

**NATIONAL Assessment Centre Services** [Unit 1 Jan 05] **MNA49091976**

Date In: 15/07/2009 12:30	Job description	Date & Time Completed	Done by
Ref No: NBS/ACC/90124517	SAS e-filing		
Veh No: EZ 8833D	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 14/07/2009 21:20	i-Motor Claim Form	MT/1053398001	15/07/2009
OD (TP) Reporting Only	i-Motor W/O (within OD 3hrs, TP 4hrs)		14:46
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand (to Owner/Wksp)		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **G2 899M** 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: (\$ ) Lending: \$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

**NB1905260**

Customer's Particulars	Invoice Preparation Checklist	Am (\$) In Bill	Am (\$) 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) RT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	- DTP		
	* N5: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (Non INC) against INC \$20		
	* N12: Idau Mobile \$0		
	Invoice date:	Fax Charged	
		Fue Charged	

## 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	15/07/2019 11:31
Date Of Accident	14/07/2019 21:20
Exact Location Of Accident	FROM CLEMENTI AVE 6 TOWARDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ8833P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE PAK HOY
NRIC No	S0285538J
Email Address	WONGHHWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91108213
Alternative Phone No	OTHERS-91108213

### Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO
Exact Purpose for which vehicle was being used at time of accident	GOING TO HAWKER CTR FOR SUPPER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081949176-02
Cover Note Number	

### Driver

Name of Driver	WONG HENG HUAT
NRIC No	S1519412Z
Date Of Birth	16/04/1962
Occupation	INDOOR
Date Of Driving Pass	29/07/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91108213
Fax Number	
Contact Number	OTHERS-91108213
EMail Address	WONGHHWONG@GMAIL.COM

Address	6 HOLLAND GROVE WALK
Postcode	278755
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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 SKETCH PLAN

#### 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	SGZ8719M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XING MINJIE
NRIC/Passport Number	S8200200F
Contact Number	91838447
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:

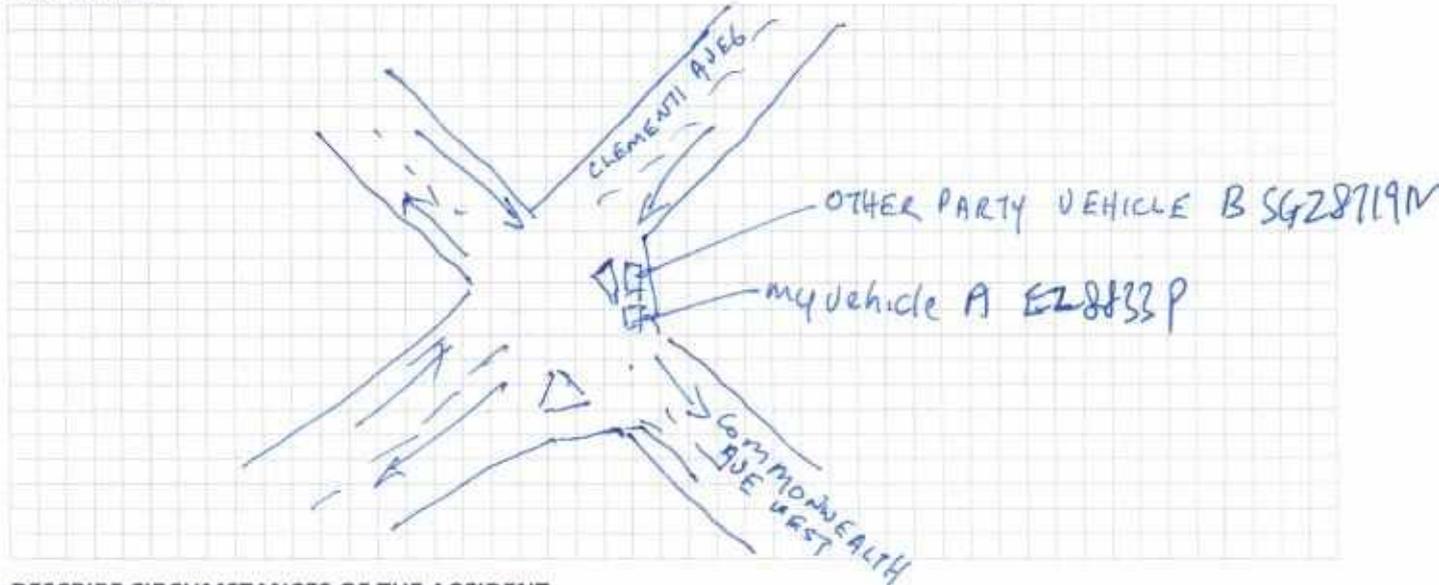
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 15/07/2019, 9:40am

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My car was making a left turn on the slip road from Clementi Ave 6 to Commonwealth Ave West at 9.20pm on July 14. I had to stop as there was traffic going from my right to left on Commonwealth Ave West. The car behind me, SGZ 8719M, hit my car from behind me. The driver, Mr. Xing Mingjie, License # S8200200F, agreed to settle for the damages and apologizing for the accident. I will send the car to Renault for repair assessment shortly and send the assessment to Mr. Xing for settlement.

**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: 9.50Am 15 July 2019

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

15/07/2019  
Rashid Yusoff

**Claim Handling**

Accident MT/1053399

Policy No.	5081949176-02	Vehicle No.	E28833P	GST Registration No.	
Certificate No.					
Policyholder Name	LEE PAK HOY	Cover Type	Third Party	Policyholder NRIC	50295330
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leasing	0
Contact No.(Mobile)	91108213	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	15/07/2019 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/07/2019	Time of Accident(hh:mm)	21:20	Clarity of Accident	Singapore
Reporting Centre		Crash Force		ICH No.	
Accident Location	FROM CLEMENTI AVE 6 TOWARDS COMMONWEALTH AVE WEST				

**Excess**

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	NO 6 HOLLAND GROVE WALK	Address 2	SINGAPORE 278755	Address 3	
Address 4		Address Type	Singapore address	Post Code	278755
Unit No.		Related Policy Number	5081949176-03		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG HENG HUAT	Driver NRIC	S13134122	Driver DOB	16/04/1962
Register Date of Driver License	29/07/1995	Driver Age	37	Driving Experience	33
Contact No.(Mobile)	91108213	Contact No.(Office)		Contact No.(Home)	
Address 1	6 HOLLAND GROVE WALK	Address 2	4 HOLLAND GROVE PARK	Address 3	SINGAPORE 278755
Address 4		Address Type	Foreign address	Post Code	278755
Unit No.					
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	E28833P	Driver Insurer Company	NTUC

<b>Declaration</b>			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Modification History**

Claim 001 **New**

Claim Type *	CO-PR	Insured Name	LEE PAK HOY	Insured NRIC	50295330
Contact No.(Mobile)		Contact No.(Home)	9460502	Contact No.(Office)	93356027
Email Address		Vehicle Number	E28833P	TP Vehicle Number	9G297194
Claim Description	E28833P / 9G297194 ON 14 Jul 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Collision No. Finalisation	Yes	Preferred Report Option	Preferred Workshop, Name unknown	Claim Close Date	15/07/2019 14:45
Date Registered		Report Taken By	ROSLI WAHAB	Date Received	15/07/2019 00:00

Print All letter

Save Submit

**Attachment**

Accident No.	MT/1053399	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/07/2019 14:46
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:46	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:46	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:46	Photos	Normal	Photos 2019-7-15	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:46	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:46	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	SAS	Normal	SAS 2019-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 14:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-15

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 07 / 2019 (DD/MM/YYYY), TIME: 21 : 20 (HH:MM)

LOCATION: TURNING FROM CLEMENTI AVE 6 TO COMMONWEALTH AVE WEST

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: E28833P
- b) INSURANCE COMPANY: INCOME
- c) POLICY NUMBER: 5081949176-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: RENAULT KANGOO
- f) TYPE: (SALOON / COUPE / MPV / VAN) LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: HAWKER CENTRE FOR SUPPER
- 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: LEE PAK HOY
- b) NRIC/FIN/PASSPORT: S0283538J (MALE / FEMALE)
- c) ADDRESS: 6 HOLLAND GROVE WALK SINGAPORE 278755 CONTACT: 90108213

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONG HENG HUAT
- b) NRIC/FIN/PASSPORT: S1519412Z (MALE / FEMALE)
- c) ADDRESS: 6 HOLLAND GROVE WALK SINGAPORE 278755 CONTACT: 90108213
- \*d) DATE OF BIRTH: 16 / 04 / 1962 (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: SON-IN-LAW

- 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: SGZ8719M MODEL: TOYOTA
- b) DRIVER'S NAME: XING MINDIE
- c) NRIC/FIN/PASSPORT: S8200200F CONTACT: 91838447

## 9. THIRD PARTY VEHICLE

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

(WIFE)

\* No of passenger (including driver) (2)

\* No of passenger (including driver) ( )

\* No of passenger (including driver) ( )

email = [wonghhwong@gmail.com](mailto:wonghhwong@gmail.com)  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1519412Z



Name

WONG HENG HUAT

For LKK/NAC Use Only



Race

CHINESE

Date of birth

16-04-1962

Sex

M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1519412Z

WONG HENG HUAT

For LKK/NAC Use Only

Birth Date: 16 Apr 1962  
Issue Date: 28 Jul 2017

002707998E

5766403



NRIC No. S1519412Z

For LKK/NAC Use Only



Date of issue

11-07-2017

Address

6 HOLLAND GROVE WALK  
SINGAPORE 278755

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 29 Jul 1985

For LKK/NAC Use Only



NP 428A

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5081949176-02

**Cover :** Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>EZ8833P</b>    |
| Chassis Number  | : VF1KW4UBA52677178 |
| 2. Name of Policyholder   | : LEE PAK HOY       |
| 3. Effective Date of Insurance  | : 31 Jul 2018       |
| 4. Expiry Date of Insurance   | : 30 Jul 2019       |
| 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: LEE PAK HOY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

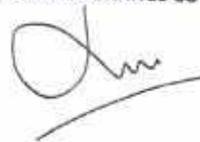
Agency : LU YIYI (00000602461)  
Date of issue : 02 Jul 2018 12:50 hrs  
Reprint : 02 Jul 2018 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048880  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UENI S665500200 / GST Reg. No. M400017733

**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: 240419091926 Vehicle Registration No: EZ 8833P  
 Name (as shown in NRIC): Wong Han Hui NRIC/FIN/Passport No: S1519472  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9118213  
 Email Address: \_\_\_\_\_  
 Date of Accident: 14/01/2009 Time of Accident: 21:20  
 Place of Accident: From Clementi Ave 6 towards Commonwealth Avk Nhd?  
 Insurance Company: NTUC

**(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:

TYPE OF COVERAGE SHOULD BE THIRD PARTY

Policyholder / Driver's Signature  
 Date:

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