

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMAY 19/07/11

Date In: 16/08/2005 09:47	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 19014269/1	SAS e-filing		
Veh No: 9BD 866Z	E-mail (Johns Ther, AIC Ther)		
DOA: 15/08/2005 17:35	I-Motor Claim Form	MM/1051922001	16/08/2005
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:18
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLP 66/4M	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%. P: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date of Incident: 15/08/2005	

Client Ref: NBA/1906.226	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Ref 1:	
2/3	

1) Alt: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/245
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TP (Nil): TP (Non INC) against INC	\$10
9) N12: Idao Mobile	\$0
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	16/08/2019 09:47
Date Of Accident	15/08/2019 17:35
Exact Location Of Accident	NEW MARKET ROAD DROP OFF/PICK UP POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD866Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM MENG HWA TRADING
Co Reg No	38989300E
Email Address	LIMMENGHWA19@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96815042
Alternative Phone No	OFFICE-67335453

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066060978-05
Cover Note Number	

### Driver

Name of Driver	LIM MENG HWA
NRIC No	S1346115E
Date Of Birth	18/12/1959
Occupation	INDOOR
Date Of Driving Pass	16/03/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815042
Fax Number	
Contact Number	OFFICE-67335453
Email Address	LIMMENGHWA19@HOTMAIL.COM

Address	BLK 8 JALAN KUKOH #10-29
Postcode	162008
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	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)	3
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	BEN CHEW
Phone Number	91688998
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6614M
Vehicle Make/Model/Colour	MAZDA
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)	



## 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.

Lim Meng Hwa Trading  
Blk 13, York Hill  
#01-08 Singapore 152013  
Tel: 6733 5485 Fax: 6734 6507

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

NEW MARKET ROAD (STATE COURT)

PICK UP / DROP OFF POINT



A) GBD 866Z

B) SLP 6614M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

END 15/08/2019 AT ABOUT 17:35HRS I WAS AT NEW MARKET ROAD & WANTED TO MAKE A U-TURN, SUDDENLY I FELT A BUMP ON MY RIGHT SIDE I STOP MY VAN & SAW A CAR SLP6614M BANK ON THE FROM RIGHT SIDE OF MY VAN. THE CAR TURN OUT FROM THE PICK UP / DROP OFF POINT.

DECLARATION

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

Lim Meng Hwa Trading

Blk 13, York Hill

#01-08 Singapore 162013

Tel: 6733 5432 Fax: 6734 6427

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.:

16/8/19

16/8/2019

Rashid

## Claim Handling

Accident MT/1007922

Policy No.	SG6080928-05	Vehicle No.	GDB066Z	GET Registration No.	900812280C
Certificate No.					
Policyholder Name	LIM MENG HWA TRADING			Policyholder NRIC	99999300E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	License	0
Contact No.(Mobile)	96815042	Contact No.(Office)	67339453	Contact No.(Home)	
Email Address		Special Remarks		eCode	<input type="button" value="No"/>
K/Fs	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	16/08/2019 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/08/2019	Time of Accident (hh:mm)	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW MARKET ROAD Q/OF OFF-PICK UP POINT				
<b>Total Excess Applicable</b>					
Excess Type	PER ACCIDENT	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	3.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	3.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	03/10/2008		
GST Registration No.	R10972280C	GST Status Verified	Yes		
Modification History	16/08/2019 10:18:36 System changed GST Registration Date from 01/01/2015 to 01/10/2008 16/08/2019 10:18:36 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 12 #01-08	Address 2	YONG HILL	Address 3	SINGAPORE 162013
Address 4		Address Type	Singapore address	Post Code	162013
Unit No.		Related Policy Number	909690978-05		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM MENG HWA	Driver NRIC	91946115E	Driver DOB	18/12/1959
Register Date of Driver License	15/03/1981	Driver Age	59	Driving Experience	38
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 8 #10-28	Address 2	JALAN KUKOH	Address 3	CHIN SWEE VIEW
Address 4	SINGAPORE 162008	Address Type	Foreign address	Post Code	162008
Unit No.	10-29				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GDB066Z	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		
<b>Modification History</b>					

Claim 001 **NEW**

Claim Type *	CO-INS	Insured Name	LIM MENG HWA TRADING	Insured NRIC	99999300E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67339453
Email Address		OT		TP	
Claim Description		Vehicle Number	GDB066Z	Vehicle Number	SLP661AM
Preferred Workshop		GDB066Z / SLP661AM ON 15 Aug 2019		Name of Preferred Workshop	
Insured Liability	Not at Fault				
Insured Workshop	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	16/08/2019 10:17	Date Received	16/08/2019 00:00
Report Taken By		ROSLI WANAB			
<input type="button" value="Print All letter"/>					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/1007922	Claim No.	001
Len Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/08/2019 10:18
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	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Text		Clear	
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_8006780 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 16 Aug 2019 10:18	Photo	Normal
	NAC_BUKIT_MERAH_8006780 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 16 Aug 2019 10:18	Photo	Normal
Send Message			



	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	SAS	Normal	SAS 2019-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2019 10:18	NREC Driving License	Normal	NREC Driving License 2019-8-16

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				



# ACCIDENT STATEMENT

ACCIDENT DATE: (15/08/2019) (DD/MM/YYYY), TIME: (17:35) (HH:MM)

LOCATION: NEW MARKET ROAD DROP OFF POINT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D 866Z  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5066060978-05  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Hiace  
 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: Lim Meng Hua Trading (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 67335453  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Lim Meng Hua (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81346115B CONTACT: 96815042  
 c) ADDRESS: Blk 8 Jalan Kukuh #10-29 (162008)

\* d) DATE OF BIRTH: (18/12/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16-3-1981

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP6614M MODEL: mazda  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98593354

## 9. THIRD PARTY VEHICLE

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

WITNESS: SEN CHAN 91688998

email = limmenghua19@hotmail.com

VIDEO

WORKER (M)  
 PAX (1F)

No of passenger  
 (including driver)  
 (3)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1346115E  
**For LKK/NAC Use Only**



LIM MENG HWA  
林 銘 华  
CHINESE  
Date of Birth: 18-12-1959 M  
Country of Birth: SINGAPORE

S1346115E

REPUBLIC OF SINGAPORE DRIVING LICENCE  
Licence Number: S1346115E  
Name: LIM MENG HWA  
**For LKK/NAC Use Only**  
Date of Birth: 18 Dec 1959  
Issue Date: 30 Jan 2004



001106730F



UIC No. S1346115E  
**For LKK/NAC Use Only**  
Blood Group: B+ Date of Issue: 21-02-1993  
AP1 BLK 8 JALAN KUNING HW029  
SINGAPORE 10002  
NRIC No. S1346115E Date: 02-12-1990 No. 8019502

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Oct 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	16 May 1981

**For LKK/NAC Use Only**

NEA262



Licence No: S1346115E



### 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 :** 5066060978-05

**Cover :** Comprehensive

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBD866Z              |
| Chassis Number  | : JTFHT02P200141826    |
| 2. Name of Policyholder   | : LIM MENG HWA TRADING |
| 3. Effective Date of Insurance  | : 16 Jun 2019          |
| 4. Expiry Date of Insurance   | : 15 Jun 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.   |                        |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                        |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : CREDENTIAL MOTOR PTE LTD (00000613028)

Date of Issue : 13 May 2019 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



JENNIFER DEONG



Chief Executive



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA119107416 Vehicle Registration No: SGR 1133R

Name (as shown in NRIC): CHOO JUNE TAEK NRIC/FIN/Passport No: S1068025E

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97524705

Email Address: \_\_\_\_\_

Date of Accident: 16/08/2019 Time of Accident: 11:40

Place of Accident: ALONG BUCHFORD ROAD

Insurance Company: LOANPOE

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to change from Report only to one damage claims

Policyholder / Driver's Signature  
Date:

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