within 24 hrs	Yes		02/240499	2000	200000
Date of Accident	09/07/2019	Time of Accident hh:mm			Accident		Collisio
Reporting Centre	SS SWELLEN GOOD PAR	Orange Force	16:30			of Accident	Singap
Accident Location	PORTSDOWN AVE FLYOVER JUNCTION TV				ICM No.		
♥ Excess		dering the					
Own damage Excess	0.00	Additional Excess	0		440,000	MC 276865	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess		0.00	Windscre	en Excess	0.00
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00			
→ Benefits		N. S. Caster Cartain Strate States		1,000.00			
✓ GST Registered Informa	ation						
GST Registered	No		GST Regis	tration Date			
GST Registration No.			GST Statu	s Verified		Yes	
Modification History							
Policyholder Mailing Add	dress						
Address 1	BLK 166 #11-451	Address 2	BEDOK SOUTH AVI	ENUE 3	Address 1		desir calcula
Address 4		Address Type	Singapore address		Post Code		SINGA
Unit No.		Related Policy Number	5105549321		Post Cook	-	460166
♥ OI Driver Info			- A. C. L. C.				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	TAN KUAN YONG JIMMY	Driver NRIC	573044823		Driver DO	ов	22/01/
Register Date of Driver License	02/02/1994	Driver Age	46		Driving E	xperience	25
Contact No.(Mobile)	91990607	Contact No.(Office)			Contact N	io.(Home)	
Address 1	BLK 470 #12-900	Address 2	ANG MO KIO AVEN	UE 10	Address 3	ſ.	TECK C
Address 4	SINGAPORE 560470	Address Type	Singapore address		Post Code	<u> </u>	560470
Unit No.	12-900						
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.			Driver Ins	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes No				
Modification History							
Claim 001 New							
Claim Type *							
				OD-MX	Insured     Name	LIM PHAIK FANG	
Contact No.(Mobile)					Contact No.	64430520	
					(Home)	24130320	
Email Address					O1 Vehicle	EU6188H	
Claim Description					Number	8	
Gain description				EU6188H / SLV3133Y OF	9 Jul 2019		
Preferred Workshop 0	Preferenced Liability Not at 8	Fault ¥					
Contact No. Yes	▼ Repair Preferred Workshop		1				
Date Registered	Option	Teport	100	10/07/2019 16:50	Claim		
Report Taken By					Date		-
USE NO A PROCESSANCE				LIEW SHAN HUI			
Print AK letter							
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Ψ							
TOTAL CONTRACTOR	20,0270,93000	(9)))164					
Accident No.	MT/1052800	Claim No.	0	01			

Last Doc. Received

\* Yes No

Upload Date

10/07/2019 16:52

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Attachment	List				
Attachment		Uploaded By/Date	Category	Urgency	Description
8981 8981	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:52	NRIC/ Driving Ucense	Normal	NRIC/ Driving License 2019-7-10
19	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:52	SAS	Normal	SAS 2019-7-10
	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:52	Photos	Normal	Photos 2019-7-10
	NAC_PAYA_UBT_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:52	Photos	Normal	Photos 2019-7-10
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	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:51	Photos	Normal	Photos 2019-7-10
12	NAC_PAYA_UBI_800601(1	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:51	Photos	Normal	Photos 2019-7-10
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1	NAC_PAYA_UBI_800601( F	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:51	Photos	Normal	Photos 2019-7-10
0	NAC_PAYA_UB1_BD0601( )	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:50	Photos	Normal	Photos 2019-7-10
	NAC_PAYA_UBI_800601( N	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:50	Photos	Normal	Photos 2019-7-10
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6	NAC_PAYA_UBI_800601( N	NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:50	Photos	Normal	Photos 2019-7-10
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	NAC_PAYA_UBI_800601( N	AATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jul 2019 16:50	Photos	Normal	Photos 2019-7-10
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