Date In: Kin ja-10,34	Jcb description	Date &Ti	me Completed	Do	ue py
ROFNO: HAJINCHO 2003674	SAS e-filing				
Veh No: 5)4 6750	E-mail (within Shrs, A	IC 2hrs)	İ		4
D.O.A : 14/11/19-16:35	i-Motor Claim For		1487-001	Blules	10:49
	i-Motor W/O (With	The second secon	1487 001	SILIM	1-314
OD TP/ Reporting Only	i-Photo Uploaded				
Th	Assessment/Survey I	Report			
TP Insurer:	Ass't Report by Fax		ksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel:		ex:	***************************************
TP Particulars: Veh No: Q		INC( )/Non-			1000
Owner / Driver: (	10 04	Tel:		,	
Policy No: (	Period: (	) Cover Typ	oc: (		
Confirmed by : (	Dat			)	
Insured/Driver Liability: ( %	%) [Note-Est. Status (WO):	N: 0-20%; P: 21-	79%. P: 80-10	00%1	
Year of Registration: (	) Warranty: YES ( )/N				
	\$1,000()/\$2,000()				
			(3,020,000	आर पूर	
( ) Walk-In Customer: Customers				COM THE - 1	
( ) Total Loss Case : to e-mail In		iai & Strictly NO rati	er of repairer.	-	
		\ T : G (	<del></del>		
	oice: YES ( ) / NO (	) ; Towing Co: (			)
Remarks:- (INC hotline: 6788 6616	5) )	Date&Tim	Completed	Done	b by
1) Apply for Transport Allowance (	) / Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )				
3) Upload Resurvey Photo [Repair Cost	( )		-		
3) Upload Resurvey Photo [Repair Cost > Injury:	( )				
3) Upload Resurvey Photo [Repair Cost	( )			36 30 30 31	
3) Upload Resurvey Photo [Repair Cost > Injury:	( )			300 S 310	
3) Upload Resurvey Photo [Repair Cost > Injury:	( )			34 360-3712	
3) Upload Resurvey Photo [Repair Cost > Injury:	( ) >\$3000] ( )			333	
3) Upload Resurvey Photo [Repair Cost > Injury:	( )			APIGNATURE	
3) Upload Resurvey Photo [Repair Cost > Injury:	( )				
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions		ce Preparation Ch	cklist	Anit (S)	Amt(J)
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	Invei	ce Preparation Ch	anning, 45 (16)	Anit (S)	Amt(3)
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Al/108748  Lumant's Particulars :-	Invoid  1) AR: 2) DA:	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1)	0); 00); INC (\$80)	fat Bill	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	Invoid    1) AR:   2) DA:   3) TF: 1	ce Preparation Ch	));	fat Bill	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Al/108748  Lumant's Particulars :-	Invoid  1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F	ce Preparation Ch Accident Reporting (\$3 Demege Assessment (\$1 Towing Fee follow-Through Survey follow-Through Survey (F	0); INC (\$80) \$40/\$ \$11 (esurvey) \$1	fat Bill	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAINOST 48  Sumant's Particulars :-  iver/Owner:  ntact No:	Invoid 1) AR: 2) DA: 3) TF: I 4) FT: E 5) iFT: E	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1 Towing Fee follow-Through Survey	0); INC (\$80) \$40/\$ \$11 (esurvey) \$1	15 Bill 45 20 30	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Alloward Serticulars :- iver/Owner:	Invoid  1) AR:  2) DA:  3) TF: 1  4) FT: F  5) FT: F  Forel  6) TR: I  7) NI: I	ce Preparation Ch Accident Reporting (\$3) Damage Assessment (\$1) owing Fee follow-Through Survey follow-Through Survey (Feiming against INC Only Re-inspection dae DA + SMRT Survey	0); INC (\$80) \$40/\$ \$1: (ssurvey) \$: (wef 10 Jan 2005)	fst Bill 45 20 30	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  Manual Serviculars :- iver/Owner: intact No: imaged Portion:	Invoid  1) AR:  2) DA:  3) TF: 1  4) FT: F  5) FT: F  Forel  6) TR: I  7) NI: I	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1 owing Fee follow-Through Survey follow-Through Survey (Feirning against JNC Only Re-inspection	0); INC (\$80) \$40/\$ \$1: .esurvey) \$: (wef 10 Jan 2005)	fst Bill 45 20 30	100
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAINOST 48  Sumant's Particulars :-  iver/Owner:  ntact No:	1 Invoid 1) AR: 2) DA: 3) TF: 1 4) FT: F 5) FT: F 60 TR: 1 7) N1: 1 8) NTUC	ce Preparation Ch Accident Reporting (\$3) Damage Assessment (\$1) owing Fee follow-Through Survey follow-Through Survey (Feiming against INC Only Re-inspection dae DA + SMRT Survey	0); INC (\$80) \$40/\$ \$1: csurvey) \$2: (wef 10 Jan 2005) \$7:	fst Bill 45 20 30	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Al Your Actions  summant's Particulars :- iver/Owner: maged Portion:  Checked by (Engr-In-Charge):	Invoid   1) AR :   2) DA :   3) TF : I   4) FT : F   5) FT : F   Force   6) TR : I   7) N1 : I   8) NTUC   OD'   *N5 : O   *N6 : I	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1 owing Fee follow-Through Survey (ollow-Through Survey (Feiming assinst INC Only, Re-inspection dae DA + SMRT Survey Chaddional Services: Courtesy Car / Tpt Allowa Repair Co-ordination	0); INC (\$80)     \$40/\$     \$10	158 Bill	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  A 14087 48  aumant's Particulars':- iver/Owner: maged Portion:  Checked by (Engr-In-Charge): ditors' Comments:-	1 Invoid 1) AR: 2) DA: 3) TF: 1 4) FT: F 5) FT: F 60 TR: 1 7) N1: 1 5) NTUC OD* *N5: 0 *N6: 1 *N7: 1	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1 owing Fee follow-Through Survey (Feiming accident INC Only Re-inspection dae DA + SMRT Survey Additional Services:	D); 10); 10); 10( (\$80)  \$40/\$  \$1:  esurvey) \$2:  (wef 10 Jan 2005)  \$1:  \$1:  noe \$5:  \$5:	158 Bill	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Al Your Actions  summant's Particulars :- iver/Owner: maged Portion:  Checked by (Engr-In-Charge):	Invoid   1) AR :	ce Preparation Ch Accident Reporting (\$3 Damage Assessment (\$1 owing Fee follow-Through Survey (Feiming assinst INC Only, Re-inspection dae DA + SMRT Survey Chaddional Services: Courtesy Car / Tpt Allowa Repair Co-ordination Out Repair Inspection	D); INC (\$80)  \$40/\$  \$10.  esurvey)  \$10.  (wef 10 Jan 2005)  \$10.  \$10	156 Bill	

## 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.
- 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.

aforesaid.	
Charles and the latter of the latter	ACCIDENT STATEMENT
Date Of Report	15/11/2019 10:34
Date Of Accident	14/11/2019 16:35
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA6775J
Insured/Policyholder	
Name Of Registered Owner	RIVERLI
Co Reg No	53358656M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90288480
Alternative Phone No	OFFICE-90288480
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095819163-01
Cover Note Number	
Driver	
Name of Driver	KOH ENG ANN
NRIC No	S1630031D

NRIC No S1630031D 12/12/1964 Date Of Birth **OUTDOOR** Occupation 18/08/1983 Date Of Driving Pass

36 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90288480 Mobile Number

Fax Number

OFFICE-90288480 Contact Number

NOEMAIL EMail Address

BLK 370 BUKIT BATOK STREET 31 Address

#08-221

650370 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

6 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: LUI AI MEI

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME:

NO

: JESLYN KOH ZI LIN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SLT6298X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJY5794J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHD759D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME:

GENDER: :

Passenger 2 NAME:

GENDER:

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number GX2188U

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)

1

**DETAILS OF OTHER VEHICLE PROPERTY 5** 

Vehicle Registration Number

SML6318C

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)

- 1

**DETAILS OF INJURED PERSON 1** 

Name

KOH ENG ANN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJA6775J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

Name

LUI AI MEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJA6775J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 3** 

JESLYN KOH ZI LIN

Name

Approximate Age

BODY

Injuries Sustain

SJA6775J

Injured person in which vehicle?

00/10/

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Page 4 of 15

## 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</u> and <u>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:
  - 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

RIVERLL

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN (A) BJA 6775 J.	(E) GX 2188 U
(B). 3LT 6298X.	(F) 9mL 6318C.
(C) SJY 5794J.	
(D) 840 759 D.	PIZ towards Changi before CTE extt
E ETE 1 8 0 0 00 00	<b>→</b>
	>
	ALKAKOKOKOKO <
(1)	
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT
On 14/11/1	9 at @ 1635 hrs, I was travelling in my vehicle
(SJA 6775J) along	PIE towards Changi before CTE exit on the extrem
1111 2 1	

	Ω	1 1 -		20							
(SJA 677	Un 14	1/11/19	at @	1635 W	1	was	travel	long in	ay	vehz	1/2
(SJA 677	(50)	along	PIE tow	ards CI	hangi b	efore	076	best	ad .	the a	ndrei
richt has	7	4	,	1 1	1	1		00	-	/ /	1
I GAT TAME	- 1	Slow	down a	end su	pped	due.	to ti	no ffee	anne	ah	lad
Suddenly ,	1 fee	4 a	great.	impact	from	the	rear.	The	impa	ct we	W
sight lane Suddenly, so strong cortide and four	that	puehed	my ve	hacle for	mund	and	cause	d ms	weh.	cele .	to
calleda		11.	e Gerre	alid	r	-1	1	01		,	1-
0	,	TPLE D	Cittade 2	mene	. 1	Jos o	down	from	27	vehza	-14
and foun	rel 14	was	a cha	en colle	ston t	weepen	7 6	relice	cet		
•							/				
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		4									
											77

# DECLARATION

I/We declare the foregoing particulars are true in every sespect!

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

Vehicle No.	SJA 6775 J. Model/Make Honda Dirwaye.
Date of Accident	14/11/19.
Time of Accident	16.35 HRS
Location of Accident	PIE towards Chang: before CTE exit.
Exact purpose use during a	
Name of Owner	Riverli.
Telephone No.	H/P: 9028 &4&0 'Home: Office:
NRIC	53358656 M .
Address	BLK 370 Buket Batok Street 31 # 08-221 (3) 650370.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTuc.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5095819163-01.
Name of Driver	As Above If No, KOH ENG ANN.
NRIC	3 163003 1 D. Any Passengers: 02 (F)
Date of birth	12 /12 / 1964.
Occupation	Outdoor / Indoor
Driving License Pass Date	18 / 08 / 1983.
Gender	Male Female
Contact No.	H/P: 9028 8480 ' Home: Office:
Address	BLK 370 Buket Batok street 31 # 08-201 (9) 650370.
Driver have any own vehicl	
Relationship	Employee, If no, state owner
Weather condition	Clear Raining Other
Road Surface	Dry) Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	KOH ENG ANN (HIP: 9028 8480).
Name And Contact No.	Q LUI AI MEI (4/1: 9455 0928) 3 Jeslyn Koh 2: Lin (4/1: 8156
Police Report	No, If Yes, Where?
Vehicle B No.	SLT 6298 X Any Passengers: OICF).
Name of Driver	Contact No. :
Vehicle C No.	Say 5794 a Any Passengers: N- 4.
Vehicle D No.	SHD 759 D Any Passengers: 02.
Vehicle E no.	GX 2188 U · Any Passengers : N. 4.
Vehicle F No.	SML 6318 C - Any Passengers: N-A.
Vehicle G No.	Any Passengers :
Witness Name	N- A- Witness Contact: N- A -
Accident Portion	Frost and Recer Portion.
Camera Recorder	Jos No Retriving
Email Address	Helmakoh 370 @ gazil. com.
Accident Portion  Camera Recorder	Front and Recur Portion.
PARTICULAR WORKSHOP	N-51
	6842 0051 / 6744 0510
CONTACT REPSON	
CONTACT PERSON	6741 0510
WORKSHOP EMAIL APDRES	

#### Certificate of Insurance

221

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: 5095819163-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SIA67751

Chassis Number

: GJ11203414

2. Name of Policyholder

: RIVERLI

3. Effective Date of Insurance

: 17 Dec 2018

4. Expiry Date of Insurance

: 16 Dec 2019

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) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER

: KOH ENG ANN NAMED DRIVER (1) : LUI AI MEI 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

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 05 Dec 2018 09:54 hrs

... BURANCE AGENCY PTE LTD COB BENCOOLEN STREET #04-01 THE BENCOCLEN SINGAPORE 189648 TEL: 6-334-0783 FAX: 6-334-052 Co. Reg. No: 199005500V

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

eBaoTech			Pines							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601				The second		• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									*
Notice of Loss	Policy f	lo.				Date o	f Accident		14/11/2019	16:35	
	Vehicle	No.(For Motor)	5JA677	51		Certifi	cate Number	1			-0
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095819163- 01		RIVERLI	53358656M	GPC	drivo CLASSIC	SJA6775J	SJA6775J	17/12/2018	16/12/2019
					100	Continue					

Policy No.	5095819163-01	Policyholder Name	RIVERLI		Policyholder NRIC	53358656M	
Certificate No.		000000			110/00		
Address	BLK 370 #08-221 BUKIT BATOK	STREET 31 S	INGAPORE 6	50370			
Product Name	PRIVATE CAR INSURANCE	Plan		20	Group Policy Flag	N	
Policy ssue Date	05/12/2018	Effective Date	17/12/2018	00:00	Expiry Date	16/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	D				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
9 Policyh	older Mailing Address						
Address 1	BLK 370 #08-221	Addre	ss 2	BUKIT BATOK STRE	ET 31	Address 3	SINGAPORE 650370
Address 4		Addre	ss Type	Singapore address		Post Code	650370
Unit No.	08-221	Relate	d Policy er	5095819163-01			
♪ Insure	d Object: SJA6775J						
□ Endors	ements						
			Endorsemen	m_monom	Endorsement	W.C.	Endorsement Content

Msg Sent?

Total Case Date Control of Profession Profe									
Marchand March   March   Marchand March   March   Marchand March   March   Marchand March   Marchand March   March   March   Marchand March		Englishmen of	Statistic Ma	enteren.		*** ***********			
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