

# NATIONAL Assessment Centre Services.

Jan 1 Jan 001

MANA19108356-01

Date In: 19/8/2019	Job description	Date & Time Completed	Done by
Ref No: NBA/VO119014425/F	SAS e-filing		
Veh No: SGM 4325K	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 17/8/2019	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkup / INC Assign Wkup / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SGT8815A

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 repaior.

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

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

Remarks (Inscription - 6/8/2019):

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date: 19/8/2019

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 1

2/2

Item	Description	Amount	Total
1)	AI: Accident Reporting (\$30)		
2)	DA: Damage Assessment (\$100) INC (\$10)		
3)	TP: Towing Fee	\$40/\$45	
4)	PT: Follow-Through Survey	\$120	
5)	PT: Follow-Through Survey (Resurvey)	\$30	
6)	TR: Re-inspection	\$75	
7)	NI: Idas 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 (N11): TP (Non INC) against INC	\$20	
9)	N12: Idas Mobile	\$0	
	Invoice dated		
	Invoice dated		

Fee Charged  
Fee Charged

Stamp



## 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	19/08/2019 12:19
Date Of Accident	17/08/2019 10:50
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM4325K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIN CHUAN
NRIC No	S7933017E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389802
Alternative Phone No	OTHERS-92389802

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120031241700
Cover Note Number	

### Driver

Name of Driver	LIM KIN CHUAN
NRIC No	S7933017E
Date Of Birth	25/10/1979
Occupation	INDOOR
Date Of Driving Pass	09/03/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389802
Fax Number	
Contact Number	OTHERS-92389802
Email Address	NOEMAIL

Address	APT BLK 452A BUKIT BATOK WEST AVENUE 6 #14-727 SINGAPORE
Postcode	651452
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	CHAIN COLLISION
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	5
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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8815A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND NEO JIA WEI

NRIC/Passport Number S9321535D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA9898H  
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  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJQ8914C  
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  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLK8679P  
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  
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.

\_\_\_\_\_  
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

AVE



VEH A : SGM 4325 K  
 VEH B : SGT 8815 A  
 VEH C : SMA 9898 H  
 VEH D : SJA 8914 C  
 VEH E : SLK 8679 P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AVE before Alexandra Exit when a car in front of me slowed down and braked until full stop suddenly. I managed to stop without hitting it, but the car behind me hit bump onto mine with an medium impact and my car inch forward about 5 meters. I alighted from my vehicle and discovered that there was a chain collision between 4 other cars behind mine.

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/082019 (DD/MM/YYYY), TIME: 10:50 (HH:MM)

LOCATION: Along Road 1 Ayer Rajah Expressway before Alexandra Exit  
(Jamp Post # 304)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM 4325K  
 b) INSURANCE COMPANY: VOI  
 c) POLICY NUMBER: DHOM 12003/241700  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mazda 3 4-Door Sedan 1.5L SP. 6 SEAT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: FAMILY  
 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: Desmond Neo Jia Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 89321535 D CONTACT: 90054906  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Lim Kin Chuan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 87933017E CONTACT: 92389802  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17/06/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/11/2017

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: Joo Chiat NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGT8815A MODEL: Toyota Camry 2.5  
 b) DRIVER'S NAME: DESMOND NEO JIA WEI  
 c) NRIC/FIN/PASSPORT: 89321535 D CONTACT: 90054906

## 9. THIRD PARTY VEHICLE

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

Email =

VIBBO

Mobile: 92389802



Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

Report No: T/20190817/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2019 14:33		Vide Report No.: D/20190817/0056		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: LIM KIN CHUAN			Address: APT BLK 452A BUKIT BATOK WEST AVENUE 6 #14-727 SINGAPORE 651452		
ID Type / ID No.: NRIC NO / S7933017E			Contact No.: Home/Office: Mobile: 92389802		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 25/10/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES ENGINEER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  BEFORE ALEXANDRA EXIT. Lamp Post Number: 304				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM4325K	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	2
SGT8815A	Car				Slightly Damaged	1
SJQ8914C	Car				Seriously Damaged	3





**SINGAPORE  
POLICE FORCE**



T/20190817/2076

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

2 of 4

Report No. T/20190817/2076

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK8679P	Car				Slightly Damaged	0
SMA9898H	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM4325K	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200312417 00	24/08/2017	23/08/2019

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LIM KIN CHUAN		ID No.	S7933017E	
Related Vehicle	SGM4325K (Car)		Contact No.	92389802	
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
Driver					
Name	DESMOND NEO JIA WEI		ID No.	S9321535D	
Related Vehicle	SGT8815A (Car)		Contact No.	90054906	
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 the above mentioned date place and time, I am travelling on the first lane with wife and 1 child in vehicle SGM4325K, The traffic was smooth. Suddenly a vehicle ahead of mine likely to be silver or white in color did a Jam brake. I managed to stop in time however I felt an medium impact from the rear and my vehicle inch forward about 5 metre. I alight from my vehicle and discovered that there was a chain Collision between 4 other car.

Traffic Police and ambulance come. They checked



Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

3 of 4

Report No. T/20190817/2076

**CONTINUATION OF REPORT**

wife and son were fine but they felt pain on the head area.

The Traffic Police then took my in car camera SD card and issue me a acknowledgement form.





SINGAPORE  
POLICE FORCE



T/20190817/2076

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

4 of 4

Report No. T/20190817/2076

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 2 LIM XI HAO, NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/08/2019 14:33

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7933017E**  
 Name: **LIM KIN CHUAN**  
 (LIN JINZHUANG)  
**For LKK/NAC Use Only**  
 Birth Date: 25 Oct 1979  
 Issue Date: 09 Mar 2006

001405003C



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7933017E**



**For LKK/NAC Use Only**  
**LIM KIN CHUAN**  
 (LIN JINZHUANG)  
 林金壯  
 Race  
 CHINESE  
 Date of birth: 25-10-1979 Sex: M  
 Country of birth: SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

**For LKK/NAC Use Only**

Licence No: S7933017E



NP 438A

4501052



**For LKK/NAC Use Only**  
 NRIC No: **S7933017E**  
 Date of issue: 23-12-2009  
 APT BLK 452A BUKIT BATOK WEST AVENUE 6 #14-727  
 SINGAPORE 651452  
 NRIC No: S7933017E Date: 03/12/2018





MEMBER OF THE UOB GROUP



CERTIFIED TRUE COPY

United Overseas Insurance Limited  
3 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

## 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)

ORIGINAL

<b>CERTIFICATE NO.</b>	DHOM120031241700	<b>Excess:</b>	\$500/- NAMED DRIVERS \$1500/- OTHERS
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	SGM4325K		\$100/- WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	LIM KIN CHUAN		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 24 August 2017 to 23 August 2019

**Engine#** P520369056  
**Chassis#** JM6BM42A8G0343246

**Hire Purchase** UNITED OVERSEAS BANK LIMITED

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]  
AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
  - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
  - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

### LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business.

### THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade  
The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

\*Limitation rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

UNITED OVERSEAS INSURANCE LTD

For the Company

FCLAS Date : 19/08/2019

**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 : MHA49108356 Vehicle Registration No: SGM4325K  
Name(as shown in NRIC) : Lim Kuo Chuan NRIC/FIN/Passport No : S933017E  
(\*Vehicle Driver / Vehicle ☒ Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9238 9802  
Email Address : \_\_\_\_\_  
Date of Accident : 17.08/2019 Time of Accident: 10.50  
Place of Accident : Along Ayk Parkway Alexandra Rd  
Insurance Company: WOT

### (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:

- ① Hand Phone number
- ② There is someone approve

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Poshi Winton  
NRIC/FIN No.:  
Date: 19/08/2019