

NATIONAL Assessment Centre Services

[Date: 1 Jan 2019]

MNA419099432

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 30/07/2019 09:36 | Job description | Date & Time Completed | Done by |
| Ref No: N/A4190133454 | SAS e-filing | | |
| Veh No: SFZ 45607 | E-mail (within Mins. AIC 2hrs) | | |
| D.O.A: 29/07/2019 11:00 | I-Motor Claim Form | M71055615-001 | 30/07/2019 |
| OD: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 12:06 |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / HNC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SMH 8843M | 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 | 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 (\$) | Am't (\$) |
| | | | In Bill | 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 2019) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) NI: Idm DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services: | | | |
| | 121: | | | |
| | * N3: Courtesy Car / Tpl Allowance \$5 | | | |
| | * N6: Repair Co-ordination \$10 | | | |
| | * N7: Post Repair Inspection \$25 | | | |
| | * N8: DY / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idm Mobiles \$0 | | | |
| Cal. 1: | Invoice dated | Pen Charged | | |
| Cal. 2/3: | Invoice dated | Fee Charged | | |

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 | 30/07/2019 09:36 |
| Date Of Accident | 29/07/2019 11:00 |
| Exact Location Of Accident | JUNCTION OF JALAN ANGKLONG AND JALAN REBANA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SFZ4640T |
| Insured/Policyholder | |
| Name Of Registered Owner | BOSCO CHEN BLOODWORTH |
| NRIC No | S2199389A |
| Email Address | BLOODWORTHALICE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93367197 |
| Alternative Phone No | OTHERS-96667769 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-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 | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5051695656-07 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | MRS ALICE SOU LAN BLOODWORTH |
| NRIC No | S2201420Z |
| Date Of Birth | 30/06/1947 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/11/1981 |
| Driving Experience | 37 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93367197 |
| Fax Number | |
| Contact Number | OTHERS-96667769 |
| Email Address | BLOODWORTHALICE@GMAIL.COM |

| | |
|---|----------------------------|
| Address | 10 ANGKLONG LANE #01-03 |
| Postcode | 579982 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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) | 1 |

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 Witness 1

| | |
|---------------|----------|
| Name | NORMAN |
| Phone Number | 91494869 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMH8842M |
| Vehicle Make/Model/Colour | HYUNDAI AVANTE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN SZE SHUAN, TABITHA |
| NRIC/Passport Number | S9006471A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

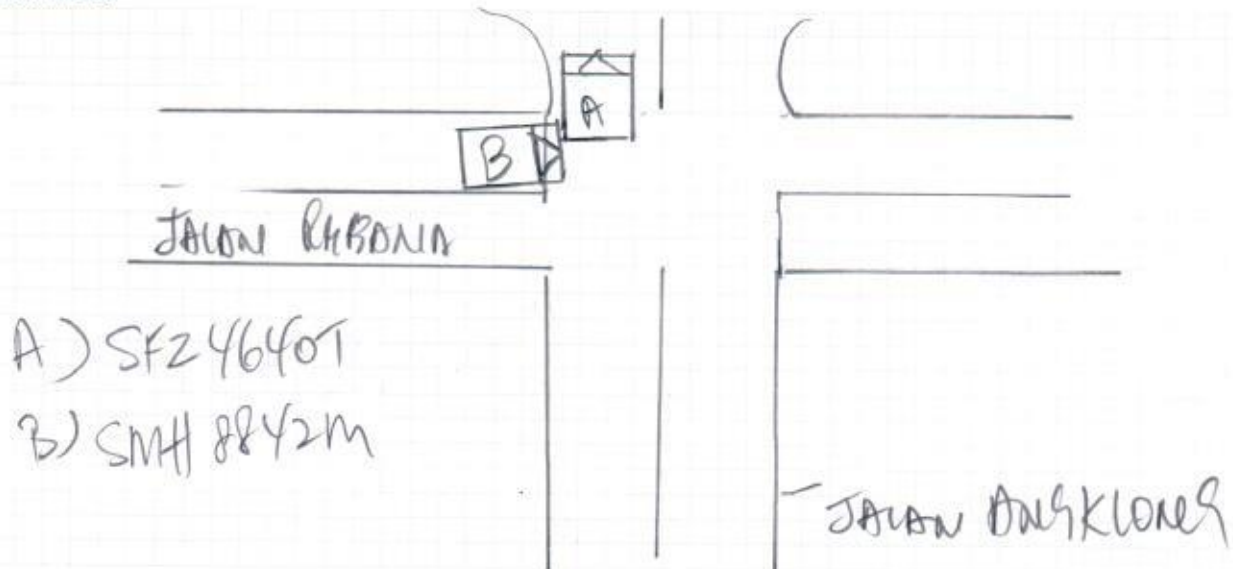
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 11AM ON MONDAY 29/7/19,

I was driving vehicle no. SFZ 4640T from the entrance of FABER GARDEN CONDOMINIUM where I stay, on the road main ROAD JLN ANGKLONG ^{STRAIGHT} TOWARDS UPPER THOMSON ROAD. While I was approaching the junction, ON THE LEFT SIDE THERE IS A SIDE ROAD CALLED JALAN REBANA. I SAW A BLACK SALOON CAR ^{WAY} DRIVING TOWARDS MY DIRECTION. WHEN I APPROACHED THE JUNCTION I FELT A JERK AT THE BACK OF MY CAR. I GOT OUT AND SAW THE CAR HIT MY BACK BUMPER IN A OBVIOUS ATTEMPT OF MAKING A LEFT TURN.

Name of WITNESS: NORMAN of ENGLAM Construction Co.
~~NORA~~ Hand phone no. 91494869

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.:

30/07/2019
 [Signature]
 [Signature]

Claim Handling

Accident MT/1055615

| | | | | | |
|---|---|-------------------------------|---------------------------|------------------------|------------------------------|
| Policy No. | S051695656-07 | Vehicle No. | SPZ4640T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | BOSCO CHEN BLOODWORTH | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | S2199389A |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Leading | 0 |
| Contact No.(Mobile) | 93367197 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | No Yes | eCode | No |
| KPK | No Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 30/07/2019 11:44 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major/Minor Road |
| Date of Accident | 29/07/2019 | Time of Accident hh:mm | 13:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF JALAN ANGKLONG AND JALAN REBAN4 | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| 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 | 10 ANGKLONG LANE | Address 2 | #01-03 FABER GARDEN CONDO | Address 3 | SINGAPORE 579982 |
| Address 4 | | Address Type | Singapore address | Post Code | 579982 |
| Unit No. | | Related Policy Number | S051695656-07 | | |
| OI Driver Info | | | | | |
| Driver Name | ALICE SOU LAN BLOODWORTH | Driver Type | Named Driver | Driver DOB | 30/06/1947 |
| Unnamed driver Name | | Driver NRIC | S23014202 | Driving Experience | 36 |
| Register Date of Driver License | 01/01/1983 | Driver Age | 72 | Contact No.(Home) | |
| Contact No.(Mobile) | 96664469 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | | Address 2 | | Address 3 | |
| Address 4 | | Address Type | Foreign address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SPZ4640T | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes = No | | |

Modification History

Claim 001 OD-MX

New

| | | | | | |
|---------------------|------------------------------------|----------------------------------|-----------------------|-------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | BOSCO CHEN BLOODWORTH | Insured NRIC | S2199389A |
| Contact No.(Mobile) | 93367197 | Contact No. (Home) | 62780127 | Contact No. (Office) | |
| Email Address | boscobloodworth@gmail.com | TP | | Vehicle Number | SPZ4640T |
| Claim Description | SPZ4640T / SPH8842M ON 29 Jul 2019 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received |
| Estimate No. | | Preferred Workshop, Name unknown | | | |
| Date Registered | 30/07/2019 12:05 | Claim Close Date | | Date Received | 30/07/2019 00:00 |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | |

Print AK letter

Save Submit

Attachment

| | | | |
|--|------------------|-------------|------------------|
| Accident No. | MT/1055615 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 30/07/2019 12:06 |
| Path * | | | |
| Choose File | No file chosen | Clear | Category * |
| Choose File | No file chosen | Clear | Confidential |
| Choose File | No file chosen | Clear | Urgency * |
| Choose File | No file chosen | Clear | Description * |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Message Read | | Clear | |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | | Photos | Normal |
| NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | | Photos | Normal |
| NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | | Photos | Normal |

Send Message



| | | | |
|--|-----------------------|--------|---------------------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 12:06 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:49 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | Photos | Normal | Photos 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-30 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 11:48 | SAS | Normal | SAS 2019-7-30 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------------------|--------------------|--------|
| | | Display in New Window | Scan and uploading | |

ACCIDENT STATEMENT

ACCIDENT DATE: 29/07/2019 (DD/MM/YYYY), TIME: 11:00am (HH:MM)

LOCATION: JALAN ANGKLONG Near Junction of JLN REBANA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFZ 4640T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5051695656-07
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALTIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ROSCO CHEN BLOODWORTH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2199389A CONTACT: 93367197
c) ADDRESS: 10 ANGKLONG LANE #01-03
FABER GARDEN S-579982

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ALICE SOULAN BLOODWORTH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S220142012 CONTACT: 96667769
c) ADDRESS: 10 ANGKLONG LANE #01-03
FABER GARDEN S-579982

* d) DATE OF BIRTH: 30/06/1947 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS MORE THAN 10 YRS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)

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: SMH8842M MODEL: AVANTE
b) DRIVER'S NAME: TAN SEE SHUAN / ARITHA
c) NRIC/FIN/PASSPORT: S9006471A CONTACT:

9. THIRD PARTY VEHICLE

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

WITNESSES: NORMAN
9149.4869

email = bloodworthalice@gmail.com

VIDEO

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2201420Z



For LKK/NAC Use Only



MRS ALICE SOU LAN
BLOODWORTH

陳秀蘭

Race
CHINESE

Date of Birth

Sex

30-06-1947 F

Country of Birth

HONG KONG

8115009



NAC No. S2201420Z

For LKK/NAC Use Only



Nationality

BRITISH

Blood Group

Date of issue

O+

12-04-1994

10 ANGKLONG LANE #01-03
SINGAPORE 579862

S2201420Z

23/01/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2201420Z**

Name

**MRS ALICE SOU LAN
BLOODWORTH**

For LKK/NAC Use Only

Birth Date **30 Jun 1947**

Issue Date **24 Jan 2003**



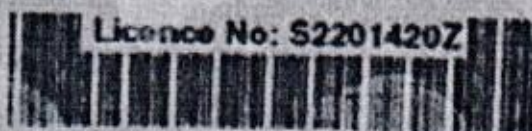
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

**Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

**PASS DATE
23 Nov 1981**

For LKK/NAC Use Only

NP 428A





**SINGAPORE
POLICE FORCE**

SAFEGUARDING EVERY DAY

Class 3 - 23 Nov 1981



Private & Confidential

For LKK/NAC Use Only

MRS ALICE SOU LAN BLOODWORTH

BLK 10 ANGKLONG LANE UNIT 01-03
SINGAPORE 579982

S2201420Z

C001505209

\$25/-

(3)

29/07/2019

(Please do not detach)

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: 5051695656-07

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SFZ4640T**
 Chassis Number : **MR053ZEC107101492**
2. Name of Policyholder : **BOSCO CHEN BLOODWORTH**
3. Effective Date of Insurance : **19 Oct 2018**
4. Expiry Date of Insurance : **18 Oct 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 | : YES |
| NCD PROTECTION | : YES (FREE) |
| PRIMARY DRIVER | : BOSCO CHEN BLOODWORTH |
| NAMED DRIVER (1) | : ALICE SOU LAN BLOODWORTH |
| NAMED DRIVER (2) | : IVO ALEXIS BENCHEUNG BLOODWORTH |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : DIRECT BUSINESS DEPT (00000600280)
 Date of Issue : 07 Sep 2018 11:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive