				· p/1 11 1 17"	A STATE OF THE STA
	a Camilago	12 ricos . 19	VA469131	004	
IATIONAL Assessment Centr	. 1	1	Date & Time Con	apleted . I	Doug py
Date In: 08/08/29/01/14/15	Jeb description				
RESTHONISH THE CONTROL OF THE PROPERTY	SAS c-Illing	· restur			1 /- 0
Veli No. SCB 7297	E-mail (ajola sin, A		M1/10627	790002 .	03/10/201
001-14/CTDEU) SUOV	1-Motor W/O (win			-	14:48
()1) TP (Reporting Only					
(1)	t-Photo Uploaded	20.0			*,
TP Insurer:	Assessment/Survey	The second second second	Owner/Wish		
- Company of the Comp	Ass't Report by Pn	x/Hand to	Tol:	Faxt)
Proformed Witte INC Assign Wkep / QW: (variate.	INC()/Non-INC) .	
I'P Particulars: Veh Nor	X1484B	inc(,	Tel:	,)
Owner / Driver: (Cover Type: ().
Comey No. (eriod: (Pater,	Time	,)
Confirmed by : ([Note-Est Status (WO)): N: 0-20	%: P: 21-79%	P: 80-100%]	
	Warranty: YES ()	/NO(
Year of Registration: () Excess: (\$) Londing: \$1)			Harrist and the same
CONTRACTOR THE THE STATE OF PROPERTY OF THE STATE OF THE	TE TRANSPORTED TO THE TRANSPORT OF THE T		(18) 经现代的	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Miller
() Walk-In Customar : Customers in	formation strictly Confid	lential & Str	cuy NO rafer o	repolitor.	
() Total Loss Case : to e-mail Inst	rer URGENTLY.		1		
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO	(); To	wing Co: (· ·	CONTRACTOR OF THE PERSON OF TH
	SUSTAINED TO THE PERSON			では、大学の行	Millionelph
1) Apply for Transport Allowance ()	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	(·)		<u> </u>		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
	MANAGE STATE OF THE STATE OF TH				
Injury t	TO THE THE PROPERTY OF THE PARTY OF THE PART	TANKAY TAK			No. 3712
Dalviding Confidence States and Confidence of the Confidence of th	Company of the section of	CHAPTER CONTRACTOR	WELD SELECTION OF A LANCASCO		4.
area with the second se			•		
	· · · · · ·				- - 11
	· · · · · ·		· ·		
			•		
					(Signature)
NA 90 1992					Mails v sagbhi
MM901392	STATE OF THE PROPERTY OF THE PARTY.	DAIL Acides	Assessment (3100		
ann an suite ann an		2) DA Dans [3) TF : Towing	Assessment (5100	\$10245 \$40245	
river/Owner:		2) DA Darrag 2) TF : Towing 4) FT : Fellow-	Pre Through Survey	210245 210245 210245	
Priver/Owner: Contact No:		2) DA i Danag 3) TF : Towing 4) FF : Fellow- 3) PF : Fellow- For slaiming	Assessment (5100 Fee Phreath Survey Firms th Burvey (Re assist INC Only (1)	210245 210245 210245	
river/Owner: Contact No:		2) DA i Damag 3) TF : Towley 4) PT : Fellow- 3) PT : Fellow- For slaiming 6) TR : Re-losp	Assessment (5100 Fee Through Burvey (Re assist INC Only (Castle) solion + SMRT Survey); INC (110) \$4074: \$120 \$170 \$200 } \$70	
Priver/Owner: Contact No: Darnäged Portion:		DA I Danny 3) TF 1 Towing 4) PT 1 Fellow- 5) PT 1 Pollow- For claiming 6) TR 1 Re-low 7) NI 1 I day DA 1) NTUC Addi	Assessment (5100) Fee Phreath Survey Phreath Survey (Re assingt INC Only (Cassion + SMRT Survey Ional Sorvious:): INC (110) 54074: 5176 survey) 376 77. 77. 516	3
Oriver/Owner: Contact No: Carnaged Partion:		2) DA Damag 3) TF Towing 4) PT Follow- 4) PT Follow- For claiming 6) TR Ra-losp 7) NI Idao D/ 4) NTUC Addi ON: *N5: Courte *N6: Rapale	Assessment (\$100) Fee Through Eurycy Through Eurycy (Its against ING Only (Its aution + SMRT Survey Honal Sorvious:): INC (210) 5 (024)	
Oriver/Owner: Contact No: Ournaged Portion: C. Checked by (Engr-In-Charge):		2) DA Dame 3) TF Towing 4) FT Follow- 5) FT Follow- For slaiming 6) TR Ra-lam 7) NI Idao D/ 4) NTUC Addi OIL* *N5: Courte *N6: Rap-le* *N7: Fost R	Assessment (\$100) Fee Phrough Eurycy (Planet Income the Eurycy (Planet): INC (110)	3 0 0 0 0 0 3 3 10
MAN 90 139 Introduction teams Oriver/Owner: Contact No: Orranged Portion: OC Checked by (Engr-In-Charge):		2) DA Dame 3) TF Towing 4) FT Follow- 5) FT Follow- For slaiming 6) TR Ra-lam 7) NI Idao D/ 4) NTUC Addi OIL* *N5: Courte *N6: Rap-le* *N7: Fost R	Assessment (\$100) Fee Fincard Survey Fincard): INC (110)	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

0.0

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	03/10/2019 14:19
Date Of Accident	14/09/2019 23:00
exact Location Of Accident	JOHOR BAHRU IMMIGRATION TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
Disc. Commission Commission D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKB7299T
nsured/Policyholder	
Name Of Registered Owner	TAY GEK CHUAN
NRIC No	S0739578G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96391518
Alternative Phone No	OTHERS-96391518
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Palicy Number	5092093907-02
Cover Note Number	
Driver	
Name of Driver	TAY GEK CHUAN
NRIC No	S0739578G
Date Of Birth	02/06/1942
Occupation	INDOOR
Date Of Driving Pass	23/06/1961
Driving Experience	58 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96391518
Fax Number	
Contact Number	OTHERS-96391518
EMail Address	NOEMAIL

Address

8 MOUNT ECHO PARK

Postcode

248772

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

COLLISION - HEAD TO REAR

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)

2

Passenger 1

NAME:

: COUSIN

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT484B

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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:
 - 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/EIN No

TCH PLAN JB JAM	LETOTION TOWARDS SPORT
A) SKB 7299T B) SK1 484B	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT
North Committee	of AROUT 23:00 HER I WAR I JR IMMGRAMM
V T T T T T T T T T T T T T T T T T T T	PAN TO S'PORK I WAS AT THE CIR LANK OF
3 Unins RODD	SUPPORTULY I FELL & SUMP of I CAMA DOWN
& SAN & COR S	SKT Y848 Sump ON 7 HAR SUMPAL OF MY
CAR SKB 7299	T NA WOK AT OUR CAR of GOT NO
dampsifi d wh	MONE ON 74H ALC.
DECLARATION	
/We declare the foregoing partic	ulars are true in every respect.
Policyholder's Signature Date & Fime:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

10/3/2019 Claim Handling

Accident MT/1062784					
Princy No.	3045061801-05	Venicle No.	S(8)229T	UST Registration No.	
Cartificate No.					
Policyholder Name	TAY FIER CHUAR			PolicyPoliter NRCC	\$0739\$78U
Product Code	PRIVATE CAR INSURANCE	Conser Type	MYNU CLASSEC	Loadwg	
Contact No.(Motife)	NIL.	Contact No.(Office)		Contact No.(Home)	
Ernall Address		Special Remark		eCiste	960 P
KING	± 799 Yes	TDA	= No Yes	eCode Reason	
NGD Profession	784	WCD EHittement(%)	NO.	PVIVARIE HEIGH	Not available
→ Accident Details					
Report Date	17/09/2019 12:08	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/09/2019	Time of Accident houses	22:35	Country of Accordent	Outsite Singapore
Reporting Centre		Orange Force		104 No.	
Accident Location ✓ Total Excess Applicable	30HOR CUSTOM TOWARDS SIMILARDRE				
	942754200	//april/www.com			
Receit Type	Per Accident	Wintscreen Excess	100.08		
00 Standard Excess	HDD:00	TIF Standard Excent	0.00		
VIED DO Exists	1 1000	YIED TF Excess	- Care	Driver is Covered?	that Applicable
Additional Excess	100			300000.09.3000000000	Not Applicable
Tittel DD Ecows Applicable	600.00	Total TP Excess Applicable	0.011		
→ Benefits		2400007.0001.0001.00001.00000	(00000)		
⇒ GST Registered Informat	tion				
GST Kegistered	No		GST Registration Gets		
GST Registration No.			GST Status Verified	Yes	
Muzellication History					
COMPANDA CALL CONTRACTOR					
→ Paticyholder Mailing Add	fress				
Address 1	8 HOUNT SCHO MAILK	Address 2	SINGAPORE 348772	Address 2	
Address 4		Andress Type	Singapore address	Print Code	SAFETS
Unit No.		Related Policy Number	5892093907-02		
♥ Oi Driver Info			CONTRACTOR OF STATE		
Univer Name Universit Stokes Name		Driver Type			
Unitaried Sriver Rame Register Date of Dover Lawren		Driver WRIC		Driver DOS	
Contact No. (Monite)		Driver Age		Driving Experience	
Address 1		Cented No.(Office)		Contact No.(Home)	
Address 4		Address 2	we contribute to the	Address 3	
Unit no.		Address Type	Farcipi address	Mask Code	
Does ha own a Singapore	Yes - No	Talkery all the second			
Registered car?	123 - 10	Driver Venicle No.		Driver brauner Complains	
Claim 003 New					
Claim 002 <u>New</u>			Table	of Insured	Through provinces
Claim 003 hgw			SD-HX	* Insured Tray desichulars	Process Aprilyties
Claim 003 hgw			GO-HX M65VISE	No. 67329916	Contact No. #3360088
Claim 003 Raw Claim Type * Contact No. (Moode)				Context No. (67328916 (16998)	Tell (Office)
Claim 002 hew				No. 67329916	TM3C 90739378G Contact Ton. (Office) #3362088
Claim Type * Contact No. (Mobile) Email Abbless			DESULTIE	Conject No. 167/29016 No. 167/29016 No. 167/29016 No. 167/2907 No. 16	Contact for E3360088 (Office) Factors Sections (Name of Name o
Claim Type * Contact No. (Mobile) Email Address Claim Despription			DESULTIE	Corpor No. 167329916 Hems) OB Vehicle SKR72467	TAILS TOURSES
Claim Tope * Contact No. (Mobile) Email Address Claim Description	Inspect Listing Part at Four	V Co.	96301218 58872991/36	Conject No. 167/29016 No. 167/29016 No. 167/29016 No. 167/2907 No. 16	TABLE Contact No. (Office) # 2200088 (Office) Vehicle Number Name of Perferred
Claim Type * Contact No. (Mobile) Email Adottess Claim Description Professel Montact No. (Yes	Insured Listifity Pert at Four	the unknown Gill Received	96301218 58872991/36	Conject 10. 17/25916 16/225916 16/225916 16/22591 16/2	TALLY Contact No. (Office) #3260088 (Office) #3260088 (Office) SeTelleR Number Name of Preferred Workshop
Claim Type * Contact No. (Mobile) Email Adotress Claim Description Professed Worksheet Research No. (Yes: Date Registered	* Repair Preferred Workshop, Na	the unknown + GUA Received	96301218 58872991/36	Conject No. 1472891E Oz Vehicle Sk872887 Vehicle S	TABLE Contact No. (Office) # 2200088 (Office) Vehicle Number Name of Perferred
Claim 1993	* Repair Preferred Workshop, Na	roe onknown • Topan Received	965UILLE SKR7299T/SK	Conject	Contact For. (Giffer) #230,008 (Giffer) #230,008 (Free Sattless human of Performed Workshop
Claim 1993	* Repair Preferred Workshop, Na	roe unknown • Hooding Received	96501218 SR87299T/SK *	Conject	Contact For. (Giffer) #230,008 (Giffer) #230,008 (Free Sattless human of Performed Workshop
Claim 1993	* Repair Preferred Workshop, Na	roe unknown • Hooding Received	96501218 SR87299T/SK *	Conject	Contact For. (Giffer) #230,008 (Giffer) #230,008 (Free Sattless human of Performed Workshop
Claim 1993	* Repair Preferred Workshop, Na	roe onknown • Feder Received	96501218 SR87299T/SK *	Conject	TAILS TOURSES
Claim Type * Contact No. (Mobile) Email Adottess Claim Description Professed Workshee Bassart No. (Yes Date Registered Report Taken By	* Repair Preferred Workshop, Na	The salknown • Sula Received	96501218 SR87299T/SK *	Conject	TAILS TOURSES
Claim Type * Contact No. (Mobile) Email Abstrace Claim Description Pryserval Workshale Exhaust No. (Yea Description Report Taken By Prior Arc letter	* Repair Preferred Workshop, Na	roe unknown • GUA Received	SKEYZSST/SK VALOVOLSIA RODII WANAS	Conject	TAILS TOURSES
Claim Type * Contact No. (Mobile) Email Adottess Claim Description Professed Workshee Bassart No. (Yes Date Registered Report Taken By	* Repair Preferred Workshop, Na	ese sankviowen • Gua report Received	SKEYZSST/SK VALOVOLSIA RODII WANAS	Conject	TRUE Contact For Vertice Tr Vertice SeTree8 Number Name of Perferred Workshop
Claim Type * Contact No. (Mobile) Email Abstrace Claim Description Pryserval Workshale Exhaust No. (Yea Description Report Taken By Prior Arc letter	* Repair Preferred Workshop, Na	es unknown • Gia Received	SKEYZSST/SK VALOVOLSIA RODII WANAS	Conject	TRUE Contact For Vertice Tr Vertice SeTree8 Number Name of Perferred Workshop
Claim Type * Contact No. Mobile Email Address Claim Description Professed Workship Month at Professed No. Yea	* Repair Preferred Workshop, Na	Tight Received	Seve Submit	Conject	TRUE Contact For Vertice Tr Vertice SeTree8 Number Name of Perferred Workshop
Claim Type * Contact No. (Mobile) Email Address Claim Description Professed Worschess Battack No. Yes Professed ** Prior Act letter Attackment ** ** ** ** ** ** ** ** ** ** ** ** **	Cotton Preferred Workshop, Na	report Received	PODLI WAHAB	Conject No. F72591E No. F72591E F725	TAILS TOURSES
Claim Type * Contact No. (Mobile) Email Address Claim Description Professed Worschess Battack No. Yes Professed ** Prior Act letter Attackment ** ** ** ** ** ** ** ** ** ** ** ** **	MT/1062744	regard Received	# 5591118 #################################	Conject No. F72591E No. No.	FROM THE STATE OF
Claim Type * Contact No. (Mobile) Email Address Claim Description Professed Worschess Battack No. Yes Professed ** Prior Act letter Attackment ** ** ** ** ** ** ** ** ** ** ** ** **	Preferred Workshop, Na Cotton MT/1062744	regard Received	96391518 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Conject No. Prince Princ	Contect No. Contect No. COffice: SET4048 Ty Vehicle Number Name of Perferred Workshop Date Received On 10000119 00:00
Claim Type * Contact No. (Mobile) Email Address Claim Description Proviewed Workshap Battack No. Yes Production By State Accident Attackment * Accident No. Lact Goc. Received	MT/1062744	regard Received	\$6591518 \$6591518 \$7 \$05/10/201914 FODJ WAHAB \$00 \$00 \$310/201914-48 Caleg Chart Financ Scient	Conject No. F72891E No. No.	FRANCE Contact Non. CONTact To Vehicle Number Name of Preferred Workshop Date Received Date Received Contaction France Fr
Claim Type * Contact No. (Nobble) Email Address Claim Description Professed Workshop Bathard No. Yes Professed Neppet Taken by Professed Attackment ** Accident No. Choose File No Sie chusen	MT/1062744	regard Received	\$6591518 \$58872997 / Sk \$7 \$03/10/2019.14 FODJ WAHAB \$00 \$00 \$03/10/2019.14-48 Colory Chery Phone Scient	Conject No. 1972891E 1972	Contect No. Contect No. (Office) #330,008 Ty Vehicle Number Name of Preferred Workshop Date Received ON/100/019 CO:00
Claim Type * Contact No. (Mobile) Email Address Claim Description France No. (Yes Product No. (Yes Product No. (Yes Attachment ** ** ** ** ** ** ** ** **	MT/1062744	regard Received	See Submet Soul Submet Soul Submet Cong Cher Phese Select Cher Phese Select Cher Phese Select	Conject No. Piones P72591E P025	FRANCE Contract For. CONTRACT Typ Vehicle Number Name of Preferred Workshop Date Received On 10000110 00:00 Pace Received Typ
Claim Type * Contact No. (Mobile) Email Address Claim Description Performal Workship Batharit No. Yes Prost Art letter Attachment ** Accident No. Letter Choose File No Sie chosen Choose File No Sie chosen Choose File No Sie chosen	MT/1062744	regard Received	Seve Submit Sour Submit Out 10/2019 14 FOSAI WAHAB Cong Char Finese Select	Contest No. Part	TRUE Contact No. Contact No. (Office) Ty Vehicle Number Name of Preferred Workshop Date Received On 1000010 C0:00 Pack Received Ty
Claim Type * Contact No. (Mobile) Email Austress Claim Description: Professel Workshale Workshal	MT/1062744	regard Received	Seve Submit Sour Submit Sour Submit Sour Submit Sour Submit Const Submit	Confect F722901E F922901E F9229001E F9229001E F9229001E F9229001E F92290	TRUE CONTROL STATES OF THE CONTROL O
Claim Type * Contact No. (Mobile) Email Address Claim Despription Professed Worksheet	MT/1062744	regard Received	Seve Submit Sour Submit Out 10/2019 14 FOSAI WAHAB Cong Char Finese Select	Contest No. Part	TRUE CONTROL STATES TO CONTROL OF THE CONTROL OF TH
Claim 1993 Haw Claim Type * Contact No. (Mobile) Email Address Claim Description: Professed Workshed	MT/1062744	regard Received	Seve Submit Sour Submit Sour Submit Sour Submit Sour Submit Const Submit	Confect F722901E F922901E F9229001E F9229001E F9229001E F9229001E F92290	TRUE CONTROL STATES OF THE CONTROL O
Claim Type * Contact No. (Mobile) Email Austress Claim Description: Professed Workshoe Worksh	MT/(062744 * Tea D No	regard Received	Seve Submit Sour Submit Out 15/2019 14 - 49 Out 15/2019 14 - 49 Const Financ Scient Char Financ	Confect F722901E F922901E F9229001E F9229001E F9229001E F9229001E F92290	TRUE Contact Ton. (Office) TP Vehicle Number Name of Preferred Workshop Date Retained Date Retained Sentimes Fire Sentimes Sent Message Sent Message
Claim 1993 Haw Claim Type * Contact No. (Mobile) Email Address Claim Description: Professed Workshed	MT/1062744	regard Received	Seve Submit Sour Submit Sour Submit Sour Submit Sour Submit Const Submit	Confect F722901E F922901E F9229001E F9229001E F9229001E F9229001E F92290	Table Contact For. Contact For. Contact Ty Vehicle Number Name of Preferred Workshop Date Retained Objective Retained Send Message
Claim Type * Contact No. (Mobble) Email Address Claim Description Professed General No. (Yes Professed Export Taken by Phili Ari Notice Attachment Choose File No. Sie chosen Meuspel Rod Attachment List Attachment Attachment List	MT/1002744 * vss Mo Path *	Claim No. Irokind Date Category	Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Cont Please Select Char Please Select	Conject No.	TRUE Contact No. Contact No. COTTOR TO Vehicle Number Name of Preferred Workshop Date Received GN-DODGTTD CO OD Received T
Claim Type * Contact No. (Mobile) Email Address Claim Deshippon Intrierral Moreomal Choose File No Sile chosen	MT/1062744 * vss D Mo Path v	Eleim No. Liptond Date Category	Seed Submit Char Finance Select	Conject No.	Touted Touted Touted Touted Typ Vehicle Number Name of Preferred Workshop Date Retained Date Retained Sentimes Sent Message Sent Message
Claim Type * Contact No. (Mobile) Email Address Claim Deshippon Intrierral Moreonal Repeat Yes Print Art Notice Attachment * Choose File No Sile chosen Attachment List Attachment Attachment NAC_BUE	MT/1062744 * YES No. Path Y USHORBER SW/Date ELT_MERAH, BODE FIR TRATIONAL ASSESSMENT CLE 9 [SUNIT MERAH] IN 03 Oct 2019 18:89	Claim No. Indicate Claim No. Indicate Category KING SERVICE Process	Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Control Finance Select Char Finance	Conject No.	Touted Touted Touted Touted Typ Vehicle Number Name of Preferred Workshop Date Retained Date Retained Sentimes Sent Message Sent Message
Claim Type * Contact No. (Mobile) Email Address Claim Deshippon Intrierral Moreonal Repeat Yes Print Art Notice Attachment * Choose File No Sile chosen Attachment List Attachment Attachment NAC_BUE	MT/1042344 # tes D My Path * Uphosise Swides IT_MERAH_BOOKER STATIONAL ASSESSMENT CLO 8 (SULT MERAH) IN 03 Oct 2019 (1:89)	Elelm No. Inputed Date Category Category Category Category Category	Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Cont Please Select Char Please Select	Conject No.	Touted Touted Touted Touted Typ Vehicle Number Name of Preferred Workshop Date Retained Date Retained Sentimes Sent Message Sent Message
Claim Type * Contact No. (Mobile) Email Address Claim Despriyon Instrumed Workshall Replant No. (Yes Print Art Note Attachment ** Accident No. Last Gisc. Negaryed Choose File No. Sie chosen Attachment List Attachment	MT/1062744 * YES No. Path Y USHORBER SW/Date ELT_MERAH, BODE FIR TRATIONAL ASSESSMENT CLE 9 [SUNIT MERAH] IN 03 Oct 2019 18:89	Criegory NTRE SERVICE Phone Phone	Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Seve Submit Control Finance Select Char Finance	Conject No.	FRIST CONTACT NO.

	Application Bertlete	Politier Date	9	le Name		Ŷ	Source	Action
⊕ Video List								
40	MAC_BURIT_MERAH_BOOK/6(NAT \$ (MARIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE VO 03 Oct 2019 14:48	SAS		Normal:		SAS 2019-10-3	
6. A	5 (BUKIT MERAH))	CAMA, ASSESSMENT CENTRE SERVICE on 03 Oct 2015 14:48	MRIC/ Driving Liverage	Ÿ	Normal		twing Lisense 2019-10-2	
	NAC_BURIT_MERAH_SCO678(NAT 5 (BURIT MERAH))	TOWAL ASSESSMENT CENTRE SERVICE on 03 Oct 2018 18:48	Photos		Normali		hotes 2019-10-5	
1	NAC_BURGT_MERAH_BOOK?BC NAT	IONAL ASSESSMENT CENTRE SERVICE en 03 Oct 2015 14:48	Photos		Normat		Notice 2019-10-3	
3	S TRUKIT MENAHII	IONAL ASSESSMENT CENTRE SERVICE on 07 Oct 2019 14:40	Photos		Normal	9	Pullet 2019-10-3	
	NAT_BURGT_HERAH_BD56/NC NAT 5 (BURST MERAH))	TOWAL ASSESSMENT CENTRE SERVICE OF 03 OUT 2019 24:48	Photos		Normal.		Netes 2019-10-3	
1	MAC_BUNCT_HERAH_BODG FO: NAT \$ (BURCT HERAH))	IONAL ASSESSMENT CENTRE SERVICE on 03 Oct 2019 14:48	Photos		Rizmal	: P	hutus 2019-10-3	
/3/2019			Claim	Handling(Claim Task)		

Display in New Window | Scan and uptnetting

	, AC	ECIDENT STATEME	NT.	- W
466	IDENT DATE: 14,09, 2	2019	b##	
ALC	IDENI DATE:	(DD/WW/JAN)	TIME:)(HH:MM)
LOCA	ATION: JB JMMUR	conion lawer	OR SPOR	4
1,	DETAILS OF VEHICLE	UNT-NOT		16
	a) VEHICLE NUMBER:<			38 - 98
	DINSURANCE COMPANY	C. INCOME		
124	CIPOLICY NUMBER: 5	092093907-	02	
	d)POLICY TYPE: (COMPRI	EHENSIVE LITHIRD PARTY	/ THIRD PARTY	IRE &THEFT
	SIMARE & MODEL: 10	VOIA CAMAY.		
	I)TYPE: (SALOON / COUPE	/MPV/VAN/LORRY/	MOTORCYCLE.	OTHERS)
0	9/VEHICLE CATEGORY: (P	RIVATE / COMMERCIAL	/ MOTORCYCL	E) ' · ·
	INFURPOSE OF USING AT	ACCIDENT TIME: ALL	912019	
	DARE YOU CLAIMING UND	DER YOUR OWN INSURA	NCE IXES/HOI	
2,	IF NO. PLEASE STATE (THII INSURED / POLICY HOLDE	RU PARTI CLAIM / REP.C	DRING ONLY	9
	A)NAME:	TAY BEK CHUAN	[MALE/	FEARATEL
1110000 (11)	b) NRIC/FIN/PASSPORT:_ <	07391786	CONTACT: 9	301112
ousin (8)	c) ADDRESS: 8 HOU	ATECHO PARK	•===== ===	-
	: SI NG	\$ 100 F 248 77 L	Tel: 100140.00000000000000000000000000000000	
William . O	" CONTINUE TO 3.d IF DRIV	VER ALSO POUCY HOLD	ER	10
A No of busings	DRIVER .	AS. ABOUTE		
. (Including driver)	d) NAME:		(MALE /	FEMALE)
(L)	c)ADDRESS:		CONTACT:	
	*d) DATE OF BIRTH: (JJOD/MN	(YYYY) ·	
	e OCCUPATION: (INDOOR	(/OUTDOOR)	William Christian E.	9.
100	THAT'S OF DRIVING PA	SS	D).	9
4.	WAS DRIVER AN EMPLOY	YEE OF THE INSURED!	S COMPANY?	YES /(ND)
5.	IF NO, RELATIONSHIP OF	THE DRIVER WITH I	NSURED:	Burn
200	bIROAD SURFACE: DRY /	WET / OTHERS	leks	
6,	WAS ANYBODY INJURED I	YES (NO)		A PROPERTY OF THE PARTY OF THE
7.	a) REPORTED TO POUCE (Y	ES (NO)	ř.	Til K
140	IF YES, PLEASE STATE WHI		W.	
A his of passinger	THIRD PARTY VEHICLE	TYPULR		
(Including delvar)	b) DRIVER'S NAME:	-1 0 + D	MODEL:	<u>.</u>
/ Johnson	C) NRIC/FIN/PASSPORT:_	***************************************	CONTACT:	
·) 9.	THIRD PARTY VEHICLE		SONIAGII	
the of passenger			MODEL:	
(Industries deliver)	e) DRIVER'S NAME:			0.6
Themsting approxim	f) NRICYFIN/PASSPORT:		CONTACT:	

email = V1020



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: 5092093907-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SKB7299T

Chassis Number

MR053BK4007046105

2 Name of Policyholder

TAY GEK CHUAN

3. Effective Date of Insurance

: 24 Jun 2019

4. Expiry Date of Insurance

: 23 Jun 2020

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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A : \$\$100

WINDSCREEN EXCESS

: N/A

ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: TAY GEK CHUAN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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

VICOM LTD (00000612210)

Date of Issue

: 17 Jun 2019 21:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive