

NATIONAL Assessment Centre Services

[and 1 Jarvis]

MINA/19091031

Date In: 12/07/2019 12:03	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/19092340/Y	SAS e-filing		
Veh No: 20V 8591 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/07/2019 06:45	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: JDL 4852	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Landing: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Its-Inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(21)		
	* N3: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N1): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$10		

Cal. 1:	Invoice detail	Pen Charged
Cal. 2/3:	Invoice detail	Fee Charged

1 / 1 d

07-MAY-2019 16:39

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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. 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	12/07/2019 12:03
Date Of Accident	08/07/2019 06:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8591U
Insured/Policyholder	
Name Of Registered Owner	PHANG CHYE CHOON (FENG CAICHUN)
Co Reg No	-
Email Address	CEETAH0501@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97937704
Alternative Phone No	OFFICE-97937704

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 ABS AIRBAG (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3027461901
Cover Note Number	

Driver

Name of Driver	PHANG CHYE HUAT
NRIC No	S1731094A
Date Of Birth	03/12/1965
Occupation	INDOOR
Date Of Driving Pass	19/05/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97937704
Fax Number	
Contact Number	OTHERS-97937704
Email Address	CEETAH0501@GMAIL.COM

Address	BLK 113 JURONG EAST STREET 13 #06-418
Postcode	600113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLOUDY
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDL4852 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	3
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190710/2022 AND T/20190716/2059

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	JDL4852
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMAD REDZUAN BIN SAIM
NRIC/Passport Number	A38024961
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGY1500C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHOO CHYE HUAT

NRIC/Passport Number

Contact Number

91473959

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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 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:
 - (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
- (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:
 - (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.

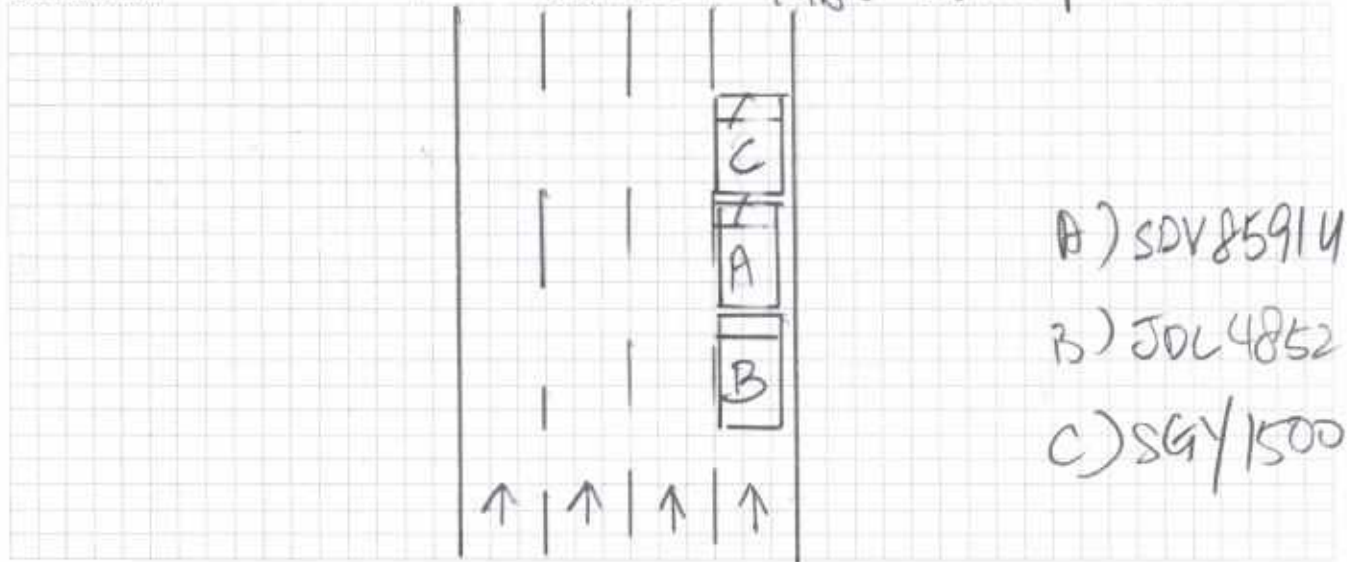
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Along PIK TOWARDS THAS CATHAC POINT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

our REFUR to Police Report.
T/20190710/2022
T/20190716/2059

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190710/2022

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No: T/20190710/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 08:01	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: PHANG CHYE HUAT			Address: APT BLK 113 JURONG EAST STREET 13 #06-418 SINGAPORE 600113		
ID Type / ID No.: NRIC NO / S1731094A			Contact No.: Home/Office: Mobile: 97937704		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 03/12/1965	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2019 06:45	Type of Location: Roundabout
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards TUAS Check point				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JDL4852	Bus/Coach/Minibus				Seriously Damaged	0
SDV8591U	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD REDZUAN BIN SAIM	ID No.	A38024961
Related Vehicle	JDL4852 (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PHANG CHYE HUAT	ID No.	S1731094A
Related Vehicle	SDV8591U (Car)	Contact No.	97937704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 8/7/2019 at about 0645hrs I was driving my vehicle bearing car plate SDV8591U along PIE towards TUAS checkpoint on the roundabout. I was in a stationary position as the vehicle in front of me was in a stationary position. Subsequently a bus bearing car plate JDL4852 had collided to the rear of my vehicle. I then came to a shocked, after calming down I approached the driver and he informed that his vehicle brake had some faulty. I then asked if he had fell asleep however he did not reply. I then exchange particulars with him and took photos of the vehicles. I then told him that I will be claiming insurance and he acknowledged. My vehicle suffered dent and cracks on the rear bumper. I did not suffered any injuries, I then drove my vehicle back home as I was feeling unwell.

On the 9/7/2019 at about 1130hrs I had went insurance company to conduct claiming, however the insurance agent informed that I am required to lodged a traffic police report as I had an accident with foreign vehicle. I then acknowledged and came to the police station to lodged report. This is the first time such incident have happened.



**SINGAPORE
POLICE FORCE**



T/20190710/2022

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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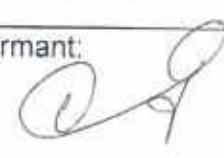

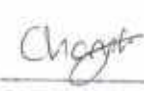
Report No. T/20190710/2022

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 / Sgt 1 CHANG ZHEN LONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 08:01
Officer In Charge Of Case: TP / AEIT / Insp. NEO CHENG BEET, CECILIA Contact No.: 65476069  SINGAPORE POLICE FORCE SN 35	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190716/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2019 11:21		Vide Report No.: T/20190710/2022		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: PHANG CHYE HUAT			Address: APT BLK 113 JURONG EAST STREET 13 #06-418 SINGAPORE 600113		
ID Type / ID No.: NRIC NO / S1731094A			Contact No.: Home/Office: Mobile: 97937704		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 03/12/1965	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2019 06:45	Type of Location: Roundabout
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas checkpoint				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JDL4852	Bus/Coach/Minibus				Seriously Damaged	0
SDV8591U	Car	TOYOTA	Camry	White	Seriously Damaged	0
SGY1500C	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190716/2059

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190716/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Muhamad Redzuan Bin Saim	ID No.	A38024961
Related Vehicle	JDL4852 (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PHANG CHYE HUAT	ID No.	S1731094A
Related Vehicle	SDV8591U (Car)	Contact No.	97937704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Choo Chye Huat	ID No.	NIL
Related Vehicle	SGY1500C (Car)	Contact No.	91473959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I wish to add that there is a vehicle in front of me during the incident. The vehicle bears registration plate SGY 1500 C. I am lodging this report for insurance claims. The said vehicle rear side was slightly damaged.

The IO in charge case is Kevin Koh



**SINGAPORE
POLICE FORCE**



T/20190716/2059

Police Station Of Origin:
Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 4

Report No: T/20190716/2059

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20190716/2059

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190716/2059

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 /

Sgt 3 NGU YUAN JIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp NEO CHENG BEET, CECILIA

Contact No.: 65476069

Signature Of Informant:

Date/Time:

16/07/2019 11:21

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (28.07.2019) (DD/MM/YYYY), TIME: (06.45) (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV85914
 b) INSURANCE COMPANY: CHINA 9m 8m 8
 c) POLICY NUMBER: DMPCSN3027461901
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: PHANH CHYK CHUAN (FRANC COCCAN) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PHANH CHYK HUA? (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9795704
 c) ADDRESS: _____

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIPLOMAT

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JOL4852 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

email = Cheetahoso1@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1731094A

For LKK/NAC Use Only

PHANG CHYE HUAT

馮 財 发

Race
CHINESE

Date of birth
03-12-1965

Sex
M

Country of birth
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1731094A

PHANG CHYE HUAT

For LKK/NAC Use Only

Birth Date: 03 Dec 1965

Issue Date: 15 Oct 2010

001902207K



4149207

For LKK/NAC Use Only

NRIC No. S1731094A

Date of issue
04-12-2007

APT BLK 113 JURONG EAST STREET 13 #08-418
SINGAPORE 600113

NRIC No. S1731094A Date: 03/08/2018 (R)




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

EFFECTIVE DATE

Class 3 Motor Cars < 2500kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 15 May 2004

For LKK/NAC Use Only

Licence No: S1731094A

NP 423A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
(In Reg No: 200292181)

MX1F
R 5N
AN0420A
Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules (198)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3027461901	Engine No : 2AZE030620 Chano: MR053BK4007008373
1. Motor Make and Registration Number of Vehicle	SDV8591U	AUTOSAFE =====
2. Name of Policy Holder	PHANG CHYE CHON (FENG CATCHUN)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulation, Commencement or Expiry	05 April 2019	Named Drivers Ex Sect. I S\$1,500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25: S\$3,000.00 Ex Sect. I - Age >= 26: S\$500.00 " Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	05 April 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 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 *

use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

HIRE PURCHASE CO. : SWEET SENG CREDIT PTE LTD AS HP OWNER

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

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).

PLEASE SEE



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY49091031 Vehicle Registration No: SDV 8591U

Name (as shown in NRIC): PHONG CHYE HUA NRIC/FIN/Passport No: _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 97937704

Email Address: _____

Date of Accident: 08/07/2019 Time of Accident: 06:45

Place of Accident: ALONG PIKE TOWARDS THE OTHER POINT

Insurance Company: CHINA AIRINS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① To insert AMENDED POLICE REPORT T/20190716/2059

② IAS A CERTAIN CIRCUMSTANCES OF 3 VEHICLE

③ ADD SGY1500C (FIRED CAR)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE
NRIC/FIN No.: MAY49091031
Date: 16/07/2019