

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MNA119165656

Date In: 16/12/19 18:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9022135/11	SAS e-Miling		
Veh No: SLM 9930X	E-mail (Sjula Star, AIC 2hrs)		
DOA: 12/9/19 10:50	I-Motor Claim Form	M/10/4622-004	16/12/2019
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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 Reminders:

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

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Location	Done by

NA1909553

Client's Identification:	Invoice Item	Amount	INC (G10)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TP: Towing Fee	\$100	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NIUC Additional Services:		
	OP:		
	*NS: Courtesy Car / Tpt Allowance	\$5	
	*NS: Repair Coordination	\$10	
	*NS: Post Repair Inspection	\$25	
	*NS: DV / Collect License Coordination	\$5	
	TP (NIUC) TP (Non INC) against INC	\$20	
	9) NI: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	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	16/12/2019 18:58
Date Of Accident	12/09/2019 10:50
Exact Location Of Accident	PIE TOWARDS TUAS AT THE EXIT OF THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9930X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HOOI CHEW
NRIC No	S6968222G
Email Address	HOOI.CHEW.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85899338
Alternative Phone No	OFFICE-85899338

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MR053REH604598295
Cover Note Number	

### Driver

Name of Driver	TAN HOOI CHEW
NRIC No	S6968222G
Date Of Birth	01/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85899338
Fax Number	
Contact Number	OFFICE-85899338
Email Address	HOOI.CHEW.TAN@GMAIL.COM

Address	BLK 651 PASIR RIS DRIVE 10 #09-64
Postcode	510651
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190925/2065

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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:

16/12/2019  
5.00 pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/12/2019  
5.00 pm



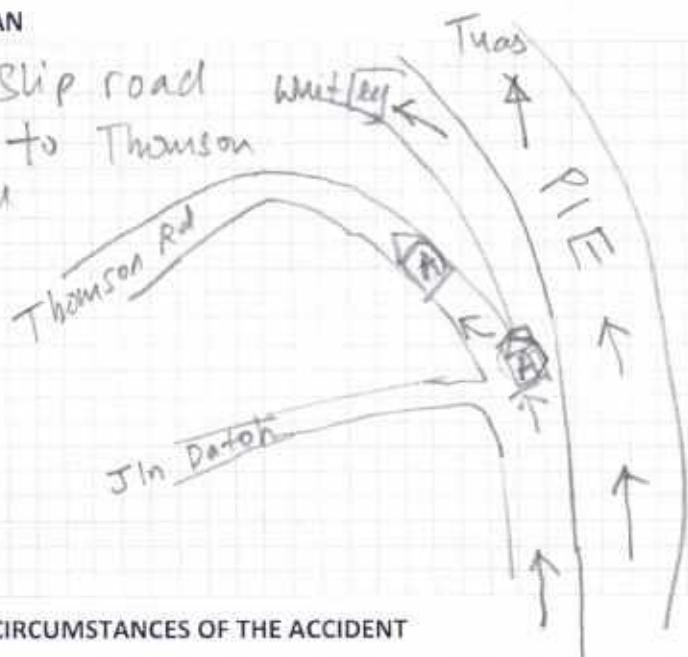
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN

At Slip road  
exit to Thomson  
Road



Exit 17 PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date &amp; Time:

Time: 16:12 | 2019  
S. O. P.



Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

me: 16/12/2019  
5:00 pm

~~Topkis~~

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 12/08/2019 (DD/MM/YYYY), TIME: 10:50 (HH:MM)

LOCATION: PIE, toward Ties at the exit of Thomson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 9930X  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 511048102  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA ALTIS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
 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: TAN HOOI CHEW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6968222G CONTACT: 85899338  
 c) ADDRESS: BLK 651 #09-64 PASIR RIS DRIVE 10  
S10651 SINGAPORE

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

## DRIVER

- a) NAME: TAN HOOI CHEW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6968222G CONTACT: 85899338  
 c) ADDRESS: BLK 651 #09-64 PASIR RIS DRIVE 10  
S10651 SINGAPORE

\* d) DATE OF BIRTH: 01/10/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09 NOV 2013

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 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: PASIR RIS

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(5)

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

email: hooi.chew.tan@gmail.com  
 VIDEO



# SINGAPORE POLICE FORCE



T/20190925/2065

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190925/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2019 12:45	Video Report No.:	Station Disposal No.: 51
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**Informant's Particulars**

Name of Informant: TAN HOOI CHEW			Address: APT BLK 651 PASIR RIS DRIVE 10 #09-64 SINGAPORE 510651		
ID Type / ID No.: NRIC NO / S6969222G			Contact No.: Home/Office: Mobile: 85899333		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 01/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/09/2019 10:50	Type of Location: Benc
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Tuas at the exit of Thomson Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: None listed				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM9930X	Car	TOYOTA	COROLLA ALTIS 1.6 ELEGANCE (AUTO)	Silver	No Damage	4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM9930X	NTUC Income Insurance Co-Operative Limited	5111048102	19/07/2019	18/07/2020



**SINGAPORE  
POLICE FORCE**



T/20190925/2065

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190925/2065

**CONTINUATION OF REPORT**

**Brief Details.**

On the stated date, and place, I fetched 4 passengers from Bedok North to Mt Elizabeth Novena Hospital. Upon exiting PIE, I missed the Thomson Exit by a mere 1 to 2 meters and stopped at the chevron lines. I then reversed my car a little to clear the curb and make a left turn into Thomson Road. While driving off, the said passenger started to express his unhappiness at me as he claims that my action was dangerous. I try to explained to him that I have practice due care before making the turn earlier. He was unsatisfied with my answer and continue to scold and hurled vulgarities at me. I told him that I could not continue to send him to his destination if he continues to verbally abuse me. While we were at the traffic light just before the Shell petrol station, the passenger suddenly opened the car's door while we were waiting for the traffic to clear in the middle on Thomson Road. I then offered him to continue to send him to his destination as the hospital is very near. Upon reaching the hospital, he continues with his vulgarities. No payment was made by the said passenger. There was no accident that took place. Nobody was physically injured, no damage to any property.



**SINGAPORE  
POLICE FORCE**



T/20190925/2065

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190925/2065

**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:

G /

SI KAMARUZZAMAN BIN MAHMOOD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

25/09/2019 12:45

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/1074622

Policy No.	5111048102	Vehicle No.	SLM9930X	GST Registr
Certificate No.				
Policyholder Name	TAN HODI CHEW			Policyholder T
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KPK	= No Yes	TCA	= No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	05/12/2019 13:41	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	12/09/2019	Time of Accident hh:mm	10:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	AT PAN ISLAND EXPRESSWAY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2000.00	TP Standard Excess	1500.00	
YIED OD Excess		YIED TP Excess		Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1500.00	

## ▼ 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 651 #09-64	Address 2	PASIR RIS DRIVE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-64	Related Policy Number	5111048102	

## ▼ O1 Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	Driver DOB
Contact No.(Mobile)		Contact No.(Office)	Driving Exper
Address 1		Address 2	Contact No.(I
Address 4		Address Type	Address 3
Unit No.		Foreign address	Post Code
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	Driver Insure

Modification History

Claim 004 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	85899338	Contact No.(Home)	
Email Address		Vehicle Number	
Claim Description	SLM9930X / NO COLLISION ON 12 Sept 2019		
Preferred Workshop	UNKNOWN	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	16/12/2019 19:27	Claim Close Date	
Report Taken By	TAUFIKH	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1074622 Claim No. 004  
 Last Doc. Received ☒ Yes ☐ No Upload Date 16/12/2019 00:00

Path \*














Category \*

Confid

Choose File No file chosen  
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 Message Read

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## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 19:26	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 19:26	SAS		Normal	:
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 19:26	Photos		Normal	PI
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 19:26	Photos		Normal	PI

## Video List

Uploaded By/Date Folder Date File Name ?

Display in New Window

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)

**Certificate Number:** 5111048102

**Cover :** drive PREMIUM

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLM9930X          |
| Chassis Number  | : MR053REH604598295 |
| 2. Name of Policyholder   | : TAN HOOI CHEW     |
| 3. Effective Date of Insurance  | : 19 Jul 2019       |
| 4. Expiry Date of Insurance   | : 18 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 or Hirer's business.  |                     |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN HOOI CHEW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : JG MOTOR AGENCY (00000613374)  
Date of Issue : 16 Jul 2019 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Our Ref: MT/CA/TP/059/1074622-003/MG/VU

06 Dec 2019

TAN HOOI CHEW  
BLK 651 #09-64  
PASIR RIS DRIVE 10  
SINGAPORE 510651

Dear Policyholder

**CLAIM NUMBER: MT/1074622-003**

**ACCIDENT INVOLVING SLM9930X / LIM LUCY on 12 Sept 2019**

We would like to inform you that a claim for S\$10,326.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



**SINGAPORE  
POLICE FORCE**

Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 19 Sep 2019

Your Ref :  
Our Ref : TP/IP/58935/2019

TAN HOOI CHEW  
APT BLK 651 PASIR RIS DRIVE 10  
#09-64  
SINGAPORE 510651

000076



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SI M9930X ALONG PAN ISLAND EXPRESSWAY ON 12  
SEP 2019 @ 10.50 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer YEO GEAK ENG CECILIA at his / her office number: 65476404 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.