Date In: 13/1/19-10:00			 September 1 (1) September 1 (2) S	.1	Variable 1	
	Jeb description		Date & Time Complete	id E	Done b	,
Ref No: NATING 9021979 124	SAS e-filing		İ	-		
Veh No: SKB&YID	E-mail (within Shr	s, AIC 2hrs)				.1
D.O.A : 14/1/19, 08:10	i-Motor Claim	Form	m/127 2232-00	V DIVI	9 13	27
OD (TD) Days (Oul)	i-Motor W/O (v	Vithin: OD 2hrs,	7'P 4hrs)			
OD (TP) Reporting Only	i-Photo Upload	ed	1			
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by I	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 5mc9	rsve.	, INC()/Non-INC()			
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WC): N: 0-20	%; P: 21-79%. P: 3	0-100%]		
Year of Registration: () V	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00()/\$2,000()				
General Remarks:-				ALLEN S	1,45	132
() Walk-In Customer: Customer's infor	mation strictly Confid	dential & Stri	ctly NO refer of repair	er.		95 50 LV
() Total Loss Case : to e-mail Insure	r URGENTLY.	1				
Drive-In ()/ Towed-In (); Invoice	: YES () / NO	(); To	wing Co: ()
temarks:- (INC horline: 6788 6616)			Date&Time Complete	4 (1884)	Done	by .
SOUTH COMPANY STATES AND CONTRACT AND CONTRA	oustant Cos ()		1	STATE A		
	ourtesy Car ()		*			
	()					
	()			-		
	()				81	
	()					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	()				al a	
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			7/		
Date/Time Actions			aration Checklist	An	i (5)	Amt (3)
Injury: Date/Time Actions Algon369		nyoice Prep	aration Checklist	An Is		F 555-4
Injury: Onte/Time Actions Algon369		nyoice Prep AR: Accident DA: Damage	aration Checklist Reporting (\$30); Assessment (\$100); IN	An	i (5)	F 555-4
Injury: Date/Time Actions Algon 369 numant's Particulars:	1 1 2 3 4	nyoice Prep) AR : Accident) DA : Damage) TF : Towing F) FT : Follow-Ti	aration Checklist. Reporting (330); Assessment (\$100); IN	An 18 C (\$80) \$40/\$45 \$120	i (5)	f 33 - 4 -
Injury: Onte/Time Actions Algon 160 Aimant's Particulars:- iver/Owner:	1 1 2 3 4	nyoice Prep) AR: Accident) DA: Damage) TF: Towing F) FT: Follow-Tl) FT: Follow-Tl	aration Checklist Reporting (330); Assessment (\$100); IN to trough Survey trough Survey (Resurvey)	An fsi C (\$80) \$40/\$45 \$120 \$30	i (5)	F 555-4
Injury: Onte/Time Actions Algon 169 Authors	1 1 2 2 3 4 5	nyoice Prep AR: Accident) DA: Damage) TF: Towing F) FT: Follow-Ti FT: Follow-Ti For claiming as) TR: Re-inspec	earation Checklist Reporting (\$30); Assessment (\$100); IN to prough Survey Brough Survey (Resurvey) Tojust INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	i (5)	f 33 - 4 -
Injury: Onte/Time Actions Algon 169 Authors	1 1 1 2 2 3 4 5	nyeice Prep) AR: Accident) DA: Damage) TF: Towing F) FT: Follow-T For claiming a) TR: Re-inspec) N1: Idae DA	Paration Checklist Reporting (\$30); Assessment (\$100); IN the second Survey Brough Survey (Resurvey) Rejust INC Only (wef 10 Jan tion SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 2005)	i (5)	f - 1 33 - 4 "
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Date/Time Actions Algony69 Actions Algony69 Actions Actions Algony69 Actions Actions Algony69 Actions Actions Algony69 Actions Action	1 1 1 2 2 3 4 5	nvoice Prep) AR: Accident) DA: Damage .) TF: Towing F) FT: Follow-Ti For claiming a:) TR: Re-inspec) N1: Idae DA:) NTUC Addition OD.* *N5: Courtesy	Paration Checklist Reporting (530); Assessment (5100); IN the strongh Survey (Resurvey) rough Survey (Resurvey) roinst INC Only (wef 10 Jan tion - SMRT Survey nal Services:- Car / Tpt Allowance	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	i (5)	f 33 - 4 -
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	1 1 2 3 4 5 6 7 3	nyeice Prep AR: Accident DA: Damage TF: Towing F FT: Follow-T For claiming a NI: Idae DA NTUC Addition NS: Courtesy NG: Repair C NI: Fost Rep *NS: DV / Col	Paration Checklist Reporting (\$30); Assessment (\$100); IN the strongh Survey Irough Survey (Resurvey) Point INC Only (wef 10 Jan tion SMRT Survey In al Services: Cer / Tpt Allowance In-ordination Ir Inspection Rect Excess Coordination (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$5 \$20 30	Bill	f - F SS - F

- . per at 1.39

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

美国建设企业 (1985年) (1985年) (1985年)	ACCIDENT STATEMENT
Date Of Report	13/12/2019 10:22
Date Of Accident	12/12/2019 08:20
Exact Location Of Accident	SUNGEI RD TWDS OPHIR RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB6841J
Insured/Policyholder	
Name Of Registered Owner	SOH CHAN WAH
NRIC No	S1539794B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91790770
Alternative Phone No	OFFICE-91790770
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5109900704
Cover Note Number	
Driver	

S1539794B
04/07/1962
OUTDOOR
26/10/1982
37 YEARS AND 1 MONTH
MALE
(LOCAL) +65-91790770
OFFICE-91790770

EMail Address

NOEMAIL

12 DERBYSHIRE ROAD Address

#04-01

Postcode 309466

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

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

ambulance?

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

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes. Please state which Police Station

Police Station Name

THOMSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2073.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC9252K

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)

Passenger 1

2

NAME: :

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

EZ55X

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 SOH CHAN WAH

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKB6841J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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

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) SKB 6841 J.	
(B) SMC 9252K.	H
(c) E2 S5 X	
2 1 2 1 1 2 21 2 21 2 200	
Sungei Road towards opher before Ila Belar.	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	_
Pla la Cont	\dashv
PIB refer to Police Report	_
No: 7/20191212/2073.	
7	-
	-
	_
	\neg
DECLARATION	
I/We declare the foregoing particulars are true in every respect.	
Wow Mon	
Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:	

Date & Time:

NRIC/FIN No .:

Vehicle No.	SKB 6841] Model/Make Poyota Altzs
Date of Accident	12/12/19.
Time of Accident	0820 HRS
ocation of Accident	Surgei Road towards Opher before I'm Begar jun
Exact purpose use during acc	
Name of Owner	Soh Chan Wah.
Telephone No.	H/P: 9179 0 770 · Home: Office:
NRIC	S 1539794B.
Address	12, Derbyshere Road #04-01 (3) 309466.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTuc.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5109900704
Name of Driver	As Above If No.
NRIC	Any Passengers: 01 (F).
Date of birth	04/07/ 1962.
	Outdoor / Indoor
Occupation Driving License Bass Date	26 /10 / 1982.
Driving License Pass Date Gender	Male / Female
	H/P: Home: Office:
Contact No.	H/P: Home: Office:
Address	No. If you Dog No.
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Sure.
Weather condition	Clear Raining Other
Road Surface	Dry Wet. Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Soh Chan Wah (H/P: 91790770)
Name And Contact No.	No, If Yes, Where? Thomson MPP.
Police Report	ito, in respondence.
Vehicle B No.	
Name of Driver	Contact No. :
Vehicle C No.	EZ 55 X. Any Passengers: N-A.
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers : Any Passengers :
Vehicle G No.	
Witness Name	
Accident Portion	Front and Rear Portion
Camera Recorder	Yes / No
Email Address	Sohchanweh @ hotnacl. com.
PARTICULAR WORKSHOP	Twencar
CONTACT NO.	6842 0051 / 6744 0510
COMPUNE OF SELECTION OF SELECTION OF CASE OF C	
FAX NO	6741 0510
FAX NO	5 Sales @ n51. com. 59





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

1880018 11 11 118 118 118 1	T/2019121	2/2073	1000
	1/2019121	2/20/3	

Report No. T/20191212/2073

1 of 4

Date/Time Report Made: 12/12/2019 13:05		Vide Report No.:	Station Diary No.: 20		
Informa	nt's Partic	ulars		CONTRACTOR DESCRIPTION OF THE PARTY OF	
	Informant: IAN WAH		Address: 12 DERBYSHIRE ROA	D #04-01 SINGAPORE 309466	
	/ ID No.: O / S15397	94B	Contact No.: Home/Office: Mobile: 91790770		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 04/07/1962	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:			

Seneral Inform	nation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 08:20	Type of Location: Straight Road
SUNGEI ROAD			×	
		Road Surface:		Road Speed Limit:
Traffic Flow: Traffic Co One Way Not Contr				Traffic Volume: Heavy
Type of Collis Chain Collisio				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EZ55X	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Grey	Slightly Damaged	0
SKB6841J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	1
SMC9252K	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Brown	Slightly Damaged	1





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

2 of 4 Report No. T/20191212/2073

Details of V	ehicle Insurance	Squiter the sale reports	S. Printer Strategy	ALPENDON DE LA CO
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB6841J	NTUC Income Insurance Co-Operative Limited		27/05/2019	21/06/2020

Details of Perso		A Carolina and			
Any Pedestrian I	nvolved: No		- Maria Maria Maria		
No. of Pedestria	ns Injured: NIL	Use of P	edestrian Crossing: NA		
Driver		以我们的权力 第三	P. C. Carlon		
Name	TONG TAI YEE		ID No		S2222987G
Related Vehicle	EZ55X (Car)		Conta	ct No.	96822938
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	
Driver				of the same	District Control
Name	SOH CHAN WAH		ID No		S1539794B
Related Vehicle	SKB6841J (Car)		Conta	ct No.	917907770
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licence Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/12/2019	Date Dis	charge 12/12/2019		2/2019
No. of Days grant	ed Medical Leave 05	Degree o			
Driver		personal la			CONTRACTOR OF THE PARTY OF THE
Name	FONG CHOON PENG (PENG	JUNPING)	ID No.		S7838668A
Related Vehicle	SMC9252K (Car)		Conta	ct No.	97907609
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	- Secretary	NIL	7,779
	ed Medical Leave NIL	Degree o		NIL	





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3 of 4 Report No. T/20191212/2073

CONTINUATION OF REPORT

Brief Details.

On 12/12/2019 at about 0821hrs, I was driving my vehicle, SKB6841J, along Sungei Road towards Ophir Road when a vehicle, EZ55X, filtered into my lane, slowed down and came to a stop. As such, I followed suited, I slowed down and came to a stop. Suddenly, I felt an impact from the rear portion of my vehicle. The impact caused my vehicle to move forward, hence causing my vehicle to collide onto the vehicle that was ahead of mine. I alighted from my vehicle and noticed that a vehicle, SMC9252K, had collided onto the rear portion of my vehicle. We then took a few photos of the accident, exchanged particulars and went our separate ways. I wish to state that I do have an in-built car camera.

I then felt pain on shoulders and my neck portion as such I went to Mount Alvernia Hospital and was given 5 days of medical certificate.





4 of 4

Report No. T/20191212/2073

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

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: E /	Signature Of Informant:
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Mun
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2019 13:05
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Staff Sqt WONG SIEU LUI Contact No. 65476151 SN 070	
Authentication Stamp	
ATURE	



Certificate of Insurance

Cover : drivo CLASSIC

MR053REE104117512

: SOH CHAN WAH

: 27 May 2019

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: 5109900704

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SKB6841J

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

EXCESS (SECTION 1)

- (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.

552,000

EXCESS (SECTION 2) : 5\$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 NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER SOH CHAN WAH

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: SENG LEE HONG VEHICLE TRADING (00000613455)

Date of Issue

: 27 May 2019 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

dello, NAC_PAYA_UBI_80	0601						· Change	e Languag	e + Chan	ge Password	• Log O
My Desktop	Policy Query									0.050	
Notice of Loss	Policy !	No.				Date of Accident 12/12/2019 08:20				08:20	
	Vehicle	No.(For Motor)	SKB6841)			Certificate Number					
					Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109900704		SOH CHAN WAH	S1539794B	GPC	drivo CLASSIC	SKB6841		27/05/2019	21/06/2020

cident HT/1075535								
cy No.	5109900704	Vehicle No.	SKB68413		GST Registration N	No.		
tificate No.								
cyholder Name	SDH CHAN WAH				Policyholder NR3C		\$15397948	
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Protection	No	NGO Entitlement(%)	10		Private Hire		Not available	
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ort Date	13/12/2019 09:33	Accident Report Within 24 hrs	Yes		Academ Type		Chain Collisi	00
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