

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 22/08/19	Job description	Date & Time Completed	Done by
Ref No. NA/INC19014823/13	SAS e-filing		
Veh No. 5LL858L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 22/08/19 0655	i-Motor Claim Form	MT/1059050-002	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: ET8211R	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

NA1906319	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
Contact No:	6) TR : Re-inspection \$75		
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	23/08/2019 09:18
Date Of Accident	22/08/2019 06:55
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL858L
Insured/Policyholder	
Name Of Registered Owner	D CARWERKZ
Co Reg No	53326195C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85880858
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100350664-01
Cover Note Number	
Driver	
Name of Driver	NG BEE SEE
NRIC No	S1829052I
Date Of Birth	05/06/1967
Occupation	INDOOR
Date Of Driving Pass	09/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96450678
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	23 JALAN SANKAM
Postcode	759036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	4
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	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190822/2072

#### 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	ET8211R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG DEHAO
NRIC/Passport Number	S9415617C
Contact Number	94885383
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR1008J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GURBIND SINGH S/O HARBIR SINGH  
NRIC/Passport Number S9447705J  
Contact Number 94230703  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFR1617Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOKE YUE CHONG  
NRIC/Passport Number S0006962J  
Contact Number 97282990  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NG BEE SEE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLL858L  
Were seat belts worn? YES  
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:

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

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

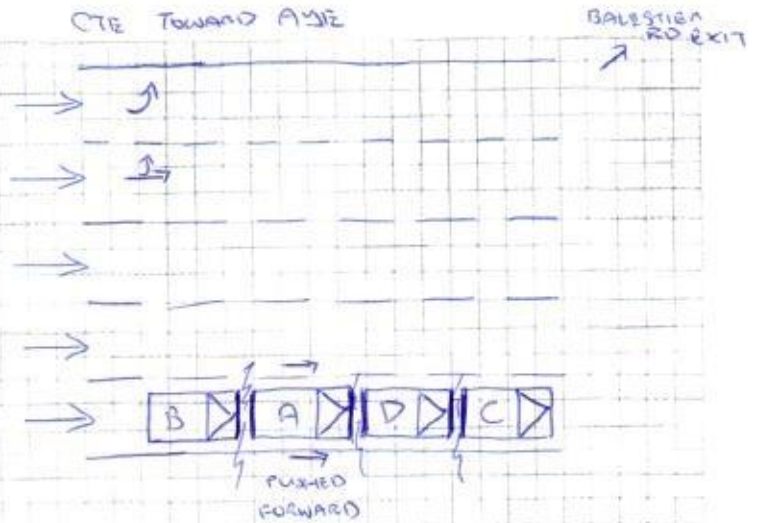
# SKETCH PLAN

Vehicle A - SLL 858L

Vehicle B - ET 8211R

Vehicle C - SJR 1008J

Vehicle D - SFR 1617Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

REPORT NUMBER

T/2019 0522/2072

Vehicle A - SLL 858L

Vehicle B - ET 8211R

Vehicle C - SJR 1008J

Vehicle D - SFR 1617Z

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 23/08/19

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





# SINGAPORE POLICE FORCE



T/20190822/2072

1 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190822/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 13:58		Vide Report No.: E/20190822/0033		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: NG BEE SEE			Address: 23 JALAN SANKAM SINGAPORE 759036		
ID Type / ID No.: NRIC NO / S18290521			Contact No.: Home/Office:		Mobile: 96450678
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 05/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Secretary			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2019 06:55	Type of Location: Expressway
Location:  CENTRAL EXPRESSWAY  CTE towards AYE 7.5 KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ET8211R	Car	MITSUBISHI		Grey	Seriously Damaged	0
SFR1617Z	Car	BMW		Grey	Seriously Damaged	0
SJR1008J	Car	VOLKSWAGO N		Red	Slightly Damaged	1
SLL858L	Car	TOYOTA		Black	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190822/2072

2 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190822/2072

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL858L	NTUC Income Insurance Co-Operative Limited	5100350664-01	30/04/2019	29/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	HUANG DEHAO		ID No.	S9415617C
Related Vehicle	<del>SFR1617Z</del> (Car) ET8211R		Contact No.	94885383
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
<b>Driver</b>				
Name	LOKE YUE CHONG		ID No.	S0006962J
Related Vehicle	SFR1617Z (Car)		Contact No.	97282990
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
<b>Driver</b>				
Name	GURBIND SINGH S/O HARBIR SINGH		ID No.	S9447705J
Related Vehicle	SJR1008J (Car)		Contact No.	94230703
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





**SINGAPORE  
POLICE FORCE**



T/20190822/2072

3 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190822/2072

**CONTINUATION OF REPORT**

Driver			
Name	NG BEE SEE	ID No.	S18290521
Related Vehicle	SLL858L (Car)	Contact No.	96450678
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2019	Date Discharge	22/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 22/08/2019 at about 0656am, I was alone to work, driving my car reg no: SLL858L along CTE towards Town, in 1st lane.

As I was driving, in front of me there was a car and slowly brake as such I also slowly brake and subsequently came to a stop. When I stop my car, suddenly I felt an impact from my rear side. The cause of the impact moved my car forward and hit the front car, rear side.

After which I alighted from my passenger side and discovered that a car had hit onto my rear side. All the driver came out from their cars and checked on their car damages. I also discovered that total of 4 cars was involved and I was the 3rd car.

Subsequently the traffic police and ambulance came. There was also another police car at scene.

It was a first time happened to me and I do not know what to do, as such I asked the 2nd car driver what to do. He told me that to exchange all particulars and to claim our car insurance. All the drivers exchange particulars and took photos of the car damages. At the accident, the traffic police officer gave me a case card E/20190822/0033, I/C: IO Firoz Tel:65476206

The rear car who hit me, the male Chinese driver approached and said that he was unable to break in time.

When the ambulance came, the paramedics check on all the drivers and those involved. I did not sustain any visible injuries however my chest area, neck, back area, left leg pain. I was conveyed by the ambulance, conscious to Tan Tock Seng hospital and was transfer to Mount Elizabeth Hospital. I was discharge on the same day was given 3 days MC.

My car did not install camera at the front and rear.



**SINGAPORE  
POLICE FORCE**



T/20190822/2072

4 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190822/2072

**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 /

Sr Staff Sgt ZULKANA IEN BIN ENDRA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/08/2019 13:58

Classification Of Case:



<b>Vehicle No.</b>	SLL 858 L	<b>Model / Make</b>	TOYOTA VELLFIRE 3.5
<b>Date of Accident</b>	22/08/19		
<b>Time of Accident</b>	0655	<b>HRS</b>	
<b>Location of Accident</b>	CIR TOWARD AJR		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	D CARWARKZ		
<b>Telephone No.</b>	H/P : 85880858	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	53326195C		
<b>Address</b>	2 YISHUN IND ST 1 #01-24 NORTH POINT BIZHUB S(768159)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5100350664-01		
<b>Name of Driver</b>	As Above If No, NA BEE SEE		
<b>NRIC</b>	S1829092I	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	05/06/1967		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	09 DEC 2008		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 96450678	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	23 JALAN SANKAM S(759036)		
<b>Driver have any own vehicle</b>	No	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	MOTHER / SON
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>	NA BEE SEE , 9645 0678		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	Eunos NPP
<b>Vehicle B No.</b>	ET 8211 R	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SJR 1008 J	<b>Any Passengers :</b>	
<b>Vehicle D No.</b>	SPR 1617 Z	<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	FRONT / REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1829052I



Name  
NG BEE SEE

For LKK/NAC Use Only  
黄美慈

Race  
CHINESE

Date of Birth Sex  
05-06-1967 F

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1829052I  
Name:

NG BEE SEE

For LKK/NAC Use Only

Birth Date: 05 Jun 1967

Issue Date: 09 Dec 2008



001685013A



2342025

NRIC No. S1829052I



For LKK/NAC Use Only

Blood Group: O+ Date of Issue: 02-09-1994

23 JALAN SANKAM  
SINGAPORE 759036

NRIC No: S1829052I

Date: 20/04/2012

No: 7088403

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Dec 2008

For LKK/NAC Use Only



Licence No: S1829052I

NP 428A



## 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:** 5100350664-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLL858L**  
 Chassis Number : GGH208071694
2. Name of Policyholder : D CARWERKZ
3. Effective Date of Insurance : 30 Apr 2019
4. Expiry Date of Insurance : 29 Apr 2020
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MOTOR-WAY CREDIT PTE LTD
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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 12 Apr 2019 13:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1059050

Policy No.	5100350664-01	Vehicle No.	SLL858L	GST Registration No.
Certificate No.				
Policyholder Name	D. CARWERKZ			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)	85880858	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	23/08/2019 10:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/08/2019	Time of Accident hh:mm	06:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	23/08/2019 10:33:55 System changed GST Status Verified from No to Yes			

## ▼ Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#01-15 NORTH POINT BIZHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100350664-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NG BEE SEE	Driver NRIC	S1829052I	Driving Experience
Register Date of Driver License	09/12/2008	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	96450678	Contact No.(Office)		Address 3
Address 1	23 JALAN SANKAM	Address 2	SEMBAWANG STRAITS ESTATE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
-------------------------------------	------	-------------	---	--

## Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	D CARV
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLL858
Claim Description	SLL858L / ET8211R ON 22 Aug 2019		
Preferred Workshop	Insured Liability	Not at fault	
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	24/08/2019 11:06	Claim Close Date	



Report Taken By

ROSILINDA

Workshop  
Repairer☒ Print AK letter 

## Attachment

Accident No.	MT/1059050	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/08/2019 00:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:06	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2019 11:05	Photos		Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

