Date In 07/08/19					
	Job descriptio	n	Date & Time Completed	Done	by
Reino MA/INC/7013880	SAS e-filing		1		
Veh No Fx76369	E-mail (w.de	, 8lirs, AIC 2lirs)			
DOA 06/08/19 13	i-Motor Cla	im Form	MT/1056951-	001	TO LET
OD (F) Peporting Only	i-Motor W/	O (Within: OD 2hr	(TP 4hrs)	-	
Transfing Only	i-Photo Upl	oaded			
TP Insurer	Assessment/S	urvey Report	1		
	Ass't Report	by <u>Fax / Hand</u> t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	1:1 moro 51		Tel:	ax:	
TP Particulars: Veh No:	SMN1678K	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	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	: \$1,000 () / \$2,000)()			
General Remarks:-		SS 22 Sea Sent	2 person a service of the		-
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection) r courtesy car ()			
3) Upload Resurvey Photo [Repair Cos	t > \$3000] ()			
r					
injury:					
Injury:			Property and the Control of the Cont		
			i Owenstralije (1744) glie	12.49 28.5 (1.1.1)	
Date/Time Actions	6.2			Ant (\$)	Amt
Date/Time Actions Na 19 059	62	100-100-100-100-100-100-100-100-100-100	aration Checklist	Anit (\$)	
Date/Time Actions W919059 laimant's Particulars:	62	1) AR : Accident 2) DA : Damage A	Reporting (\$30); Assessment (\$100); INC (\$8	1st Bill	
Date/Time Actions W919059 laimant's Particulars:-	62	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$8 6 \$40	1st Bill (10) 1/\$45	
Date/Time Actions N919059 laimant's Particulars:-	62	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); sssessment (\$100); INC (\$8 c \$40 rough Survey rough Survey (Resurvey)	1st Bill (0) (/\$45 \$120 \$30	
Date/Time Actions N919059 laimant's Particulars:- river/Owner: ontact No:	62	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 Frough Survey Frough Survey (Resurvey) Ainst JNC Only (wef 10 Jan 2005	1st Bill (0) (/\$45 \$120 \$30	
Date/Time Actions N919059 laimant's Particulars:- river/Owner: ontact No:	62	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) kT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA+	Reporting (\$30); Issessment (\$100); INC (\$9 c \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 ion SMRT Survey	1st Bill (0) (/\$45 5120 \$30	
Date/Time Actions NA19059 laimant's Particulars:- river/Owner: ontact No: amaged Portion:	62	1) AR : Accident 1 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) kT : Follow-Th For claiming ag 6) TR : Re-inspect 7) N1 : Idac DA + 8) NTUC Addition OD*	Reporting (\$30); Assessment (\$100); INC (\$9 Tough Survey Tough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) Ainst Survey Tough Survey	1st Bill 100) 1/\$45 \$120 \$30) \$75	
Date/Time Actions NA19059 laimant's Particulars:- river/Owner: ontact No: amaged Portion:	62	1) AR : Accident 1 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming ag 6) TR : Re-inspect 7) N1 : Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6	Reporting (\$30); Issessment (\$100); INC (\$9 e \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 ion SMRT Survey hal Services	1st Bill 100) 1/\$45 \$120 \$30) \$75 \$160	
Date/Time Actions	62	1) AR: Accident 1 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Post Repair	Reporting (\$30); Insessment (\$100); INC (\$9 e \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 ion SMRT Survey hal Services Car / Tpt Allowance -ordination ir Inspection	1st Bill 100) 17845 \$120 \$30 \$75 \$160 \$5 \$10 \$25	Amt (
Date/Time Actions Ac	62	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8 Trough Survey Trough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005 Trough Survey	1st Bill (0) (/\$45 \$120 \$30) \$75 \$160	
Date/Time Actions Ac	62	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8 Trough Survey Trough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005 Trough Survey	1st Bill (0) (545 \$120 \$30) \$75 \$160 \$5 \$5 \$25 \$5 \$20 30	

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 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.
- 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	07/08/2019 16:29		
Date Of Accident	06/08/2019 17:30		
Exact Location Of Accident	SLE TWDS CITY B4 EXIT 9(L/P 552)		
Country/State of Loss	SINGAPORE		
Control of the Contro	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FX7636Y		
Insured/Policyholder			
Name Of Registered Owner	TAN CHEE YOONG		
NRIC No	\$95323971		
Email Address	JOHNTANCHEEYOONG@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97341503		
Alternative Phone No	OTHERS-97341503		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CB400		
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	MOTORCYCLE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	THIRD PARTY		
Fleet Policy	NO		
Policy Number	5109062601		
Cover Note Number			
Deliver			

Driver		
Name of Driver	TAN CHEE YOONG	
NRIC No	S9532397I	
Date Of Birth	08/09/1995	
Occupation	INDOOR	
Date Of Driving Pass	02/04/2019	
Driving Experience	0 YEAR AND 4 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-97341503	
Fax Number		
Contact Number	OTHERS-97341503	
EMail Address	JOHNTANCHEEYOONG@GMAIL.COM	

BLK 421 CANBERRA ROAD Address

#11-429

Postcode 750421

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)

2

involved in the accident Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

SEMBANWANG NPC

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: - FAX NO:

NO

If Yes, against whom? Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190807/2030

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

SMN1678K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Name TAN CHEE YOONG Approximate Age Injuries Sustain SLIGHT Injured person in which vehicle? FX7636Y Were seat belts worn? 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>.
- 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.
- 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)

Lunderstand, 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.:

SKETCH PLAN	
	(A 0-10) FX 7636 Y. (B) SMN 1678K.
	C. 0 10 7 FX 7036 Y.
	(B) SMN 1678K.
	0-10 ->
	@ SLE towards CTE before Woodlands Ave 12 exi
* * * * * * * * * * * * * * * * * * * *	The state of the s
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
D	
	Is refer To Police Report No:
	7/20190807/2030.
-	

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.:





T/20190807/2030

1 of 4

Report No. T/20190807/2030

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2019 11:19		Made:	Vide Report No.:	Station Diary No.: 37
Informa	nt's Partic	ulars		The survival of the survival o
	Informant: EE YOON(Address: APT BLK 421 CANBERR 750421	A ROAD #11-429 SINGAPORE
	/ ID No.: D / S95323	971	Contact No.: Home/Office:	Mobile: 97341503
National SINGAP	ity: ORE CITIZ	ŒN	Email:	
Sex: Male	Age: 23	Date of Birth: 08/09/1995	Type of Informant: Rider	
Race: Chinese		A. C.	Language: English	Institution / School Name:
Occupat Singapo		orces personnel	Driving Licence Information Class: 2B,2A,3	on: Date of Expiry:

Type of Accident:	Injury Attended by Police	y Police Drink Date/Time of Accident: No 06/08/2019 17:3		Type of Location Straight Road
	CITY before exit 9.			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:	40	Traffic Control: Not Controlled		
One Way		NOT CONTROLLED		Heavy

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FX7636Y	Motorcycle	HONDA	CB400 Spec 3	Grey	Seriously Damaged	0
SMN1678K	Car	HONDA	VEZEL	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





20190001/2000

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

2 of 4 Report No. T/20190807/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FX7636Y	NTUC Income Insurance Co-Operative	5109062601	23/04/2019	22/04/2020		

Details of Perso	n Involved			News L		STATE OF STREET
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	Use of Ped	estriar	Cross	sing: NA
Rider				5 Enedic		
Name	TAN CHEE YOONG			ID No.		S9532397I
Related Vehicle	FX7636Y (Motorcycle)			Contact No.		97341503
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/08/2019		Date Disch			3/2019
No. of Days gran	ted Medical Leave	05	Degree of		Slight	
Driver						
Name	ADRIAN TAN XUAN ZHI			ID No		S9318871C
Related Vehicle	SMN1678K (Car)			Conta	ct No.	96813242
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 06/08/2019 at about 1730 hrs, I was riding my motorcycle along SLE towards City on the 3rd lane before Exit 9. Suddenly a car came and hit onto my left side handlebar causing me to fall down from my motorcycle.

After the accident, I called the Ambulance and exchange the particulars with the driver. The ambulance came and attended to my injuries. The said driver shown his in-car camera to me, Traffic Police officer at scene and NTUC Insurance personnel. The recordings shows that his vehicle was on the lane going towards exit 9 and he suddenly turn right and hit onto my motorcycle.

At about 20:00 hrs, I seek treatment at Khoo Teck Puat Hospital and I was discharge on 7 Aug 2019. I was given 5 days MC.



T/20190807/2030

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE

757633 Tel No: 1800-5549999 3 of 4 Report No. T/20190807/2030

CONTINUATION OF REPORT





4 of 4

Report No. T/20190807/2030

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

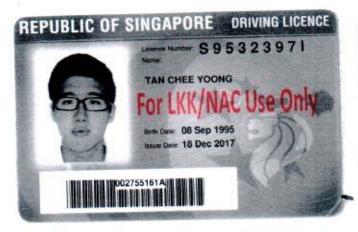
Sketch Plan

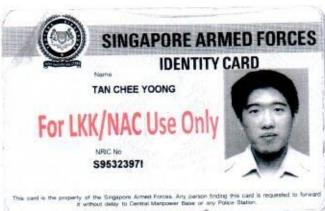
Informant is not able to provide sketch plan

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: L / Staff Sgt LIM FEI YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2019 11:19
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD. YUSOF	Classification Of Case:
Contact No.: 65476358	SH 005
Authentication Stamp NP168	Signature: 1/2/

Vehicle No.	FX 7636 Y. Model/Make Handa CB 400 Spec 3.
Date of Accident	06/08/19.
Time of Accident	17.30 HRS
Location of Accident	SLE towards City before exit 9 Clamp post no. 552
Exact purpose use during accid	
Name of Owner	TAN CHEE Young.
Telephone No.	H/P: 9734 503 Home: Office:
NRIC	5 9532397 1 .
Address	BLK 421 Camberra Road # 11-429 (8) 750421.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5109062601
· oney ivo.	21-1002001
Name of Driver	As Above If No,
NRIC	Any Passengers: N- A
Date of birth	08/09/1995
Occupation	Outdoor / Indoor
Driving License Pass Date	02/04/2019.
Gender Cense Pass Date	Male / Female
Contact No.	H/P: Home: Office:
Address	n/r. Home. Office.
	No, If yes, Reg No.
Driver have any own vehicle	
Relationship Weather condition	Employee, If no, state Owner .
Road Surface	
Any Injuries	No, If Yes, Who? THE YOUNG . (4/P: 9734 1503)
Name And Contact No.	TAN OFEE YOUNG . (4/P: 9734 1503)
Name And Contact No.	11 (15V) 111 2 2 1 1 1 1 1 2
Police Report	No, If Yes, Where? Senbaurag N.P.C. SMN 1678 K. Any Passengers: N. 9.
Vehicle B No.	7.00
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: AL D.
Accident Portion	Left lide.
Camera Recorder	Yes (No
Email Address	johntanchee young Egmacl. com.
PARTICULAR WORKSHOP	MOTO SI
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Jackee .
FAX NO	6741 0510





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

EFFECTIVE DATE

C

Metoraycles on 100 CC
Metiraycles between 201 CC and 400 CC
Metiraycles between 201 CC and 400 CC
Metor care - 4000 kg mits - 7 peopergra, exclusive of the
driver; and metor tris torologicals - 2500 kg.

FOR LKK/NAC USE Only

S / No.9000321370

595523974

NP 428A



GEMALTOSOPUNDS4519B0T18

S95323971/ PINK

CHINESE

Date Of Birth 08/09/1995

Service Status

REGULAR

BIK 421 CANBERRA ROAD

#11-429 SINGAPORE 750421

Blood Group

0 (+)

SINGAPORE

Military Rank Stat OFFICER



00000050266700





12:20 PM



biznet1.income.com.sg



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 : 5109062601

FX7636Y 1. Index mark and Registration Number of Vehicle

: NC391050915 Chassis Number 2. Name of Policyholder : Tan Chee Young 3. Effective Date of Insurance : 23 Apr 2019

4. Expiry Date of Insurance

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.

Cover : Third Party

: 22 Apr 2020

- 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)	: TAN CHEE YOONG
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)

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 22 Apr 2019 22:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1056951						
Policy No.	5109062601	Vehicle No.	FX7636Y		GST Reg	istration N
Certificate No.						
Policyholder Name	Tan Chee Yoong				Policyhol	der NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	
Contact No.(Mobile)	97341503	Contact No.(Office)	0		Contact I	No.(Home
Email Address		Special Remark			eCode	
KFK	= No. Yes	TCA	No Yes		eCode Re	eason
NCD Protection	No	NCD Entitlement(%)	0		Private H	lire
Accident Details						
Report Date	07/08/2019 18:11	Accident Report Within 24 hrs	Yes		Accident	Туре
Date of Accident	06/08/2019	Time of Accident hh:mm	17:30		Country	of Acciden
Reporting Centre		Orange Force			ICM No.	
Accident Location	SLE TWDS CITY B4 EXIT 9(L/P 552)					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess		TP Standard Excess		0.00		
YIED OD Excess		YIED TP Excess		0.00	Driver is	Covered?
Additional Excess						
Total OD Excess Applicable		Total TP Excess Applicable		0.00		
GST Registered Informat	tion					
GST Registered	No		GST Regi	stration Date		
GST Registration No.			GST State	us Verified		Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 421 #11-429	Address 2	CANBERRA ROAD		Address 3	3
Address 4		Address Type	Singapore address	ř	Post Code	e
Unit No.	11-429	Related Policy Number	5109062601			
OI Driver Info						
Driver Name	Tan Chee Yoong	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	595323971		Driver DO	ов
Register Date of Driver License	01/01/2019	Driver Age	23		Driving E	xperience
Contact No.(Mobile)	97341503	Contact No.(Office)	0		Contact N	No.(Home
Address 1	BLK 421	Address 2	CANBERRA ROAD		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	#11-429					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Ins	surer Con
Declaration Breathalyser or Blood Test	3					
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
					- Leave d	
Claim Type *				OD-MX	Insured Name	Tan Ch
Contact No.(Mobile)				+6597341503	Contact No.	
					(Home)	
Email Address				johntancheeyoong@gmail.com	OI Wehicle Number	FX763
Claim Description				FX7636Y / SMN1678K ON 6 A	lug 2019	
Preferred ,				WALLEST AND	0 - X 30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Workshop Require No.	Insured Liability Not at Fau	CIA		1		
Finalisation Yes		refer below) v report Received			Claim	
Requist No. Yes Finalisation Date Registered	Proferered Not at Fat	refer helow) V GIA Received	•	07/08/2	019 18:17	O19 18:17 Claim Close Date

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter

Save Submit Attachment Accident No. MT/1056951 Claim No. 001 Last Doc. Received Yes No Upload Date 07/08/2019 00:00 Path * Category * Confidential Choose File No file chosen Clear Please Select • NO Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select * NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des 1978 759 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:17 NRIC/ Driving License Normal NRIC/ Driving NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal SAS 2 07 Aug 2019 18:17 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:17 Photos Normal Photos NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 07 Aug 2019 18:17 **Photos** NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:17 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:17 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:16 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:16 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:16 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:16 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 07 Aug 2019 18:16 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 07 Aug 2019 18:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:16 Photos Normal Photos

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on

Photos



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2019 18:16

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Folder Date

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Display in New Window Scan and uploading