

NATIONAL Assessment Centre Services			
Date In: 06/08/2018 10:00	Job description: SAS e-filing	Date & Time Completed	Done by
Ref No: NPA/INC/19013728/4	E-mail (within 4hrs, A/C 2hrs)		
Veh No: F8H 6279H	I-Motor Claim Form	M1/100556-002	06/08/2018
D.O.A: 28/07/2018 08:04	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:54
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SHC 53714	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: (\$ )	Loading: \$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: ( )

Client's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc 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		
Assessors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30		
Cal. 1:	For claimant against INC Only (waf 10 Jan 2018)			
Cal. 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idnu DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	9) N12: Idnu Mobile	\$30		
	10) N13: Courtesy Car / Tpt Allowance	\$5		
	11) N14: Repair Co-ordination	\$10		
	12) N15: Post Repair Inspection	\$25		
	13) N16: DV / Collect Excess Coordination	\$5		
	14) N17: TP (N-in INC) against INC	\$20		
	15) N18: Idnu Mobile	\$30		
	Invoice dated	Fee Charged		
	Invoice dated	Fee 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	06/08/2019 10:50
Date Of Accident	28/07/2019 08:40
Exact Location Of Accident	ALONG BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6279H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAI DUY TAN
Passport No/FIN	G5286493W
Email Address	LAIWEIXING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88761412
Alternative Phone No	OTHERS-88761412

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101448109
Cover Note Number	

### Driver

Name of Driver	LAI DUY TAN
Passport No/FIN	G5286493W
Date Of Birth	29/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88761412
Fax Number	
Contact Number	OTHERS-88761412
Email Address	LAIWEIXING@GMAIL.COM

Address	BLK 215 HENDERSON ROAD #04-03
Postcode	159554
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190728/2049

#### 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	SHC1189Y
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OON CHWEE BOK
NRIC/Passport Number	S1111222F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLU5377C  
Vehicle Make/Model/Colour HYUNDAI ELANTRA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LAI DUY TA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBH6279H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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**.
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: 05/08/09  
12:20 pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

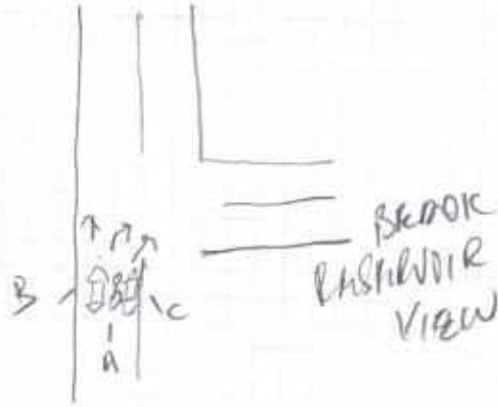
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along Bhamo Reservoir Road



A) FCH6299H

B) SHC1189Y

C) SL4537C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MS REFRA 20 Police Report  
7/20190728/2019

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 09/08/19  
12:20pm

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

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





# SINGAPORE POLICE FORCE



T/20190728/2049

1 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190728/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 12:35		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: LAI DUY TAN			Address: APT BLK 519 BEDOK NORTH AVENUE 1 #06-406 SINGAPORE 460519		
ID Type / ID No.: FIN NO / G5286493W			Contact No.: Home/Office:		Mobile: 88761412
Nationality: VIETNAMESE			Email:		
Sex: Male	Age: 28	Date of Birth: 29/08/1990	Type of Informant: Rider		
Race: Others			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/07/2019 08:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK RESERVOIR ROAD BEDOK RESERVOIR VIEW At the traffic light				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6279H	Motorcycle	HONDA	WAVE 125S A	Silver	No Damage	1
SHC1189Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		1
SLU5377C	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	1



Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6279H	NTUC Income Insurance Co-Operative Limited	5101448109	16/06/2018	19/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LAI DUY TAN		ID No.	G5286493W
Related Vehicle	FBH6279H (Motorcycle)		Contact No.	88761412
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/07/2019		Date Discharge	28/07/2019
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Driver				
Name	Oon Chwee Bok		ID No.	S1111222F
Related Vehicle	SHC1189Y (Car)		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

**Brief Details.**

On 28/7/2019 at around 0840hrs, I was riding along Bedok Reservoir Road and stopped at the junction of Bedok Reservoir Road and Bedok Reservoir View. As it was red light, I then stopped my motorcycle at the traffic light. When the traffic light turned green, the taxi on my left side bearing registration number: SHC1189Y, drove off and the front right wheel rolled over my left foot. It had caused me to lose my balance and dropped my motorcycle on the car on my right side, bearing registration number: SLU3577U. It had caused dents on the front left passenger door on the car. The taxi driver and I then exchanged particulars.

The driver of SLU3577U then called for paramedic, and I was conveyed into Changi General Hospital.

I was discharged from CGH on the same day with 7 days MC, EMD2019147360.

I had sustained the following injuries:

- 1) Swollen left ankle





**SINGAPORE  
POLICE FORCE**



T/20190728/2049

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

3 of 4

Report No. T/20190728/2049

**CONTINUATION OF REPORT**

- 2) Bruises on my left toe.
- 3) Pain on my left calf



**SINGAPORE  
POLICE FORCE**



T/20190728/2049

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

4 of 4

Report No. T/20190728/2049

**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:

G /

Sgt 3 TAN MENG LIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/07/2019 12:35

Classification Of Case:



## Accident MT/1055566

Policy No.	3101448104	Vehicle No.	QJH62794	GST Registration No.	
Certificate No.					
Policyholder Name	LAU DUY TAN				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	G5266483W
Contact No. (Mobile)	N/A	Contact No. (Office)		Issuing	0
Email Address		Special Remarks		Contact No. (Home)	
KPIK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCase	<input type="button" value="No"/>
KCD Protection	No	KCD Settlement(%)	0	eCase Reason	
<b>Accident Details</b>			Private Hire		
Report Date	20/07/2019 09:45	Accident Report Within 24 hrs	Yes	Not available	
Date of Accident	28/07/2019	Time of Accident (Approx)	08:30	Accident Type	Side Swipe
Reporting Centre		Orange Police		Country of Accident	Singapore
Accident Location	Belak Reservoir Road			ICM No.	
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess			
Uninsured Driver Excess		Outside Singapore OD Excess		Windscreen Excess	
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No				
GST Registration No.		GST Registration Date			
Modification History		GST Status Verified	Yes		
<b>Policyholder Mailing Address</b>					
Address 1	215 HENDERSON ROAD	Address 2	#04-03 HERDERSON INQUESTRI	Address 3	SINGAPORE 158554
Address 4		Address Type	Singapore address	Post Code	158554
Unit No.	04-03	Related Policy Number	3101448111		
<b>Q1 Driver Info</b>					
Driver Name		Driver Type			
Uninsured Driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No. (Mobile)		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Modification History					
Claim 002 OD-MX <b>New</b>					

Claim Type *		CD-ME *		Insured Name		LAT DUK TAN		Insured NOJC		KCE285481W	
Contact No. (Mobile)		01431574		Contact No. (Home)		NIL		Contact No. (Office)			
Email Address				Oil		FBH6279H		TR		SLU3577U	
Claim Description				Vehicle Number		FBH6279H / SLU3577U ON 26 JUL 2019		Vehicle Number		SLU3577U	
Preferred Workshop				Insured Liability		Fully at Fault		Name of Preferred Workshop			
Damage Not Finalisation		Yes *		Repair Option		Preferred Workshop, Name unknown *		GIA Report		Reserved *	
Date Registered				Claim Close Date		04/08/2019 10:49		Date Reserved		06/08/2019 11:54	
Report Taken By				Workshop Repairer		BOGLE WAHAB		Total Loss Decl. Reserved			
Price Not Settled											

Attachment		Spec		Submit	
<p>Accident No.: HT/1035558            Claim No.: :002            Last Doc. Received: * Yes <input type="radio"/> No <input checked="" type="radio"/>            Upload Date: 06/06/2019 11:54</p>					
Path *					
Choose File No file chosen					
Choose File No file chosen					
Choose File No file chosen					
Choose File No file chosen					
Choose File No file chosen					
Choose File No file chosen					
Passage Road					
Attachment List					

	Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	
<input type="button" value="Clear"/>	Please Select *	NO *	Normal *	

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-B-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 11:54	SAS	Normal	SAS 2019-B-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 10:30	Photos	Normal	Photos 2019-B-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 10:30	Photos	Normal	Photos 2019-B-6	



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Aug 2019 10:48

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Aug 2019 10:50

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Aug 2019 10:49

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Aug 2019 10:48

Photos

Normal

Photos 2019-8-6

Photos

Normal

Photos 2019-8-6

Photos

Normal

Photos 2019-8-6

Photos

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Photos 2019-8-6

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Photos 2019-8-6

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Photos 2019-8-6

Photos

Normal

Photos 2019-8-6

Video List

Uploaded By/Date

Folder Date

File Name

1

Source

Action

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (28/07/19) (DD/MM/YYYY), TIME: (08:40) (HH:MM)

LOCATION: Bedok Reservoir road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH6279H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5101448109  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Wave 125  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Lai Rui Tan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G5286493W CONTACT: 8876 1412  
c) ADDRESS: 215 ~~Bedok~~ Henderson Rd # 04-03 #159554

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

## DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (29/08/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/04/2016

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

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: Bedok North

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3HC1189V MODEL: taxi (C)  
b) DRIVER'S NAME: Don Chwee Bok  
c) NRIC/FIN/PASSPORT: S111122F CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 9LU3577U MODEL: car (B)  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = Laiwixing@gmail.com

VIDEO

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD**

**For LKK/NAC Use Only**

Name:  
**LAI DUY TAN**

S Pass No:  
**0 92915808**

Sector:  
**SERVICE**

**K0478637**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License No: **G 5286493 W**

Name:  
**LAI DUY TAN**

**For LKK/NAC Use Only**

Birth Date: **29 Aug 1990**

Issue Date: **11 Jun 2018**

Valid Till: **22/04/2021**

**002B11934G**

**VISIT PASS**  
Immigration Regulations

Name:  
**LAI DUY TAN**

**For LKK/NAC Use Only**

PNV:  
**G5286493W**

Date of Birth:  
**29-08-1990**

Sex:  
**M**

Nationality:  
**VIETNAMESE**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

**Download SGWorkPass App to check status**

**10-06-2018**

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

**EFFECTIVE DATE**  
**23 Apr 2016**

Class 2B Motorcycles =< 200 cc

**For LKK/NAC Use Only**

**Licence No: G5286493W**

**NP 429A**



### 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 : 5101448109

Cover : Third Party

- |  |                  |
|--|------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH6279H       |
| Chassis Number                                   | : NF125MT0022986 |
| 2. Name of Policyholder                          | : LAI DUY TAN    |
| 3. Effective Date of Insurance                   | : 16 Jun 2018    |
| 4. Expiry Date of Insurance                      | : 19 Oct 2019    |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LAI DUY TAN
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 : ERIC CHAN SEONG YIK (00000602606)  
Date of Issue : 14 Jun 2018 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive