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To reporting Only	Uploaded		
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11 manet.	port by Pax / Hand to	o Owner/Wksp	
Proformed Wkap / INC Assign Wkap / QW: (		Yol: Fa	x:
TP Panticulars: Veh Nor CAF 6/1X	. INC(	)/Non-INC( ).	***************************************
Owner/Driver: (		Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	)
Confirmed by : (	· Dates	Timer	3
Insured/Driver Liability: ( %) [Note-Est Str		0%; P: 21-79%. P: 80-10	0%]
Year of Registration: ( ) Watranty: Y		)	
19	2,000( )		
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 wiful misrepresentation or witholding of material facts may allow insurance companies to
- 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

SECURITY OF THE PARTY OF THE PA	out of and its copies of the report being made available
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	11/11/2019 12:55
Exact Location Of Accident	10/11/2019 12:50
Country/State of Loss	CTE EXIT PIE CHANGI BEFORE BRADDELL ROAD
ALCOHOLD THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE	SINGAPORE
Vehicle Registration Number	DETAILS OF OWN VEHICLE
	SJQ3032E
Insured/Policyholder	
Name Of Registered Owner	SINCERE RENTAL
Co Reg No	53376089E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86662461
Alternative Phone No	OFFICE-86662461
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO.
Policy Number	5098058420-01
Cover Note Number	Secretaria de Carta d
Driver	
Name of Driver	WONG KWOK MING
NRIC No	
Date Of Birth	S8219971C
Occupation	19/06/1982
Date Of Driving Pass	OUTDOOR
Driving Experience	27/11/2007
Sender	11 YEARS AND 11 MONTHS
Mobile Number	MALE
ax Number	(LOCAL) +65-86662461

OTHERS-86662461

NOEMAIL

Address

BLK 129B CANBERRA STREET

#12-618

Postcode

752129

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

3

Was any body injured in the Accident?

YES

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)

5

Passenger 1

NAME:

PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

PASSENGER

GENDER:

FEMALE

Passenger 3

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 4

NAME:

: PASSENGER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES.

If Yes.Please state which Police Station Police Station Name

SEMBANWANG NPC

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191110/2079

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

GBE617X

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

Name of Driver

ALOYSIUS HO JUN WEN

NRIC/Passport Number Contact Number

S9601695F 97334187

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GZ7523S

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHIN CHEW SENG

NRIC/Passport Number

S1585914H

91468144

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

WONG KWOK MING

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJQ3032E

YES

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 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.
- 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
- 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)
  - 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:
  - 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:

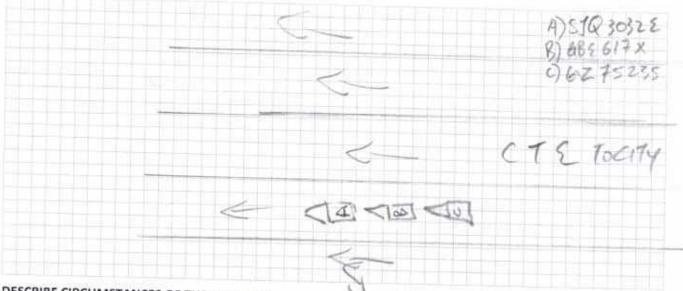
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	(IBL)
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/	10
/	
<u> </u>	
DECLARATION	
ELLARATION	

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GRANGE Sketchitsautus ec. 90





1 of 4

Report No. T/20191110/2079

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

	ar 4	TOAFFIC	ACCIDENT
REPORT	OF A	IRAFFIC	ACCIDENT

	e Report M 19 17:46	lade:	Vide Report No.:	Station Diary No.: 75
Informa	nt's Particu	ulars		STATE OF THE STATE
Name of	Informant: KWOK MIN	15-1	Address: APT BLK 129B CANBERRA \$ 752129	STREET #12-618 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S821997	71C	Contact No.: Home/Office:	Mobile: 86662461
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 19/06/1982	Type of Informant: Driver	
Race: Chinese	1 5 3 5		Language: English	Institution / School Name:
Occupat			Driving Licence Information: Class: 3	Date of Expiry:

General Information Type of	e of Injury		Date/Time of Accident:	Type of Location Straight Road	
Accident:	184 BSW 2017/000	No	10/11/2019 12:50		
CENTRAL EX PAN ISLAND Weather:	Traveling Toward KPRESSWAY EXPRESSWAY	Road Surface:	1	Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control:	Total Control of the	Traffic Volume:	
One Way		Not Controlled	(4	Heavy	
Type of Collis	sion: ving Vehicles - Hea	d To Rear		Anyone conveyed by ambulance: No	

Details of V Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE617X	Van				Slightly Damaged	0
GZ7523S	Lorry				Slightly Damaged	0
SJQ3032E	Car				Slightly Damaged	4







Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

2 of 4 Report No. T/20191110/2079

Tel No: 1800-5549999

CONTINUATION OF REPORT

son involved					
ans laiured No					
ans injured: NIL		Use of	Pedes	rian Cr	Opping NA
ALOVOUS			. 0000	mail Cr	ossing: NA
ALOYSIUS HO J	UN WEN		ID	No	000010000
CDECATO			1.5	110.	S9601695F
GBE01/X (Van)			Co	ntact N	0722442
NIII			-	mact 14	lo. 97334187
INIL			Cla	iss of	Class: NIL
					Date of Evelow NIII
			Lici	ence &	Date of Expiry: NIL
NIL			Exp	piry Dat	e
nted Medical Leave	NIII	Date D	ischarge	e NII	
- Loave	INIL	Degree	of Injur	y NIL	ō
CHIN CHEW SEN	G				
			IDI	VO.	S1585914H
GZ7523S (Lorry)					5.40%
			Contact No.		91468144
NIL			-		
					Class: NIL
					Date of Expiry: NIL
					ON SECTIONS
NIL		Date Die	Charme	y Date	
ed Medical Leave	NIL	Degree	of Injury	NIL	
10/01/01/01		3.00	rinjury	INIL	
WONG KWOK MIN	G		ID No	,	000400745
C 1020225 12				ta i	S8219971C
53Q3032E (Car)			Conta	ect No	86662461
MOUNT ALVEDAN			17.25-3.53.58.9		00002461
MOON! ALVERNIA	HOSPITAL	-	Class	of	Class: 3
			Drivin	g	Date of Expiry: NIL
			Licenc	ce &	or Expiry. MIL
10/11/2019		1-	Expiry	Date	
d Medical Leave	05	Date Disc	harge	10/11/	2019
	NIL  NIL  OTHER MEDICAL Leave  CHIN CHEW SEN  GZ7523S (Lorry)  NIL  NIL  ed Medical Leave  WONG KWOK MIN  SJQ3032E (Car)	ALOYSIUS HO JUN WEN GBE617X (Van) NIL NIL CHIN CHEW SENG GZ7523S (Lorry) NIL  NIL WONG KWOK MING SJQ3032E (Car) MOUNT ALVERNIA HOSPITAL	ALOYSIUS HO JUN WEN  GBE617X (Van)  NIL  NIL  Date D  Ted Medical Leave  NIL  Date D  GZ7523S (Lorry)  NIL  NIL  Date Disc  WONG KWOK MING  SJQ3032E (Car)  MOUNT ALVERNIA HOSPITAL	ALOYSIUS HO JUN WEN  GBE617X (Van)  NIL  NIL  Date Discharge  CHIN CHEW SENG  GZ7523S (Lorry)  NIL  Clas  Drivi  Lice  Expi  NIL  Date Discharge  Contact  NIL  Date Discharge  Expi  Date Discharge  Expi  NIL  Date Discharge  Expi  NIL  Date Discharge  Expi  NIL  Date Discharge  Expi  Contact  NIL  Date Discharge  Expi  WONG KWOK MING  SJQ3032E (Car)  MOUNT ALVERNIA HOSPITAL  Class  Drivin  Licence  Expiry  Date Discharge  Contact  Contact  Contact  Class  Drivin  Licence  Expiry  Date Discharge  Date Discharge  Drivin  Licence  Expiry  Date Discharge  Date Discharge	ALOYSIUS HO JUN WEN  GBE617X (Van)  NIL  NIL  Date Discharge NIL  Class of Driving Licence & Expiry Date  MIL Degree of Injury NIL  Class of Driving Licence & Expiry Date  CHIN CHEW SENG  GZ7523S (Lorry)  NIL  Class of Driving Licence & Expiry Date  NIL  Class of Driving Licence & Expiry Date  NIL  Class of Driving Licence & Expiry Date  NIL  Date Discharge NIL  Date Discharge NIL  WONG KWOK MING  SJQ3032E (Car)  MOUNT ALVERNIA HOSPITAL  Class of Driving Licence & Expiry Date  Contact No.  Contact No.  Contact No.  Contact No.  Date Discharge NIL  Degree of Injury NIL  Degree & Expiry Date  Date Discharge NIL  Degree & Expiry Date  Date Discharge NIL  Degree & Expiry Date  Date Discharge NIL  Date Discharge NIL

On 10/11/2019 at about 1250hrs, I was driving vehicle SJQ3032E along CTE towards PIE ( Changi ). My vehicle was in a stop position because there were other vehicle ahead of me which is not moving. The traffic was heavy at that point of time. Suddenly, I heard a loud bang from the rear of my vehicle.

There were 4 other passengers in my vehicle. I checked with them and they were not injured. I came out of my vehicle and noticed that I was involved in a chain accident with vehicle GZ7523S and GBE617X. Vehicle GZ7523S hit onto the rear of vehicle GBE617X. Vehicle GDE617X then hit onto the rear of my vehicle. Due to the accident, my rear bonnet was damaged. All drivers exchange particulars and left the





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 4 Report No. T/20191110/2079

CONTINUATION OF REPORT

scene.

After I dropped off my passenger, I left pain on my neck, shoulder, right ear, I visited Mount Alvernia Hospital for medical assistance. I was given 5 days medical leave due to the accident.

This in not the 1st time I have encountered an accident. I am lodging this report for insurance claims and traffic police actions.

for





4 of 4

Report No. T/20191110/2079

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

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 Re L / Sgt 2 MUHAMMAD SADLI BIN RAZAL	sport: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2019 17:46
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	Signature Signature Signature Signature Police Force

# AGCIDENT STATEMENT

	ACCIDENT DATE:	(10).11. 119	JIDD/MM/YYY	TIME-1 12: .	SO MUDANA
	LOCATION: CT	E exit PIE C	hangi Before	Brodd-1 Rel	
	T. DETAILS O		9.	The state of the s	
	al VEHICL	E NUMBER: SJQ	naa F	25	19
	DINSURA	NCE COMPANY: N	5031.6		71 (6)
	CIPOLICY	NUMBER: 509805	8420-01	-	
± 100 m	dipolicy	TYPE: /COMPREHENS	0720-01		
	elmake a	TYPE: (COMPREHENS	anda Freed.	MY THIRD PARTY	Y FIRE &THEFT)
10	f)TYPE:(SA	LOON / COUPE /MP	MANAGE TIESD	<del></del>	THE PROPERTY OF STREET
4	g) VEHICLE	CATEGORY: (PRIVAT	E /COMMERCH	MOTORCYCL	E./ OTHERS)
	h)PURPOS	E OF USING AT ACCID	DENT TIME	Working	itel .
	MAKETOU	CLAIMING UNDER Y	DIJP OWN KIELIA	ANIOR WITH KIND	0
6	11 11 01	PUSE STATE WHISD BY	RTY CLAIMY REP	ORTING ONLY	V
> 1	2. 11430KGO/	POLICY HOLDER			-
	A)NAME:	· Sincere Rental		(MALE	/ FEMALE)
1 m	c)ADDRES	VPASSPORT:		_CONTACT:	Augustania (2)
* · · · · · · · · · · · · · · · · · · ·	CINDURES				
	* CONTINU	E TO 3,d IF DRIVER AL	SO BOURNIE	4 4	<u> </u>
Atho of bush	enga DRIVER	- 10 O'G II DYIYEK AL	30 POLICY HOL	DER	2 36
. Clududing a	d)NAME:	Wong Kwele Ming.		de sie	/ EEL/A   E1
(5)	O I MINIC / FIN	/PASSPORTI_	582199716		1 FEMALE)
	CIADDRESS	BIL 129B Conbi		2-618 Simple	752129
	*4/0475 0	PIPTING TO A DO	Vice-		
	9/00/16 0/	BIRTH: ( 9 06)	100/M	M/YYYY)	
	ENOUGE DE	TION: (INDOOR /OU DRIVING PASS	1000R)	7	250 <b>20</b>
	4. WAS DRIV	ER AN EMPLOYEE O	THE INCURE	//	2000
	IF NO, REL	ATIONSHIP OF THE	DRIVED WITH	MELIDED. H	(AER MUO)
	O) WEATHER	CONDITION: (C) FAR	N/ PAINING / MY	TINDOKED! III	rer
Ji.	DIROAD SU	REACE! (DRY) / WET /	OTHERS .		
653	O. WAS ANYBO	DDY INJURED (YES) N	(0)		60 Will (5)
	7. OJKEPORTE	TO POUCE TYES! N	0)	en r av	
		ASE STATE WHICH PO	LICESTATION	sembawang 10	D.C
At He of passen	AUF OI VEHICI	ENUMBER: GBE	INX	MODEL: Toyota	Waren
( Industing dr	IVAP ) B) DRIVER	S NAME: Hoysins	Ho Jun Wen		THOCK
(1)	c) NRIC/FI	N/PASSPORT: S960		CONTACT: 97	334187
	9. THIRO PARTY	VEHICLE	=V		21131
of No at besso	Age d) VEHICLE	NUMBER: GZ 7	The state of the s	MODEL: NISSAN	abstar.
(Induding d	OKIVER.	S NAME: Chin Che	ew Seng		And the same
1. 1. 2.	NRIC/FII	N/PASSPORT: SISSS	91414	CONTACT: 9	468144
()		W. T:			7) f.
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email =

Claim Handling		at a state of the	20000000000000000000000000000000000000			
Accident MT/1070961						
Policy No.	5098058420-01	Validation				
Certificate No.		Vehicle No.	\$103032E		GSTA	legis
Policyholder Name	SINCERE RENTAL					
Product Code	FLEET INSURANCE	738×536			Policy	hold
Contact No.(Mobile)	65662461	Cover Type	drive CLASSIC		Loadir	
Email Address	2002401	Contact No.(Office)			Conta	
KFK	No Yes	Special Remark			eCode	
NCD Protection	W 270 AV	TCA	+ No Yes		eCode	
	New	NCD Entitlement(%)	0		Private	
Report Date					2500000	
Date of Accident	12/11/2019 10:33	Accident Report Within 24 hrs	Yes		Accide	
Reporting Centre	10/11/2019	Time of Accident Milmin	12:50		Countr	
Accident Location		Orange Force				
© Excess	CTE EXIT PIE CHANGI BEFORE BRADDELL ROAD				ICM No	265
Own damage Excess						
Unnamed Oriver Excess	2,000,00	Additional Excess	4		Windso	2019
		Outside Singapore OD Excess		2,000,00	windse	reen
Third Party Excess  Benefits	1,500.00	Outside Singapore TP Excess		1,500.00		
				*25/441040		
♥ GST Registered Informa	ition					
GST Registered	No		DAT Dee	istration Date		
GST Registration No.				us Verified		
Modification History			1,1,74,341,140,041	was a state to long		7.6
	0					
Policyholder Mailing Add						
Address 1	BLK 76 #12-174	Address 2	BEDOK NORTH ILL	260	1717	_
Address 4		Address Type	Singapore address		Address	
Unit No.	12-174	Related Policy Number	5112387939		Post Co	de
OI Driver Info			311111111111111111111111111111111111111			
Driver Name	Unnamed Driver	Driver Type	Unhamed Driver			
Unnamed driver Name	WONG KWOK MING	Driver NRIC	S8219971C			
Register Date of Driver License	27/11/2007	Driver Age	37		Driver D	
Contact No.(Mobile)	86662461	Contact No.(Office)	371		Driving I	
Address 1	BLX 1298 #12+614	Address 2	7440000		Contact	
Address 4	SINGAPORE 752129	Address Type	CANDERRA STREE Foreign address	T:	Address	
Unit No.	12-618	-5742-578MD/	coreign address		Post Cod	le
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	abotton con Tara Maria			
		arriver versicie (40.	\$2Q3032E		Driver tr	Sure
Declaration						
Breathalyser or Blood Test	0 mg					
Reading?	4 119	Any injury?	Yes - No			
Addition History						
Claim 001						
Claim 001 New						
Claim 001 New						
Claim 001 New						
ZORIO STORIO				DD-MX	• Insured	Sit
ZORIO STORIO				ор-мх	fvartie	50
Claim Type *				ор-мх	fvarne Contact No.	Eff
Claim Type *				ор-мх	Name Contact	EH
Claim Type. * Contact No.(Mobile) Finall Address				DD-MX	(Vartie Contact No. (Home) C1 Vehicle	510
Claim Type *					fvartie Contact No. (Home) Cil Versicle Number	510
Daim Type. * Confact No. (Mobile) Finall Address Daim Description				OD-MX SJQ30326 / GBE617X ON	fvartie Contact No. (Home) Cil Versicle Number	510
Confact No. (Mobile)  Finall Address  Daim Description  referred Vorkshop	Proferered Liability   Not at Fault	*			fvartie Contact No. (Home) Cil Versicle Number	510
Conflact No. (Mobile)  Conflact No. (Mobile)  Finall Address  Jam Description  referred  Vorkshop  Rocket No.  Profisation	Insured Liability   Not at Fault Fraferered   Preferred Workshop, Name un				fvartie Contact No. (Home) Cil Versicle Number	510
Confact No. (Mobile)  Finall Address  Daim Description  referred Vorkshop	# Repair Preferred Workshop Name to	nknown . GIA Incomed	•	SJQ30326 / GBE617X QN 1	Varie Contact No. (Home) OI Vehicle Number	510
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Contact No. (Mobile)	# Repair Preferred Workshop Name to	nknown . GIA Incomed	*	SJQ30326 / GBE617X QN 1	Contact Name Contact Name (Humer) OI Vehicle Number Contact Name Contact Contact Name Contact Na	510
Italim Type. *  Conflect No. (Mobile):  Thail Address  Italian Description  referred  cockshop  Britist No.  Analisation  ste Registered  sport Taken By	# Repair Preferred Workshop Name to	nknown . GIA Incomed	•	SJQ30326 / GBE617X QN 1	Contact Name Contact Name (Humer) OI Vehicle Number Contact Name Contact Contact Name Contact Na	510

Video List	S (BUKIT MERAH BUGG76) (	NATIONAL ASSESSMENT CENTRE SERVICE  NATIONAL ASSESSMENT CENTRE SERVICE  H)) on 12 Nov 2019 10:39  NATIONAL ASSESSMENT CENTRE SERVICE  H)) on 12 Nov 2019 10:39  Folder Date	Photos NRIC/ Driving License SAS	y ie Name	Normal Normal Normal	N	RIC/ Driy
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***	S (BUKIT MERAH BUGG76) (	NATIONAL ASSESSMENT CENTRE SERVICE HI) on 12 Nov 2019 10:39	NRIC/ Driving License	ÿ	Normal	N	RIC/ Driv
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E	NAC_BURIT_MERAH_500676( S (BURIT MER	NATIONAL ASSESSMENT CENTRE SERVICE AH)) on 12 Nov 2019 t0:39	Phitos		Normal		p
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Li		Patri *			12/11/2019 10:39		
at Doc. Received	* Yen	No	Claim No. Upload Date		001		



## Certificate of Insurance

MICHOR VEHICLES (THIRD PARTY AUSES AND COMPENSATIONS ACT (CHAPTER SAF) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION RULES, 1960) SDAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES [THIRD PARTY RISKS] RULES, 1935 [MALAYEAN

## Certificate Number: 5098058420-01

Cover 7 draw CLASSIC

L. Index mark and Registration Number of Vehicle

: \$103092E

Chansis fearnbor

2. Name of Policyholder

GE31034291

3. Effective Date of Insurance

TINCERE BENTAL

24 Apr 2019

4. Expery Date of Inturance

23 Apr 2020

5. Persons or Classes of Persons entitled to drawn

tal The Policyholder.

(b) And other person who is driving on the Euleryholder's of or or with higher permission. Provided that the person driving is descripted in accordance with the licensing or other laws or regulations to drive the Meter Vehicle or has been so permitted and a not discussified by major of a Court of Law or by reason of any enactment or regulation in that come! from driving the Social Venice.

6. Limitations as to Used

(a) Use for social domestic and pleasure parenters not in connectice with the Enloyholder's or Amor's butiness.

### This Poincy does not cover

- (a) Use for racing, page-making, reliability to all or seared testing
- (b) the for the carriage of goods tother than tamples; in connection with any trade or business
- (c) Use for any purpose in connection with the Mater Trace

# Limitations rendered inappretive 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.

(We hereby Certify that the Policy to which the Certificate invates is usual in accordance with the provisions of the Motor Vehicles (Third Party Right and Compensation) Ac. (Chapter 189) and Eart IV of the Road Transport Act., 1987 (Malaysia)

Agency

5.8 M ALLIANCE PTE LTD 000000614273

Date of issue

01 Feb 2019 10:34 ht

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Offices

Chief Executive