Date In: 210 19-16:02	Jcb description	Date & Time Completed	Done by	
Ref No: NA INCIGO 17 278 14	SAS e-filing			
Veh No: Dwg 690	E-mail (within Shrs, AIC 2hrs)	T		· .
D.O.A: 1/10/19-19:55	i-Motor Claim Form	W711065105-001	2110/19 13:0	,
OD : fp)! Reporting Only	i-Motor W/O (Within: OD 2hr			
OD : IFF. Reporting Only	i-Photo Uploaded	1		67 S
TP Insurer:	Assessment/Survey Report	i .		
17 histor.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	915845760
TP Particulars: Veh No: PI	P2275C . INC (	)/Non-INC()	*	
Owner / Driver: (		Tel:	)	
Policy No: ( ) F	Period: ( )	Cover Type: (	)	arrase.
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	200
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 ( )			
General Remarks:		A PARTIE OF THE REAL PROPERTY OF THE PARTIES OF THE	<u> इंक्ट्रम्ट गर्म ।</u>	1
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( ) Walk-In Customer : Customer's int		ictly NO rater of repairer.		-
	rer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( ) / NO( ); T	owing Co: (		)
Remarks: (INC hotline: 6788 6616)	Section 1	Date& Time Completed	Done by	
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by	
Apply for Transport Allowance ( )/	Courtesy Car ( )	Date&Time Completed	Done by	
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed.	Done by	
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Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by	
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#### 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.
- 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.
- 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.

aforesaid.		
A CHARLES OF THE OWNER OF THE	ACCIDENT STATEMENT	
Date Of Report	02/10/2019 16:02	12
Date Of Accident	01/10/2019 09:55	
Exact Location Of Accident	JLN AHMAD IBRAHIM	
Country/State of Loss	SINGAPORE	
A STANDARD AND STANDARD STANDARD	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW1769U	
Insured/Policyholder		
Name Of Registered Owner	AD MOTORS PTE LTD	

Email Address Mobile Phone No

Co Reg No

Alternative Phone No OFFICE-89999999

**Vehicle Particulars** 

Manufacturer TOYOTA

Model VIOS E AUTO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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

201707924D

NOEMAIL

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5105989147

Cover Note Number

Driver

Name of Driver ENG TIEN WAH (WU TIANHUA)

 NRIC No
 S7033569G

 Date Of Birth
 11/10/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/11/1992

Driving Experience 26 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91070338

Fax Number

Contact Number OFFICE-91070338

EMail Address NOEMAIL

Address BLK 175 BOON LAY DRIVE

#11-330

Postcode 640175

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

ehicle

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/7023.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

FBP2275C

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

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 2**

Vehicle Registration Number XD4158Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name ENG TIEN WAH (WU TIANHUA)

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW1769U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- 2) This form must be completed by the policy holder 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.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
  - (11)Investigations the accident and/or my claims;
  - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
  - (IV) Administering my claims (including the mailing of correspondence, statement, 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 envelops/mail packages); and/or
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

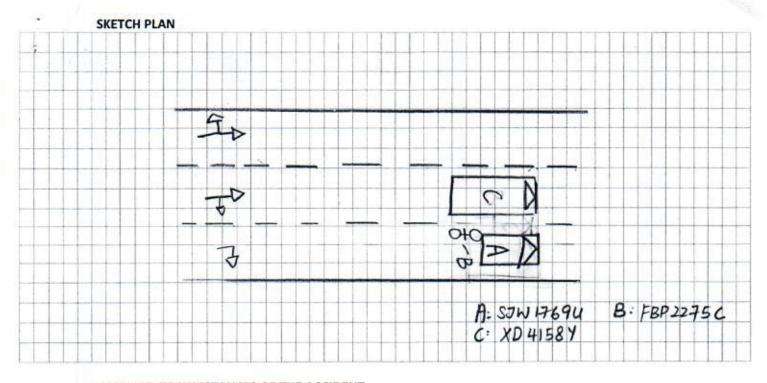
Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder)

Date /\time:

reporting centre personnel's Signature Date / time:

Page 5



DESCRIBE	CIRCUMSTANCES	OF THE ACCIDENT		
				_
		72 80		
		Refer to police re	port	
		Rejer to private te	7	
<u> </u>				
		/		
	/			
	/			
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DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

# SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS				
Date of accident	01/10/2019	(DD/MM/YY)		
Time of accident	0956	(HH:MM)		
Exact location of accident	JIN Ahard Ibrohim	*		

A STATE OF THE STATE OF STATE	<b>第二种企业</b>	DETAILS OF	VEHICLE	SPECIFICAL PROPERTY.	<b>学成为</b>	
Vehicle registration number	SJW	17690				
Vehicle make and model	Togote	4:05				
Type of vehicle	Saloon 🗷 Lorry 🗆	MPV  Bus	CRV D Moto	Van rcycle 🗆	Others:	
Vehicle category	Private 🗆	Comme	ercial 🗹	Motorcyc	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part o	No.⊄ claim ⊊	if no, plea Reportin	ase select: g only $\square$		

<b>第一个</b>	INSURANCE IN	FORMATION	PARTY BUNKS
Insurance company	NTUC		
Policy number	DOM:		
Type of policy	Comprehensive	Third party fire & theft	TP only

Name	AD	Motors	Dio	1+4	Male 🗆	Female
The state of the s	1,10	11101013	116	DIG.		
NRIC / Fin / Passport number						
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	END TIEN WAY (WY TIANHUA)	Male 🗷	Female			
NRIC / Fin / Passport number	570336694					
Contact	9107 0338					
Address	BIK 175, BOON LAY DIRE, #41-33	o, s ( L40175	6)			
Email address						
Date of birth	11 001 1240					
Occupation	Indoor □ Outdoor □					
Driving date pass	20 NOV 1992					

AND RESERVED OF THE SECOND	GENERAL I	NFORMATION	OF THE ACCIDENT	是一种"一种"的"一种"的"一种"。
Was driver an employee of	Yes 🗆	Nor		
the insured's company?	If no, rela	tionship of the	driver and insured: _	\\irt
Accident captured by camera?	Yes.co	No 🗆		
Weather condition	Clear 🛮	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger	01			(Inclusive of driver)
2 - 4 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
<b>福林斯斯科里</b> 图图图 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Name of the last	PASSENGE	R1	
Name				
Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆 /	Female 🗆		
		water and the		
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Gender	Male 🗆	Female		
	and the same			
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Name				
Gender	Male 🗆	Female		
<b>建设是协议工作。</b>		OTHER INFORM	IATION	
Was anybody injured?	Yes z	No 🗆		
Was other vehicle damaged?	Yes 🗹	No 🗆		
	-			
		S OF POLICE ST		n police station
Reported to police?	Yes 🗷	No □ If ye	es, please state which	n police station.
Police station name				
	-			
是更多是是Comptonents	<b>一种</b>	WITNESS		
Name				
<b>等的。</b>	<b>业地共享</b>	WITNESS	2	Property National States of the State of the
Name				

<b>《</b> 2018年 日本 2018年 日	THIRD PARTY VEHICLE 1
Vehicle registration number	FBP 22751
Vehicle make model	Years I See See See See See See See See See S
Name	
NRIC / Fin / Passport number	
Contact	
MODEL OF A STREET, STR	THIRD PARTY VEHICLE 2
Vahiala registration number	TO HISKY
Vehicle registration number Vehicle make model	10.001
Name	
NRIC / Fin / Passport number	
Contact	
A SAN THE SAN	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
PROPERTY OF THE PROPERTY OF	THIRD PARTY VEHICLE 5
Vehicle registration number	A VEHICLE S
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THEO DADTY VEHICLE 6
	THIRD PARTY VEHICLE 6
Vehicle registration number	1
Vehicle make model	<del>/</del>
Name	
NRIC / Fin / Passport number /	
Contact	
<b>自然</b> 自然的一种,但是一个一个一个人的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

Contact

<b>经保护管理员工的证券</b> 以5-9万		INJURED PERSON 1
Name	ENY	(AUHAAIT UW) HAW ABET
Injuries sustained	Neck	and Balk
Which vehicle person in?	SJW	17690
Were seat belts worn?	Yes 🗷	No 🗆
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?	20000000-00100	3000 M-00
MANAGER CONTRACTOR CONTRACTOR	BEALT SE	INJURED PERSON 2
Name	CONTRACTOR OF THE PARTY OF THE	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	Q-7-2	
	tonissikess	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	7.00870987.5030	
ACCOUNT OF THE PARTY OF THE PAR	as in the	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆 /	No 🗆
hospital by ambulance?	/	
<b>经</b> 经验的自己的公司 (1500年)	#12 # book	INJURED PERSON 5
Name		
Injuries sustained	/	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>使用地位的</b> 中心,但是一个一个	de la proposición	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆





1 of 3 Report No. T/20191001/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 01/10/20	ne Report M 019 16:07	lade:	Vide Report No.: J/20191001/0074	Station Diary No.:	
Informa	nt's Particu	ulars	- The Samuel State of the		
Name of ENG TIE	Informant: N WAH		Address: APT BLK 175 BOON LAY DR 640175	RIVE #11-330 SINGAPORE	
ID Type NRIC N	/ ID No.: D / S703356	59G	Contact No.: Home/Office: Mobile: 91070338		
National SINGAP	ity: ORE CITIZ	EN	Email: michaelengtw@gmail.com		
Sex: Male	Age: 48	Date of Birth: 11/10/1970	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na English		
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Inform	mation of the Accident	SHEET TO THE WARREN	TO A STATE OF THE PARTY OF THE			
Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location		
Location: JALAN AHMA	AD IBRAHIM					
Weather: Traffic Flow:		Road Surface:	1	Road Speed Limit:  Traffic Volume:		
		Traffic Control:				
Type of Collis	ion:		8	Anyone conveyed by ambulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2275C						0
SJW1769U	Car					0
XD4158Y	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20191001/7023

2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Driver	STREET,	<b>建筑实现设置</b>	STATE OF LAND	AND THE RES	The Late	
Name	ENG TIEN WAH			ID No		S7033569G
Related Vehicle	SJW1769U (Car)			Conta	ct No.	91070338
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Sligh	t

### Brief Details.

On the stated time and date. As i was stop stationary at JLN AHMAD IBRAHIM ROAD, I suddenly felt an huge impact hitting the Left hand rear of my vehicle. Traffic police was stop behind my vehicle and came to assit. That's all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191001/7023

CONTINUATION OF REPORT

~.		-	
Ske	tch	Plan	

**Authentication Stamp** 

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 16:07
Officer In Charge Of Case: TP / TPIB / NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:



### Certificate of Insurance

MOTOR VEHICLES (	THIRD PARTY RISKS AN	ND COMPENSATION) ACT (	CHAPTER 189)
MOTOR VEHICLES (	THIRD PARTY RISKS AN	ND COMPENSATION) RULES	, 1960
ROAD TRANSPORT	ACT, 1987 (MALAYSIA)	All 100 1	
MOTOR VEHICLES (	THIRD PARTY RISKS) RI	UI FS, 1959 (MAI AYSIA)	

Certificate Number: 5105989147

Cover: drivo CLASSIC

Index mark and Registration Number of Vehicle
Chassis Number: : MRD53HY9305139073

Name of Policyholder: : AD MOTORS PTE LTD

3. Effective Date of Insurance : 08 Sep 2019
4. Expiry Date of Insurance : 07 Sep 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 Koad Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS (SECTION 1)** : \$\$2,000 **EXCESS (SECTION 2)** : \$\$1,500 : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS 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 : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue : 30 Nov 2018 13:46 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Jane.

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned by:

SUM INSURED

**Authorised Officer** 

**Chief Executive** 

<b>eBao</b> Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	· Change Pa	ssword	Log Out
My Desktop	Polic	cy Query									*
Notice of Loss	Policy N	ło.	3			Date of	Accident	01/1	0/2019 09:55		
	Vehicle	No.(For Motor)	SJW1769	9U	20	Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105989147		AD MOTORS PTE LTD	201707924D	GFT	drivo CLASSIC	SJW1769U	SJW1769U	08/09/2019	
					Cor	ntinue					

Policy No.	5105989147	Policyholder	AD MOTO	ORS PTE LTD	Policyholder	201707924	D
Certificate		Name			NRIC	22101567	
Address	45 TOH TUCK ROAD #04-12 TH	E BEVERLY SI	NGAPORE	596720			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	30/11/2018	Effective Date	30/11/20	018 00:00	Expiry Date	29/11/2019	23:59
xcess ype		All Claims Excess					
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
igent Co-	CHESSA INSURANCE AGENCIES	S Agent Tel.	6842433	1	GST Flag	Υ	
nsurance lag lpen olicy Info ertificate nfo	No						
ddress 1	45 TOH TUCK ROAD	Addre	ss 2	#04-12 THE BEVER	RLY	Address 3	SINGAPORE 596720
ddress 4		Addre	ss Type	Singapore address		Post Code	596720
Init No.	02-09	Relate Numb	d Policy er	5089100948-02			
Insure	d Object: SJW1769U						
<b>▽</b> Endors	ements						
Sequen	O7/12/2018 00:00	Endorseme Basic Informal Endorsement		Endorsement Numbe	Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJY9183X 07-12-2018 \$1,983.51 In view of this amendment, an additional premium of \$1,983.51 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We
	18/12/2018 00:00	Basic Informat Endorsement	tion	000001286965750	Endorseme Effective	ent Take	confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKA3705U 19-12-2018 \$2,150.31 In view of this amendment, an additional premium of \$2,150.31 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from

Accident MT/1065105					
	SOSSIVON		Sec. 30.00	Establishment (Establishment)	
Policy No.	5105989147	Vehicle No.	SJW1769U	GST Registration No.	
ertificate No.	Valuation & continue				44-44-4
Policyholder Name	AD MOTORS PTE LTD			Policyholder NRJC	201707924D
Product Code Contact No.(Mobile)	PLEET INSURANCE	Cover Type Contact No.(Office)	drivo CLASSIC	Loading Contact No. (Home)	0
mail Address	0	Special Remark	0	eCode	n v
OFK:	® No ○Yes	TCA	® No ○ Yes	eCode Reason	[Market
ICD Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details	100	ACD emperation	*	Private rece	
Report Date	02/10/2019 17:00	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Onte of Accident	01/10/2019	Time of Accident hh:mm	09:55	Country of Accident	Singapore
reporting Centre	30.004019	Orange Force		ICM No.	
ccident Location	JUN AHMAD IERAHIM	2203/A-2017 (		18,000	
♥ Excess					
own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	HC50050703	Outside Singapore OD Excess	2,000.00		
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits					
♥ GST Registered Informa	tion				
GT Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
fedification History					
IN Balloubalder Halling & C.	trace				
Policyholder Hailing Add		Address 2	end 13 THE BELLEY Y	Address 3	SINGAPORE 596720
Address 1	45 TOH TUCK ROAD	Address Type	#04-12 THE BEVERLY Singapore address	Address 3 Post Code	596720
Int No.	02-09	Related Policy Number	5089100948-02	Post Cook	anorav
♥ OI Driver Info	02-09	Related Pyticy Humber	3009100940-02		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	ENG TIEN WAH (WU TIANHUA)	Driver NRIC	57033569G	Driver DOB	11/10/1970
tegister Date of Driver License	The state of the s	Driver Age	48	Driving Experience	26
Contact No.(Mobile)	91070338	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 175	Address 2	BOON LAY DRIVE	Address 3	BOON LAY GREEN
Address 4	SINGAPORE 640175	Address Type	Foreign address	Post Code	640175
Unit No.	11-330		NORWECK NORMS		
Does he own a Singapore	11-330 ○ Yes ® No	Driver Vehicle No.	A000-801-1-2012	Driver Insurer Company	
Unit No. Does he own a Singapore Registered car?		Driver Vehicle No.	30000 TO 1907		
Does he own a Singapore Registered car? Declaration		Driver Vehicle No.	2000		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Driver Vehicle No.  Any injury?	® Yes ○ No		Section (A)
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes <b>®</b> No		3000000 tu3tas		8-11-11-11-1
Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading?	○ Yes <b>®</b> No		3000000 tu3tas		8-11-11-11-11-11-11-11-11-11-11-11-11-11
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes <b>®</b> No		3000000 tu3tas		
Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading?	○ Yes <b>®</b> No		3000000 tu3tas		
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cos he own a Singapore equitared car?  eclaration irresthalyser or Blood Test leading?  codification History  claim 001 History  claim Type * contact No. (Mobile) imail Address	O mg  O mg  OD-MX  S8126803	Any injury?  Insured Name  Contact No.(Home)	® Yes ○ No  AD MOTORS PTE LTD	Driver Insurer Company  Insured MRIC  Contact No.(Office)	NIL
coes he own a Singagore registered car?  ectaration  iresthelyser or Blood Test reading?  codification History  Claim 001 Niew  Claim Type *  Contact No. (Modile)  cmail Address  Lisimant Type Claimant Type *	O mg  OD-MX  S8126803	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number	② Yes ○ No  AD MOTORS PTE LTD  SIW1769U	Driver Insurer Company  Insured MRIC  Contact No.(Office)	NIL
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coes he own a Singapore Registered car?  Rectaration  Irresthelyser or Blood Test Reading?  Indiffication History  Claim 001  Max.  Claim 109  Claim Type *  Contact No. (Moorle)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Address  Claim Description  Negure Finalisation  Date Registered  Report Taken By	O res	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	® Yes ○ No  AD MOTORS PTE LTD  S3W1769U  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NIL FBP2275C  Received
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