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Ref No: 4A MCGO13613/4	SAS e-filing	!			
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	i-Motor W/	O (Within: OD 2hr:		10115	177
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17 insurer.	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: JN1286	(	. INC(	)/Non-INC( )	¥	
Owner / Driver: (		*	Tel:	)	
Policy No: ( ) Period	l: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	e-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	in the second
	ranty: YES (		)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000	)( )			
General Remarks.				15.0°	9 . V
( ) Walk-In Customer: Customer's informat	tion strictly Co	onfidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer U			×		
Drive-In ( )/ Towed-In ( ); Invoice: YI	ES( )/1	NO ( ); To	owing Co: (		)
colonia de la co				7025.A \$1886.D 10	<del>gan</del>
Remarks:- (INC hotline: 6788 6616)	-deed section parameters for description and		Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( )/Court	tesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
2) QC Check / Post Repair Inspection	(	)			
2) QC Check / Post Repair Inspection	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	(	) ) )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions	(	Invoice Prep.	Reporting (\$30);	füBill	ALTONOMIC CONTRACT
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  Actions  almant's Particulars:	(	Invoice Prep.  1) AR: Accident R  2) DA: Damage A	Reporting (\$30); ssessment (\$100); INC (\$8	füBill	ALTONOMIC CONTRACTOR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  Actions  Actions  Almant's Particulars:	(	Invoice Prep.  1) AR: Accident F.  2) DA: Damage A.  3) TF: Towing Fee.  4) FT: Follow-Thr	Reporting (\$30); ssessment (\$100); INC (\$8 s \$40 rough Survey	(54 Bill 0) /545 5120	ALTONOMIC CONTRACTOR
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions	(	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-Thr  5) FT: Follow-Thr  For claiming age  6) TR: Re-inspecti  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Collect	Reporting (\$30); ssessment (\$100); INC (\$8 seconds Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 son SMRT Survey al Services:	5120 530 530 535 5160 55 510 525 53 520 30	ALTONOMIC CONTRACTOR

### 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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,
- 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.

ACCOUNTS OF THE PARTY OF THE PA	
MINISTRAL SECTION AND ADDRESS OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	03/08/2019 17:11
Date Of Accident	03/08/2019 10:50
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
Investigation of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT6190G
Insured/Policyholder	
Name Of Registered Owner	CHING KUN LAM
NRIC No	S0218671C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97410995
Alternative Phone No	OFFICE-97410995
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5042593185-09
Cover Note Number	
Driver	

 Name of Driver
 CHING FU CHANG

 NRIC No
 \$8409374B

 Date Of Birth
 19/03/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 08/08/2003

 Driving Experience
 15 YEARS AND 11 MONTHS

Conde

Gender MALE

Mobile Number (LOCAL) +65-97517515

Fax Number

Contact Number OFFICE-97517515

EMail Address NOEMAIL

BLK 211A PUNGGOL WALK Address

#14-621

Postcode 821211

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

-

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT. Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJN1786S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# Name CHING FU CHANG Approximate Age Injuries Sustain BODY Injured person in which vehicle? SGT6190G Were seat belts worn? YES

NO

Was this injured conveyed to hospital by ambulance?

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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - (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:

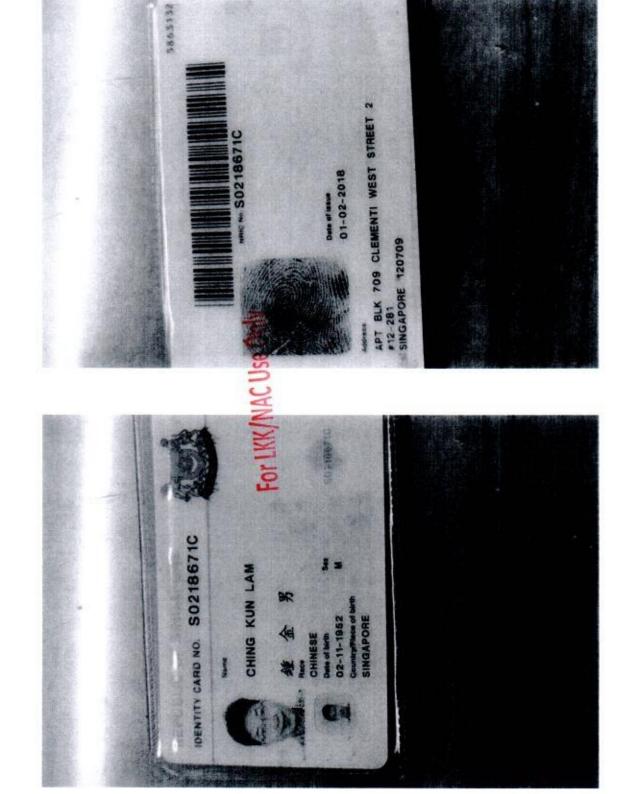
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		CZE /AJE	BEFORE	ANL MO 1010 AVE	1 60
Volide A -S	GT 61906	5-7			
Vehicle B - S	IN 1786 S.	4->			
		3-7			
		7/12/	AN	TT	
		2 127	7		
		(->			
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT				
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(0)	19				
folder's Signature	Driver's Cl. A.		X	M	
& Time:	Driver's Signature (If driver is not the policyh	Repo	rting Centre Per	onnel's Signature	

Vehicle No.	SGT6190G Model/Make TOGGTA MOS
Date of Accident	03/08/19
Time of Accident	1050 HRS
Location of Accident	CTE TOWARD AME LAMP POST 151 BEFORE AME AVE 1
Exact purpose use during accid	dent Private use
Name of Owner	CHINA HUM LAM
Telephone No.	H/P: 97410995 Home: Office:
NRIC	502196716
Address	BLK 709 CLEMENTI WEST ST 2 #12-251 5 (120709)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5042593185-09
Name of Driver	As Above If No.
NRIC	As Above If No. CHING FU CHANG S8409374B Any Passengers: 1 (REMALE)
Date of birth	19 mare 1984
	Outdoor / Indoor
Occupation Driving License Pass Date	08 Au 6 2003
Gender	Male, / Female
Contact No.	H/P: 97517515 Home: Office:
Address	BUK 2119 PUNG GOL WARK #14-621 S(821211)
Driver have any own vehicle	
Relationship	Employee, If no, state SON
Weather condition	Clear Raining Other
Road Surface	Ory Wet Other
Any Injuries	No, If Yes, Who? (PASSENCY R - PENDING) (NO injuries)
Name And Contact No.	CHING FM CHANG, 97517515
Name And Contact No.	MEN MILES 2
Police Report	No. If Yes, Where?
Vehicle B No.	SJN 1786 S Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes/No SO CARD DAMACINO
Email Address	
PARTICULAR WORKSHOP	N-51 ANDMOTINE PTE UTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8409374B



10937

CHING FU CHANG

CHINESE

19-03-1984 SINGAPORE

For LKK/NAC Use

REPUBLIC OF SINGAPORE DRIVING LICENCE Licence Number S8409374B CHING FU CHANG

MRIC No. S8409374B

19-09-2003

APT BLK 211A PUNGGOL WALK #14-621 SINGAPORE 821211

RIC No. \$84093748

Date 25/09/2014

For LKK/NAC Use Only

3409058

S/No. 9000013483

PASS DATE

AND THE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

\*\*Class 28 Motorcycles = 200 CC
\*\*Class 2A Motorcycles between 201 CC and 400 CC
\*\*Class 3 Motor cars = < 1000 kg with = \*\*T possengers, exclusive of the driver, and more tractorsychicles = 200 kg



# 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: 5042593185-09

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGT6190G

Chassis Number

· MR053HY4204217516

2. Name of Policyholder

CHING KUN LAM

3. Effective Date of Insurance

: 18 Apr 2019

4. Expiry Date of Insurance

: 17 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

## This Policy does not cover

(a) Use for hire or reward.

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

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

(d) Use for any purpose in connection with the Motor Trade.

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

**EXCESS (SECTION 1)** 

: \$\$600

**EXCESS (SECTION 2)** 

: N/A

WINDSCREEN EXCESS

: 5\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

. PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: NO : NO

: YES (FREE)

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE **EXCESS WAIVER** 

: NO

PRIMARY DRIVER

: CHING KUN LAM : CHING FU CHANG

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

HIRF PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF

VALUE 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

Reprint

: SIN POH ON ENTERPRISE (00000572101)

Date of Issue

: 11 Apr 2019 12:12 hrs

: 11 Apr 2019 12:12 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Delies No	E043E0319E 00	Policyholder	CHING KUN	LLAM	Policyholder	S0218671C	
Policy No.	5042593185-09	Name	CHING KUN	LAM	NRIC	502100/IC	
Certificate No.							
Address	BLK 709 #12-281 CLEMENTI	WEST STREET 2	SINGAPORE	120709			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/04/2019	Effective Date	18/04/2019	00:00	Expiry Date	17/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	SIN POH ON ENTERPRISE	Agent Tel.	67741866		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 709 #12-281	Addre	ess 2	CLEMENTI WEST	STREET 2	Address 3	SINGAPORE 120709
Address 4		Addre	ess Type	Singapore addres	is	Post Code	120709
Unit No.		Relat Numi	ed Policy ber	5042593185-09			
) Insure	ed Object: SGT6190G						
	sements						
□ Endors	The second secon						

Claim Handling					
Accident MT/1056315					
Yolicy No.	5042593185-09	Vehicle No.	5G76190G	GST Registration No.	
Certificate No.					
Policyholder Name	CHING KUN LAM			Policyholder NRIC	50218671C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97410995	Contact No.(Office)	0	Contact No.(Home)	0
Emer Address		Special Kemark		eCode	THE CO
KPK	® No ⊜Yes	TCA	® No ⊜Yes	eCode Reason	
9CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	03/08/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collegion - Head to Rear
Date of Accident	03/08/2019	Time of Accident hh:mm	10:50	Country of Accident	Singapore
keporting Centre		Orange Force		ICM No.:	
Appdent Location	CTE (AYE) BEFORE AMK AVE 1 EXIT	500 SON- NO SON SON SON SON SON SON SON SON SON			
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00		200
VIED OD Ekcess	0.00	YDED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable  Benefits	600.00	Total TP Excess Applicable	0.00		
	etten.				
<ul> <li>GST Registered Informa</li> <li>GST Registeres</li> </ul>	No.		GST Registration Date		
UST Registration No.	399.5		GST Status Verified	Yes	
Modification History				20.5	
Policyholder Mailing Ade	dress				
Address 1	BLK 709 #12-281	Address 2	CLEMENTI WEST STREET 2	Address 3	SINGAPORE 120709
Address 4		Address Type	Singapore address	Post Code	120709
unit No.		Related Policy Number	5042593185-09		
□ OI Driver Info					
Driver Name	CHING FU CHANG	Driver Type	Named Oriver		
Unnamed driver Name		Driver NRIC	S8409374B	Driver DOB	19/03/1984
Register Date of Driver License	08/08/2003	Driver Age	35	Driving Experience	15
Contact No.(Mobile)	97517515	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 211A	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RIPPLES
Address A	SINGAPORE 821211	Address Type	Singapore address	Post Code	821211
Unit No.	14-621		A STATE OF THE STA	100000	22/20/25
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Regotered car?	0.00	The second rest		Division Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Keaangr					
Modification History					
The state of the s					
Custm 001 New					
Claim 001 New					
	Ion to			estable bear	- Conserved
Claim Type *	ор-их 💌	Insured Name	CHING KUN LAM	Insured NR3C	S0218671C
Claim Type * Contact No. (Mobile)	OD-MX 97410995	Contact No.(Home)	67741866	Contact No.(Office)	67741866
Claim Type * Contact No. (Mobile) tmeil Address	97410995	Contact No.(Home) Of Vehicle Number	67741866 5GT6190G		
Claim Type * Contact No.(Mobile) trnerl Address Claimant Type *	97410995 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit •	67741866	Contact No.(Office)	67741866
Claim Type * Contact No.(Mobile) tmerl Address Claimant Type Claimant Type * Claimant Type *	97410995	Contact No.(Home) Of Vehicle Number	67741866 5GT6190G	Contact No.(Office)	67741866
Claim Type * Contact No.(Mobile) trnerl Address Claimant Type Claimant Type * Claimant Name *	97410995 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	67741866 5GT6190G	Contact No.(Office) TP Vehicle Number	67741866
Claim Type * Centact No. (Mobile) Emeil Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description	97410995 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	67741866 SGT6190G Please Salect	Contact No.(Office)	67741866
Claim Type * Centact No.(Mobile) Ernal Address Claimant Type Claimant Tyge * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	97410995  Please Select  >>>>  SGT6190G / S3N1786S ON 3 Aug 203	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	67741866 5GT6190G	Contact No.(Office) TP Vehicle Number	67741866
Claim Type * Centact No. (Mobile) Ethnal Address Claimant Type Claimant Tyge * Claimant Name * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Regulare Finelization	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 203	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	67741866 SGT6190G Please Salect	Contact No.(Office) TP Vehicle Number	67741865 SJN17865
Claim Type * Centact No. (Mobile) Ethnal Address Claimant Type Claimant Tyge * Claimant Name * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Regulare Finelization	97410995  Please Select  >>>>  SGT6190G / S3N1786S ON 3 Aug 203	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *	67741866  SGT6190G   Please Select   V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	67741866 SJN17865
Claim Type *  Contact No. [Mobile]  Chaimant Type Claimant Tyge *  Claimant Type Claimant Tyge *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Chaimant Address  Claimant Workshop Contact  No.  Regular Fineksation  Date Régistered	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 203	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866  SGT6190G   Please Select   V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile] Ethnal Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finelization Date Registered Report Taken By	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866  SGT6190G   Please Select   V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile] Ethnal Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finelization Date Registered Report Taken By	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866 SGT61900 Please Salect  W  Mot at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile]. Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finelisation Usite Registered Report Taken By	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866  SGT6190G   Please Select   V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile]. Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finelisation Usite Registered Report Taken By	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866 SGT61900 Please Salect  W  Mot at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile] trinal Address Claimant Type Claimant Type * Claimant Name * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taken By  Princ Ak letter	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866 SGT61900 Please Salect  W  Mot at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile] Email Address Claimant Type Claimant Type * Claimant Rame * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finelization Date Registered Report Taken By  Print AK letter  Attachment	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 203  Yes  03/08/2019 17:34  Jackson	Contact No.(Home) Oil Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	67741866 SGT6190G  Please Salect  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865
Claim Type * Contact No. [Mobile] Etmeil Address Claimant Type Claimant Type * Claimant Advess Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Princ AK letter  Attachment	97410995  Please Select  >>>  SGT6190G / S3N17865 ON 3 Aug 303  Yes  03/08/2019 17:34	Contact No.(Home) OI Vehicle Number Type of Benefit * Chaimant NRIC *  Insured Liability * Preference Repair Option	67741866 SGT61900 Please Salect  W  Mot at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	67741865 SJN17865

