

[redacted] 1 Jan 05

29. MAR 19 16 67

Date In:	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022043/4	SAS e-filing		
Veh No: SJJ 7806A	E-mail (w/thin 3hrs, AIC 2hrs)		
DOA: 13/12/2019 11:25	I-Motor Claim Form	1075733-001	14/12/2019 17:30
QID: TP: Reporting Only	I-Motor W/O (W/thin: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		
Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	
TP Particulars:	Veh No: SLZ 1062K	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 reprior.			
( ) 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/Time: ( )			
Driver/Owner: ( )			
Contact No: ( )			
Damaged Portion: ( )			
QC Checked by (Engr-In-Charge): ( )			
Auditor's Comments: ( )			
Tel: ( )			
Fax: ( )			
Invoice dated: ( )			
Invoice dated: ( )			
Fee Charged: ( )			
Fee Charged: ( )			



## 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	14/12/2019 16:42
Date Of Accident	13/12/2019 11:25
Exact Location Of Accident	TECK WHYE LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7806A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K&T CARS
Co Reg No	53208965X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81648893
Alternative Phone No	OFFICE-81648893

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106704022
Cover Note Number	

### Driver

Name of Driver	LOH XIN YI
NRIC No	S9645898C
Date Of Birth	14/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81648893
Fax Number	
Contact Number	OTHERS-81648893
Email Address	NOEMAIL

Address	BLK 26 TECK WHYE LANE #07-188
Postcode	680026
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : JAVIER LIN JIA YAN GENDER: : MALE
Passenger 2	NAME: : JASON FUN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
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
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/7000

#### 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	SLZ1062K
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 LOH XIN YI  
Approximate Age  
Injuries Sustain NECK,BACK AND LEG  
Injured person in which vehicle? SJJ7806A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JAVIER LIN JIA YAN  
Approximate Age  
Injuries Sustain NECK,BACK AND LEG  
Injured person in which vehicle? SJJ7806A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name JASON FUN  
Approximate Age  
Injuries Sustain NECK,BACK AND LEG  
Injured person in which vehicle? SJJ7806A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must be **completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

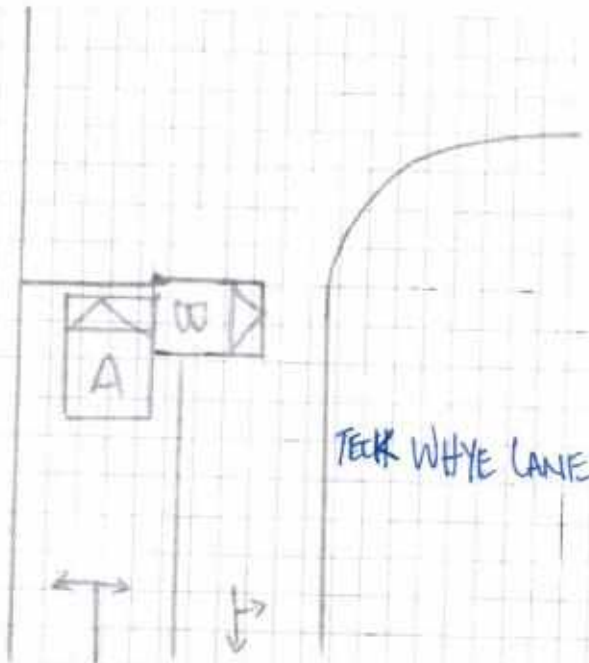
  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN

Veh A: SJJ 7806A

Veh B: SLZ 1062K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police  
Report T/20191214/7000

## DECLARATION

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



Policy holder's signature  
Date & time:

*[Signature]*

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

14/12/2019

*[Signature]*



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	13/12/2019	(DD/MM/YY)
Time of accident	11:28pm	(HH:MM)
Exact location of accident	Teck whye lane	

## DETAILS OF VEHICLE

Vehicle registration number	SJJ 7806A		
Vehicle make and model	Toyota Vios		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	KET CAVS	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address	Blk 53 Ubi Ave 1 #01-24 S(408934)		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	loh xin Yi	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9645898C		
Contact	8164 8893		
Address	Blk 26 Teck Whye Lane #07-18 S(680026)		
Email address			
Date of birth	14/12/1996		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	01/06/2016		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hiver</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	<u>3</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Javier Lin Jia Yan</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>Jason Fun</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SL2 1062K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	LoH Xin Yi
Injuries sustained	Neck, Back & Leg
Which vehicle person in?	Driver
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Javier Lin Jia Yan
Injuries sustained	Neck, Back & Leg
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	Jason Fun
Injuries sustained	Neck Back, & Leg
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





**SINGAPORE  
POLICE FORCE**



T/20191214/7000

1 of 3

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

Report No. T/20191214/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2019 03:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH XIN YI			Address: APT BLK 26 TECK WHYE LANE #07-188 SINGAPORE 680026		
ID Type / ID No.: NRIC NO / S9645898C			Contact No.: Home/Office:		Mobile: 81648893
Nationality: SINGAPORE CITIZEN			Email: xinyi_loh@hotmail.com		
Sex: Female	Age: 23	Date of Birth: 14/12/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 23:30	Type of Location: T-Junction
Location:  TECK WHYE LANE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Rear to side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ7806A	Car				Seriously Damaged	2
SLZ1062K	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191214/7000

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

2 of 3

Report No. T/20191214/7000

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOH XIN YI	ID No.	S9645898C
Related Vehicle	SJJ7806A (Car)	Contact No.	81648893
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	JAVIER LIN JIA YAN	ID No.	T0524131B
Related Vehicle	SJJ7806A (Car)	Contact No.	85908806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	JASON FUN	ID No.	S9642577E
Related Vehicle	SJJ7806A (Car)	Contact No.	82017868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On stated time and date, I was the driver of the vehicle bearing carplate number SJJ7806A. I have 2 passenger on board. I was travelling at Teck Whye Lane.

I was about to turn right at the junction. The vehicle bearing carplate number SLZ1062K was doing a illegal 3 point turn at the junction and reverse into my vehicle.

After the accident, I suffered from injuries and consult a doctor and got a 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20191214/7000

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

3 of 3

Report No. T/20191214/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/12/2019 03:13

Classification Of Case:

## Claim Handling

## Accident HT/1075733

Policy No.	S106704022	Vehicle No.	S117806A	GST Registration No.	
Certificate No.					
Policyholder Name	K&T CARS	Cover Type	Third Party	Policyholder NRIC	S1208657
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81648853	Special Remark		Contact No.(Home)	
Email Address				eCode	No
ETB	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	14/12/2019 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/12/2019	Time of Accident (hh:mm)	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TECK WHYE LANE				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					
<b>Policyholder Mailing Address</b>					
Address 1	S3 UST AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL 1	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	S112288153		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/12/1998
Unnamed driver Name	LOH XIN YI	Driver NRIC	S9645898C	Driving Experience	3
Register Date of Driver License	01/06/2018	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	81648853	Contact No.(Office)		Address 3	SINGAPORE 680026
Address 1	BLK 26 #07-188	Address 2	TECK WHYE LANE	Post Code	680026
Address 4		Address Type	Foreign address		
Unit No.	07-188				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	S117806A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## Notification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	K&T CARS	Insured NRIC	S1208657
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT	S117806A	TP	S121010
Claim Description	S117806A / BLZ1061X ON 13 Dec 2019			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
ROBUST No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	SGA report	Received
Date Registered				Claim Close Date	14/12/2019 17:30
Report taken by				Date Received	14/12/2019
					ROSLI WAHAB

Print KK letter

Save Submit

## Attachment

Accident No.	HT/1075733	Claim No.	001		
Unit Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	14/12/2019 17:30		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_UBI_000601( NATIONAL ASSESSMENT CENTRE SERVICES) a		Photos	Normal	Photos 2019-12-14	
	14 Dec 2019 17:30				





NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) # 14 Dec 2019 17:30	Photos	Normal	Photos 2019-12-14
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) # 14 Dec 2019 17:30	Photos	Normal	Photos 2019-12-14
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) # 14 Dec 2019 17:30	Photos	Normal	Photos 2019-12-14
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## 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:** 5106704022

**Cover :** Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJJ7806A          |
| Chassis Number  | : MR053HY9305078549 |
| 2. Name of Policyholder   | : K&T CARS          |
| 3. Effective Date of Insurance  | : 01 Jan 2019       |
| 4. Expiry Date of Insurance   | : 31 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CHRISTIN SOONG (00000525488)  
Date of Issue : 03 Jan 2019 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive