

# NATIONAL Assessment Centre Services.

(ref: Jarr00)

NA9159717

Date In: 03/12/2019 17:59	Job description	Date & Time Completed	Done by
Ref No: N/A/1002-1863/4	SAS e-filing		
Veh No: 934 2900H	E-mail (e-filing 3hrs, AIC 2hrs)		
DOA: 03/12/2019 18:30	I-Motor Claim Form	1002-1001	03/12/2019 18:21
OD (TP) Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8F5941C	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	[Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Injury:	Location:

NA909129	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	6) TR: Re-inspection	\$75
	7) NI: Issue DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI): TP (N in INC) against TRC	\$20
	*N11: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	



## 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 withholding 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	03/12/2019 17:59
Date Of Accident	02/12/2019 18:30
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE NUS FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7900R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JING XIANG
NRIC No	S9332192H
Email Address	TOMMYJANIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81112578
Alternative Phone No	OTHERS-81112578
<b>Vehicle Particulars</b>	
Manufacturer	APRILIA
Model	RS4 125-124CC
Exact Purpose for which vehicle was being used at time of accident	RIDING HOME
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107205706
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM JING XIANG
NRIC No	S9332192H
Date Of Birth	12/08/1993
Occupation	INDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81112578
Fax Number	
Contact Number	OTHERS-81112578
Email Address	TOMMYJANIS@GMAIL.COM

Address	BLK 415 PANDAN GARDENS #03-119
Postcode	600415
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Name	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Address	TEL NO: 1800-8729999 - FAX NO: 67748639
Police Station Contact	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191205/2047

#### 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	SLF5941C
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAWRENCE
NRIC/Passport Number	S1673216H
Contact Number	94593498
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM JING XIANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH7900R

Were seat belts worn?

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**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:
  - (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:

31/12/19

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

03/12/2019

Reza Wong

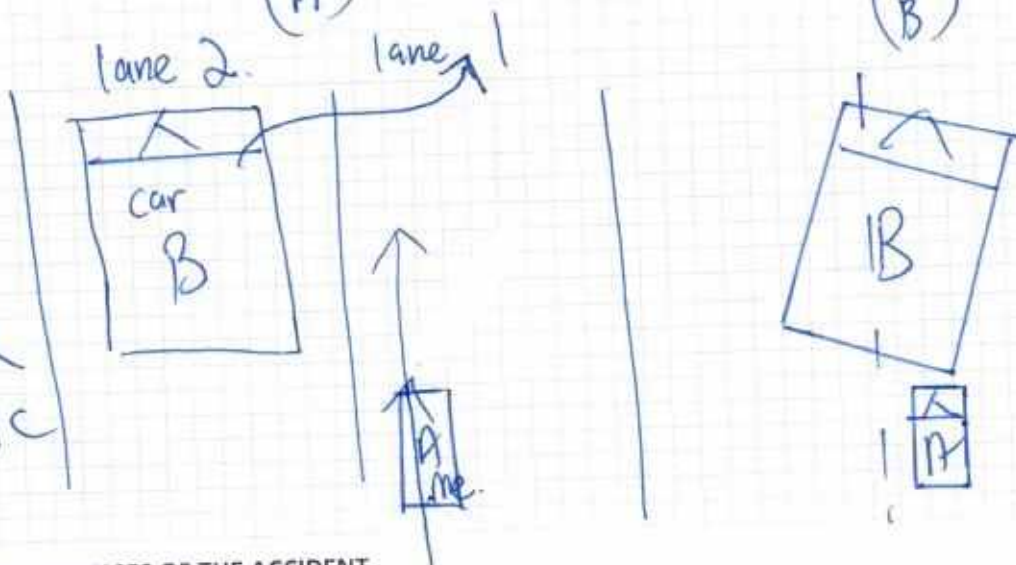
# SKETCH PLAN

AYE TOWARDS JMAS BEFORE NEW FLY OVER

(A)

(B)

A) FBH 7900R  
B) SLF 5941C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd Dec, approximately 6:30PM, I was driving along AYE (towards Jmas) on my motorcycle FBH 7900R. Before the ~~new~~ New Flyover, my motorcycle was in lane 1, and I was driving smoothly. Out of nowhere, there was a white Toyota Wish (SLF 5941C) made a ~~right~~ right signal and followed by an immediate change of lane (from 2 to 1). This abrupt lane change have left me no time to react, causing ~~my~~ a collision between my motorcycle (left side) and his car (right rear). This collision was a great impact that I was thrown off my bike and suffered a number of injuries.

Police Report T/20191205/2047

## DECLARATION

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

Policyholder's Signature

Date & Time:

3/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/12/2019  
Name: [Signature]  
NRIC/FIN No.: [Signature]





# SINGAPORE POLICE FORCE



T/20191205/2047

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20191205/2047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2019 12:38		Vide Report No.:		Station Diary No.: 44	
<b>Informant's Particulars</b>					
Name of Informant: LIM JING XIANG			Address: APT BLK 415 PANDAN GARDENS #03-119 SINGAPORE 600415		
ID Type / ID No.: NRIC NO / S9332192H			Contact No.:		Mobile: 81112576
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 12/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ANALYST			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY aye towards tuas before nus flyover				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7900R	Motorcycle	APRILIA	RS4 125 MANUAL	White	Seriously Damaged	0
SLF5941C	Car	TOYOTA	WISH 1.8 A	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7900R	NTUC Income Insurance Co-Operative Limited	5107205706	23/01/2019	03/04/2020



**SINGAPORE  
POLICE FORCE**



T/20191205/2047

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20191205/2047

**CONTINUATION OF REPORT**

**Brief Details.**

On 02/12/2019 at about 1830hrs, I was riding on my motor vehicle (FBH7900R) along AYE towards Tuas, before NUS flyover. I was riding on lane 1.

Out of a sudden, one vehicle (SLF5941C) abruptly cut into my lane immediately after signalling. I was unable to react on time and hit onto the rear right side of his vehicle. I fell my motor vehicle onto the road. He pulled over and both of us exchanged particulars. The driver of vehicle (SLF5941V) is namely Law Kum Koon Lawrence (S1673216H). No ambulance or police at scene. Both of us left scene after that. I tried calling for tow trucks to tow my motor vehicle but there was none. I then ride my motor vehicle back home myself.

On 03/12/2019, I went to seek medical treatment at EH Medical Family Clinic and given 2 days medical leave. I suffered abrasion on both of my arms and left leg. I also suffered sprained on my neck and right leg.

On 05/12/2019, I was still feeling unwell. I went to seek medical treatment at OneCare Clinic Clementi and given 2 days medical leave.

My Samsung S9 plus screen was cracked. My Seiko watch was damaged. My pants was damaged. My shoes was damaged. My motor vehicle helmet was also damaged. The estimated cost of damage for my personal belongings is about SGD \$900/-.





**SINGAPORE  
POLICE FORCE**



T/20191205/2047

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3

Report No. T/20191205/2047

**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 Report:

D /

Sgt 3 TAN WEN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TR / AEIT / PUNE

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

05/12/2019 12:38

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 12 / 2019 ) (DD/MM/YYYY), TIME: ( 6:18 : 30 ) (HH:MM)

LOCATION: Before NUS flyover (AYE towards Tuas)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 7400 R  
 b) INSURANCE COMPANY: NTUC income  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: ( COMPREHENSIVE ) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: A APRILA RS4 125  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE ) OTHERS: \_\_\_\_\_  
 g) VEHICLE CATEGORY: ( PRIVATE ) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Riding home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE ( THIRD PARTY CLAIM ) / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Lim JING KANG ( MALE / FEMALE )  
 b) NRIC/FIN/PASSPORT: S93321924 CONTACT: 8111 2578  
 c) ADDRESS: Pandan Garden Bldg 415 #03-119

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: as above ( MALE / FEMALE )  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 12 / 08 / 1993 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR ) / OUTDOOR

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Client

5. a) WEATHER CONDITION: ( CLEAR / RAINING ) OTHERS: \_\_\_\_\_

b) ROAD SURFACE: ( DRY / WET ) OTHERS: \_\_\_\_\_

6. WAS ANYBODY INJURED ( YES / NO )

7. a) REPORTED TO POLICE ( YES / NO )

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SIF 5941 C MODEL: toyota wish  
 b) DRIVER'S NAME: Lawrence  
 c) NRIC/FIN/PASSPORT: S16732164 CONTACT: 9499 3498

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = Tommy jani's @ Gmail.com  
 VIDEO



## Claim Handling

Accident MT/1074202

Policy No.	5107205706	Vehicle No.	FBH7900R	GST Registrati
Certificate No.				
Policyholder Name	LIM JING XIANG			Policyholder NA
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	81112576	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	03/12/2019 18:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TOWARDS TUAS BEFORE NUS FLYOVER			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	300.00	TP Standard Excess	0.00	Driver is Cover
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess				
Total OD Excess Applicable	300.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 415 #03-119	Address 2	PANDAN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107205706	

## ▼ OI Driver Info

Driver Name	LIM JING XIANG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9332192H	Driving Experi
Register Date of Driver License	21/01/2019	Driver Age	26	Contact No.(Hi
Contact No.(Mobile)	81112576	Contact No.(Office)		Address 3
Address 1	BLK 415 #03-119	Address 2	PANDAN GARDENS	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBH7900R	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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## Modification History

Claim 001

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Benefit No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	LI
81112576	Contact No. (Home)	
TOMMYJANIS@GMAIL.COM	OI Vehicle Number	FBI
FBH7900R / SLP5941C ON 2 Dec 2019		
03/12/2019 18:19	Claim Close Date	
ROSJI WAHAB		

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received
Yes	Preferred Repair Option	Preferred Workshop, Name unknown		



Path:

Confider

Clear

NO

Clear

NO \_\_\_\_\_

Clear

NO

Clear

NO

Clear

NO

Attachment List

▼ **Video List**

File Name

1

### Scan and uploading



## 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)

<b>Certificate Number</b> : 5107205706	<b>Cover</b> : Comprehensive
1. Index mark and Registration Number of Vehicle	: FBH7900R
Chassis Number	: ZD4TW000385001960
2. Name of Policyholder	: LIM JING XIANG
3. Effective Date of Insurance	: 23 Jan 2019
4. Expiry Date of Insurance	: 22 Jan 2020
5. Persons or Classes of Persons entitled to drive#	
(a) Named Driver(s) Only.	
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)	: S\$300
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: LIM JING XIANG
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 : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 23 Jan 2019 13:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No: FBH 7900R  
Name (as shown in NRIC) : Lim Joo Kian NRIC/FIN/Passport No : S9332192H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Pandan Garden Bk 215 #03-119 Singapore (600415)  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 8111-2576  
Email Address : tammy'pau @ hotmail .com  
Date of Accident : 2/12/19 Time of Accident : 630pm  
Place of Accident : A/E Toward Tuas before WUS Flyover  
Insurance Company : NTUC Income

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to insert Police Report and declaration of injuries more serious  
than it appeared to be on third of December.  
7/2019/205/2047.

Policyholder / Driver's Signature

Date: 5/12/19.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: