| NATIONAL Assessment Centre | Character for the property of the first | The second is the second of th | |
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| | Services twel i James | MAILA 158388 | |
| Date In: VIVIA-10:4 | Jcb description | Date &Time Completed | Done by |
| Res No: NA INCIGOR 186/24 | SAS e-filing | | |
| Veh No: 525484X | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 24/11/19-1200 | i-Motor Claim Form | M711075797-001 | alndin |
| 6 | i-Motor W/O (Within: OD : | | 3/Mia 10:1 |
| OD TP' Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Han | | |
| Preferred Wksp / INC Assign Wksp / QW: (| rise troport of Part Hair | | |
| TP Particulars: Veh No: SDS 1 | 1044 | | ax: |
| Owner / Driver: (| INC | | |
| Policy No: () Perio | vd: (| Tel: |) |
| Confirmed by : (| | Cover Type: (| |
| | Date: | Time: |) |
| | ote-Est. Status (WO): N: 0- arranty: YES () / NO (| 20%; P: 21-79%. P: 80-1 | 90%] |
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| General Remarks;- | | | Ger Ballia |
| () Walk-In Customer: Customer's inform | ation strictly Confidential & S | strictly NO refer of repairer. | |
| Drive-In ()/ Towed-In (): Invoice: \(\) | URGENTLY. | 2 an 1 at | 9. |
| 1) Apply for Transport Allowance ()/ Cour | rtesy Car () | | Done by |
| 2) QC Check / Post Repair Inspection | () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300] Injury: | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300] Injury: | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300] Injury: | () | | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions | () | paration Checklist. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions | () 0] () Invoice Pre | paration Checklist. | Anit (S) Anit (SB Bill Ad) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions Algogog | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) | Anit (S) Anit (SE Bill Ad) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions Algogoty Aimant's Particulars:- iver/Owner: | () () () () () () () () () () | paration Checklist. t Reporting (530); Assessment (\$100); INC (\$80) Fee \$40/5 hrough Survey \$1 | Anit (S) Anit (SE Bill Ad) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions Algogog Aimant's Particulars:- iver/Owner: | Invoice Pre Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a | paration Checklist, t Reporting (\$30); Assessment (\$100); INC (\$80) rec \$40/5 hrough Survey \$1 hrough Survey (Resurvey) \$ sainst INC Only (wef 10 Jan 2005) | Ant (S) An Ad |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions Actions aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:- | Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repeir C *N7: Fost Rep *N8: DV / Col | paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 hrough Survey \$1 hrough Survey (Resurvey) \$ sainst INC Only (wef 10 Jan 2005) ction \$ + SMRT Survey \$1 onal Services: Car / Tpt Allowance 0-ordination \$ sir Inspection \$ lect Excess Coordination | Anut (S) An fix Bill Adi 45 20 30 75 60 85 10 |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300] Injury: | Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repeir C *N7: Fost Rep *N8: DV / Col | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40/5 hrough Survey \$1 hrough Survey (Resurvey) \$ sainst INC Only (wef 10 Jan 2005) ction \$ + SMRT Survey \$1 onal Services Car / Tpt Allowence 0-ordination \$ int Inspection \$ lect Excess Coordination (Non INC) against INC \$ | Anit (S) An fst Bill Ado 45 20 30 75 60 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.

| 电影性在网络形式的影响。 | ACCIDENT STATEMENT |
|-------------------------------------------------------------------------------|------------------------------------------------|
| Date Of Report | 02/12/2019 10:45 |
| Date Of Accident | 29/11/2019 22:00 |
| Exact Location Of Accident | TAMPINES AVE 10 |
| Country/State of Loss | SINGAPORE |
| 1996年2月2日 日本 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJS466X |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM YEW LIANG ROYSTON |
| NRIC No | S8007944C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96937485 |
| Alternative Phone No | OFFICE-96937485 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | HD AVANTE 1.6 A S/R |
| Exact Purpose for which vehicle was being used time of accident | d at PRIVATE USE |
| Are you claiming under your own insurance poli for repair to your vehicle? | icy NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5110929411 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM YEW LIANG, ROYSTON (LIN YOULIANG, ROYSTON) |
| NRIC No | S8007944C |
| Date Of Birth | 06/03/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/10/2002 |
| Driving Experience | 17 YEARS AND 1 MONTH |
| Gender | MALE |

(LOCAL) +65-96937485

OFFICE-96937485

NOEMAIL

25 JALAN SEMPADAN Address

#02-10

Postcode 457400

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

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

NO

2

Number of Passengers (Including Driver)

NAME:

: JOANNE WONG YEE PING

GENDER:

: FEMALE

Details of Police Action

Passenger 1

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

YES

Police Station Contact

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191130/7008.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDS8232Y

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 2

Vehicle Registration Number

SLK3765G

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

SJZ6537Z

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 INJURED PERSON 1

Name LIM YEW LIANG, ROYSTON (LIN YOULIANG, ROYSTON)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJS466X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name JOANNE WONG YEE PING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJS466X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

19 1420pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/11/19 1420pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| | LANES LANES LANES | |
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| | | A: SJS 466X |
| | | 8: SPS 82374 |
| | | C: SUK 3765G |
| | and a | D:SJZ6537Z |
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| icyholder's Signature | | |
| Ve declare the foregoing part | culars are true in every respect. | Reporting Centre Personnel Signature Name: NRIC/FIN No.: |

| Vehicle No. | SJS466X Model/Make HUUNPAI AVANTE |
|-------------------------------|------------------------------------------------------------|
| Date of Accident | 20/11/2019 |
| Time of Accident | 2200 HRS TOF |
| Location of Accident | TAMPINES AVENUE TO (TWEDS BEDOK MORTH 12000) ALTER TAPPING |
| Exact purpose use during acci | |
| Name of Owner | LIM YEW LIANG ROYSTON |
| Telephone No. | H/P: 96937485 Home: Office: |
| NRIC | S 8007944C |
| Address | 25 JACAN SEMPAPAN \$02-10 \$457400 |
| Claim type | OD THIRD PARTY REPORTING ONLY |
| Insurance Company | AXA NTUC |
| Type of Coverage | Comprehensive Third Party Third Party / Fire /Theft |
| Policy No. | 5110929411 |
| Name of Driver | As Above If No, |
| NRIC | S8007944C Any Passengers: 14 |
| Date of birth | 06/03/1980 Joanne Wong (F) |
| Occupation | Outdoor / (Indoor) |
| Driving License Pass Date | 02/10/2002 |
| Gender | Male / Female |
| Contact No. | H/P: 96937485 Home: Office: |
| Address | 25 TALAN SEMPADAN \$02-10 \$457400 |
| Driver have any own vehicle | No. If yes, Reg No. |
| Relationship | Employee, If no, state OWNER |
| Weather condition | Clear Raining Other |
| Road Surface | Dry (West Other (9693 7485) |
| Any Injuries | No, (FYES, Who? DIJUGK & PASSEMER DROUSION WIM YEW) |
| Name And Contact No. | 2) TOANNE WONG YEEPIN |
| Name And Contact No. | (9693 1475) |
| Police Report | No, If Yes, Where? SECF. HELP KINSK |
| Vehicle B No. | SPS 8232 Y Any Passengers: |
| Name of Driver | Contact No. : |
| Vehicle C No. | SLK 3765 G Any Passengers : |
| Vehicle D No. | SJZ 6537Z Any Passengers: |
| Vehicle E no. | Any Passengers : |
| Vehicle F No. | Any Passengers : |
| Vehicle G No. | Any Passengers : |
| Witness Name | Witness Contact : |
| Accident Portion | FRONT & REAR |
| Camera Recorder | Yes / No (with Traffic Blice) |
| Email Address | royddrummer @yahoo.com.sg. |
| | |
| PARTICULAR WORKSHOP | N-51 Automotive |
| CONTACT NO. | 6842 0051 / 6744 0510 |
| CONTACT PERSON | Ziting |
| FAX NO | 6741 0510 |
| WORKSHOP EMAIL APDRESS | sales @ n51·com·s9 |





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

1 of 3 Report No. T/20191130/7008

REPORT OF A TRAFFIC ACCIDENT

| | ne Report N 019 12:38 | Made: | Vide Report No.: G/20191129/0193 | Station Diary No.: | |
|----------------------------------|----------------------------|---------------------------|----------------------------------------------------------|----------------------------|--|
| Informa | nt's Partic | ulars | | | |
| | f Informant: V LIANG, F | | Address: 25 JALAN SEMPADAN #02-1 | 0 SINGAPORE 457400 | |
| ID Type NRIC N | / ID No.: 0 / S80079 | 44C | Contact No.: Home/Office: | Mobile: 96937485 | |
| National SINGAF | ity: ORE CITIZ | EN | Email: royddrummer@yahoo.com.sg | | |
| Sex: Male | Age: 39 | Date of Birth: 06/03/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Flight operations | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| Type of Accident: | Attended by Police | Drink Drive: No | Date/Time of Accident: 29/11/2019 22:15 | Type of Location: Straight Road |
|-------------------------------|------------------------------------|-----------------------|-----------------------------------------------|------------------------------------|
| Location: TAMPINES A | VENUE 10 | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collis Between Mov | sion: ving Vehicles - Head To R | ear | | Anyone conveyed by ambulance: |

| Details of V | The third | | | | | |
|--------------|-----------|---------|--------|-------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SDS 8232Y | Car | | | | | 0 |
| SJS 466X | Car | HYUNDAI | avante | | Seriously Damaged | 2 |
| SJZ6537Z | Car | | | | | 0 |
| SLK 3765G | Car | | | | | 0 |





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

2 of 3 Report No. T/20191130/7008

CONTINUATION OF REPORT

| Details of Perso | | 100 miles | AND THE | Livasii | Track. | | |
|------------------|----------------------------------------|------------------------|--------------------------|-------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Any Pedestrian I | nvolved: No | | | | | | |
| No. of Pedestria | ns Injured: NIL | | Use of Pe | Pedestrian Crossing: NA | | | |
| Passenger | | | | | | | |
| Name | JOANNE WONG YE | E PING | | ID No |), | S8285488F | |
| Related Vehicle | SJS 466X (Car) | | | Conta | act No. | 96937475 | |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | | | Class Drivin Licen Expir | g | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 30/11/2019 | | Date Dis | charge | 30/11 | /2019 | |
| No. of Days gran | ted Medical Leave | 05 | Degree o | | | | |
| Driver | | ALCOHOL: N | The second of the second | SEAL SECTION | | | |
| Name | LIM YEW LIANG, RO | LIM YEW LIANG, ROYSTON | | | | S8007944C | |
| Related Vehicle | SJS 466X (Car) | | | Contact No. | | 96937485 | |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | | | Class Drivin Licend Expiry | g | Class: 3 Date of Expiry: NIL | |
| Date Treatment | 29/11/2019 | | Date Disc | charge | 30/11 | /2019 | |
| No. of Days gran | ted Medical Leave | 05 | Degree o | | Slight | Carrier Control of the Control of th | |

Brief Details.

My vehicle was slow and slightly picking up speed. About 40km/h. As i saw the car infront of me brake, i jam brake. The car behind me hit my car hard and i bumped onto the car infront, there were a total of 4 cars involved. It happened along the way to ikea tampines, me and my wife sustained slight back injuries and i went to sengkang general hospital.





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

3 of 3 Report No. T/20191130/7008

CONTINUATION OF REPORT

| Sketch Plan | | |
|--------------|---------------------------------|---|
| Informant is | not able to provide sketch plan | 7 |

NP168

| 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: 30/11/2019 12:38 |
| Officer In Charge Of Case: TP / TPHQ / QHAIRIL BIN ZULKEFLEE Contact No.: 65476187 | Classification Of Case: |
| Authentication Stamp | |



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: 5110929411

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS466X

Chassis Number

: KMHDU41BR9U771167 : LIM YEW LIANG ROYSTON

2. Name of Policyholder

3. Effective Date of Insurance

: 28 Jul 2019

4. Expiry Date of Insurance

: 27 Jul 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 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)

: N/A

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS ADDITIONAL EXCESS

: \$\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

EXCESS WAIVER

: NO : YES

PRIMARY DRIVER

: LIM YEW LIANG ROYSTON

: WONG YEE PING

NAMED DRIVER (1)

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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 09 Jul 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBao Tech | | | | | | | | | Gener | alClaim |
|------------------------|------------------------|-----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|----------------|-------------------|----------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | A CONTRACTOR OF THE PARTY OF TH | NAME OF TAXABLE PARTY. | • Change | e Langua | ge • Cha | nge Password | 100 |
| My Desktop | Policy Query | | | | | | | | ATTI-ES AUR 1875 CAR | |
| Notice of Loss | Palicy No. | | | | Date o | of Accident | | 29/11/2019 | 22:00 | |
| | Vehicle No.(For Motor) | S3S466 | × | | Certific | cate Number | | | | |
| | | | | | Search | | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5110929411 | | LIM YEW LIANG ROYSTON | 58007944C | GPC | drivo CLASSIC | SJS466X | S3S466X | 28/07/2019 | 27/07/2020 |
| | | | | 3 | Continue | | | | | |

| Sequent | ce Date of Endorseme | nt E | ndorsement | Туре | Endorsement | Status | Endorsement Content |
|-----------------------------------|--------------------------|-----------------------------------|------------|---------------|----------------------|-----------------------------------------|------------------------------|
| □ Endorse | E1150A151 | | | | | | |
| Insured | Object: SJS466X | | | | | | |
| nit No. | 02-10 | Related Numbe | Policy | 5110929411 | | | |
| ddress 4 | | Addres | s Type | Singapore add | ress | Post Code | 457400 |
| ddress 1 | 25 JALAN SEMPADAN | Addres | s 2 | #02-10 VILLA | MARINA | Address 3 | SINGAPORE 457400 |
| Policyh | older Mailing Address | | | | | | |
| ertificate nfo | | | | | | | |
| pen olicy Info | | | | | | | |
| 0- nsurance lag | No | | | | | | |
| gent | META AGENCY PTE, LTD. | Agent Tel. | 98585076 | | GST Flag | Y | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 0 | | | Your | g/Inexperience Driver Excess |
| xcess | 0 | OS Prémium | 0 | | | | |
| hird Party xcess | 0 | Own damage Excess | 0 | | Windscreen Excess | 100 | |
| xcess ype | Per Accident | All Claims Excess | | | | | |
| olicy ssue Date | 09/07/2019 | Effective Date | 28/07/201 | 9 00:00 | Expiry Date | 27/07/2020 | 23:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Address | 25 JALAN SEMPADAN #02-10 | VILLA MARINA S | SINGAPORE | 457400 | | | |
| Certificate No. | | is diffe | | | NRIC | 300000000000000000000000000000000000000 | |
| Policy No. | 5110929411 | Policyholder Name | LIM YEW I | JANG ROYSTON | Policyholde | 58007944C | |

| Claim Handling Accident HT/1073797 | | | | | | | | | | | | |
|---------------------------------------|------------------------------|----------|-----------------------|--------------|------------|-----------------|------------|----|--------------------|--------------|-----------|------------|
| Policy No. | 5110929411 | | 1,05396180000 | | | | | | | | | |
| Certificate No. | 2110818471 | | Vehicle No. | | 535466 | OK. | | | GST Registratio | n No | | |
| Policyholder Name | (DA VEW) TAKE INDUSTRIAL | | | | | | | | | | | |
| Product Code | LIM YEW LIANG ROYSTON | | | | | | | | Policyholder NR | IC. | \$80079 | 44C |
| | PRIVATE CAR INSURANCE | | Cover Type | | drive C | LASSIC | | | Loading | | 0 | |
| Contact No. (Mobile) | 96937485 | | Contact No.(Office | 9 | 0 | | | | Contact No.(Ho | me) | 0.5 | |
| Email Address | | | Special Remark | | | | | | eCode | | T-V | |
| KPK | No ○ Yes | | TCA | | ® No. | 70s | | | eCode Reason | | | |
| NCD Protection | No : | | NCD Entitlement(1 | 4.) | 50 | | | | Private Hire | | tvo | |
| → Accident Details | | | | | | | | | | | | |
| Report Date | 02/12/2019 11:05 | | Accident Report W | ithin 24 hrs | Yes | | | | Accident Type | | Chain D | Menn |
| Date of Accident | 29/11/2019 | | Time of Acordem h | h:mm | 22:00 | | | | Country of Accid | and the same | | |
| Leporting Centre | | | Ovange Force | | | | | | JCM No. | | Singapo | |
| Accident Location | TAMPINES AVE 10 | | | | | | | | 20071 7800 | | | |
| Total Excess Applicable | • | | | | | | | | | | | |
| xcess Type | Per Accident | | Windscreen Excess | 8 | | | 100.00 | | | | | |
| | | | | | | | 100.00 | | | | | |
| D Standard Excess | i | 0.00 | TP Standard Excess | | | | 0.00 | | | | | |
| IED OD Excess | 104 | 0.00 | VIED TP Excess | | | | 0.00 | | Driver is Covene | 47 | 1200000 | |
| ddrional Excess. | | 0 | | | | | 0,00 | | Driver is Covere | B 4 0- | Covered | |
| OTAL OD Excess Applicable | 100 | 0.00 | Total TP Excess Ap. | niscable | | | 0.00 | | | | | |
| ₹ Benefits | | | | 6 | | | 30.00 | | | | | |
| Sverage | | | | | | ium Insured | | | | | | |
| cass Weiver | | | | | | 9999999999 | | | | | | |
| GST Registered Inform | iation | | | | | | | | | | | |
| ST Registered | No | | | | 0 | ST Registration | Date | | | | | |
| ST-Registration No. | | | | | | ST Status Vend | | | Yes | | | |
| odification History | | | | | | | | | 100 | | | |
| | | | | | | | | | | | | |
| Policyholder Mailing Ad | | | | | | | | | | | | |
| doress 1 | 25 JALAN SEMPADAN | | Address 2 | | #02-10 | VILLA MARINA | | | Address 3 | | SINGAPO | RE 45740D |
| Idreas 4 | | | Address Type | | Singapor | e address | | | Post Code | | 457400 | |
| nit No. | 02-10 | | Related Policy Number | ber | 5110929 | 411 | | | | | | |
| OI Driver Info | | | | | | | | | | | | |
| river Name | LIM YEW LIANS ROYSTON | | Driver Type | | Main Driv | ver | | | | | | |
| thamad driver Name | | | Oriver NRIC | | 5800794 | 40 | | | Driver DOS | | 06/01/19 | rep |
| gister Date of Driver License | 02/10/2002 | | Driver Age | | 39 | | | | Driving Experience | | 17 | 75 |
| ritect No. (Mobile) | 96937485 | | Contact No. (Office) | | 0 | | | | Contact No. (Hom | | 0 | |
| dress 1 | 25 JALAN SEMPADAN | | Address 2 | | VILLA MA | RINA | | | Address 3 | -, | | RE 457400 |
| torress 4 | | | Address Type | | Singapore | | | | Post Code | | 497400 | RE 457400 |
| of No. | 02-10 | | | | | | | | 7.096.2000 | | 3437400 | |
| es he own a Singapore | ○ Yes ® No | | Driver Vehicle No. | | | | | | | | | |
| igistered car? | | | Store Venue No. | | | | | | Driver Insurer Co | mpany | | |
| claration | | | | | | | | | | | | |
| eathalyser or Blood Test | 0 mg | | 40.000 | | 2000 | | | | | | | |
| ading? | D and | | Any injury? | | ⊕ Yes ○ | 196 | | | | | | |
| | | | | | | | | | | | | |
| dification History | | | | | | | | | | | | |
| Claim 001 New | | | | | | | | | | | | |
| Han . | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | V | Insured Name | | LIM YEW | LIANG ROYSTO | N | | Insured NR3C | | \$8007944 | C |
| Hact No.(Mobile) | 96937485 | | Contact No.(Home) | | 62452425 | 1 | | | Contact No.(Office | 9 | | |
| el Address | royddrummer Byahoo, com, sg | | DI Venize Number | | 5)5456× | -77 | | | TP Vehicle Numbe | r | 50582321 | |
| | Please Select S | ~ | Type of Benefit: * | | Please Se | lect. | V | | | | | |
| mant Name * | | 22 | Claiment NRIC + | | | | | | | | | |
| mant Address | | | | | | | | | | | | |
| | SJ\$466X / SD\$8232Y ON 29 N | Way 2019 | | | | | | | Name of Preferred | Workshop | | |
| ferred Workshop Contact | | | Insured Liability * | | Not at Fac | ult | V | | | 8 | | |
| uve Finalisation | Yes S | 7 | | | _ | | | 77 | | | | |
| | 02/12/2019 11:13 | Ħ | Preferend Repair Op | uan | preferred | Workshop, Nan | ne unknown | - | GIA report | | Received | 557.555 |
| | | 복 | Claim Close Date | | | | | | Date Received | | 02/12/201 | 9 00:00 |
| | Jackson | 2 | | | | | | | | | | |
| Print AK letter | | | | | | | | | | | | |
| | | | | Te | Bave Sug | bmt I | | | | | | |
| ttachment | | | | 2 | 910 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| dent No. | MT/1073797 | | Claim No | 60 | | 001 | | | | | | |
| Doc. Received | € Yes ○ No | | Upload D | ate | | 02/12/20 | 019 11:14 | | | | | |
| | Path * | | | | | | ategory * | | Confidential | | | |
| | | | | Browse | Clear | Please Select | - Saut - | V | | Urgen | - | Descriptio |
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