The state of the s	Services. por 1 sarosi.	MITTY PO GILLICA	
Date In: 000 012000 121	Jeb description	Date &Time Completed .	Done by
REI NO X/RA/TMC20000 32/4	SAS c-filing		
Veh No. Chall 1587 K	E-mail (Links thes, Ale thes)	i i	1 1.
001 02012000 0140	I-Motor Claim Form	1,M11018918-00	2.06/01/20
Costant Comment of the Comment of th	I-Motor W/O (Within: OD The	r. TP (hrs)	18:45
OD (TP)! Reporting Only	I-Photo Uploaded	1	
	Assessment/Survey Report		·
TP Insurer:	Ass't Report by Pax / Hand	o Owner/Witsp	
Proturned Wksp / INC Assign Wksp / QW: (Asset of Englishing	Tol: Fax	it .
TP Particulars: Veh Nor	D 463/P INC()/Non-INC().	TO COMP DESIGNATION
Owner/Driver: (2 (201)	Tel:)
Policy No: () Peri	od: (Cover Type: ().
Confirmed by ; (· Dater,	Times)
	lote-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100)%]
	/arranty: YES ()/NO (<u> </u>	
Excess: (\$) Londing: \$1,00	0()/\$2,000()	STREET, TO THE TOTAL TOTAL	Hertonian in
General Kelmers 28, Chief Park 1914	公共2012年10月1日 10月1日	进行数划规划为2010年3276	eet fire s
() Walle-In Customar : Customor's Infor		rictly NO refer of repairer.	
() Total Lass Case : to e-mail Insurer		'owing Co: (, ,
Drive-In ()/ Toved-In (); Invoice:	YES()/NO():T	OWSER CO.	STATE OF THE PARTY
communication and a communication of the communicat		a mice should county study	Partition p
The state of the s	ourtesy Car ()		
2) QC Check / Post Repair Inspection	(,)		7 .
3) Upload Resurvey Photo [Repair Cost> \$30	000] ()		
Infurý:			

			SOUTH THE SECOND
			September 1
			Second Control
			Sond Arms
			Paggigna.
			Sendratur.
NA2000139			Senderius Sender
	DAILI Acalden DAIL Danny		Sendraturi Sendraturi Sendraturi
NA2000139	3) Tri Towing	Reporting (530); INC (180). Attention (5100); INC (180). Sept. (180) (180) (180) (180).	Sendratur
NA2000139	3) TY: Towing I 4) PT: Follow-T 3) PT: Follow-T For plaining I	Assessment (\$100); INC (180) Assessment (\$100); INC (180) Incough Burvey (Resurvey) 31 Leinst INC Only (Wall 10 Jin 200)	Sendon Manuel Se
NA2000139 iver/Owner: ontact No:	3) TY: Towing 1 4) PT: Follow-T 3) PT: Follow-T	Assessment (\$100); INC (180) Assessment (\$100); INC (180) Incough Burvey (Resurvey) 11 Incough Burvey (Resurvey) 2 Interest INC Only (Waf 10 Jin 200) sellon 37	Solidarium.
NA2000139 iver/Owner: ontact No:	3) TY: Towing I 4) PT: Follow-T 3) PT: Follow-T For plaining I	Assessment (\$100); INC (100) Assessment (\$100); INC (100) Incomple Burvey (Resurvey)	Solidarium.
NA2000139 in infinite what guidant in a contract No: in raiged Partion:	3) TY: Towing 1 4) YT: Yollow-T 3) YT: Yollow-T 20) TR: Re-laps 7) NI: Idao DA 4) NTUC Additi	Assessment (\$100); INC (180) Assessment (\$100); INC (180) Assessment (\$100); INC (180) Incough Burvey (Resurvey) \$1 Incough	Solidaria Maria California de la companya de la com
Section 19 19 19 19 19 19 19 19 19 19 19 19 19	3) TY: Towing 1 4) YT: Yollow-T 3) YT: Yollow-T 20) TR: Re-large 7) NI: Idao DA 4) NTUC Additi Olly NS: Courtery	Assessment (\$100); INC (180) Assessment (\$100); INC (180) Assessment (\$100); INC (180) Incough Burvey (Resurvey) \$1 Incough Burvey \$1 Incough	Solida Santa
NA2000139 in in musuum punitus river/Owner: ontact No: arnäiged Portion:	3) DA Danwy 3) TV: Towing 4) VT: Follow-T 3) FT: Follow-T For plaintings 6) TR: Re-large 7) NI: I idea DA 4) NTUC Additi Old: NS: Courter *NS: Courter *NS: Uspeir C *NS: Vost Rep	Assessment (\$100); INC (110) Assessment (\$100); INC (110) Inc (1	50 10 10 10 10 10 10 10 10 10 10 10 10 10
NA2000139 in in musuum punitus river/Owner: ontact No: arnäiged Portion:	3) DA Danwy 3) TV: Towing 4) VT: Follow-T 3) FT: Follow-T For plaintings 6) TR: Re-large 7) NI: I idea DA 4) NTUC Additi Old: NS: Courter *NS: Courter *NS: Uspeir C *NS: Vost Rep	Assessment (\$100); INC (180) Assessment (\$100); INC (180) Assessment (\$100); INC (180) Incough Burvey (Resurvey) Italiast INC Only (Waf 10 Jin 200) colon SMRT Survey Car / Tpl Allowands Car / Tpl Allowands Observations Incough Burvey Side of the survey Assessment (Waf 10 Jin 200) Incough Burvey Side of the survey Car / Tpl Allowands Side of the survey Car / Tpl Allowands Side of the survey Side of the survey Car / Tpl Allowands Side of the survey Side of the su	50 10 10 10 10 10 10 10 10 10 10 10 10 10

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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 todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.

HERE ENGLISHED STORY	ACCIDENT STATEMENT
Date Of Report	06/01/2020 18:21
Date Of Accident	03/01/2020 07:40
Exact Location Of Accident	ALONG VANDA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ1537K
Insured/Policyholder	
Name Of Registered Owner	CHAN SIANG JU PHILIP (ZENG XIANGYU)
NRIC No	SXXXX762B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83235007
Alternative Phone No	OTHERS-83235007
Vehicle Particulars	
Manufacturer	SYM
Model	GTS 200-172CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113523895
Cover Note Number	
Driver	
Name of Driver	CHAN SIANG JU PHILIP (ZENG XIANGYU)
NRIC No	SXXXX762B
Date Of Birth	28/03/1985
Occupation	INDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83235007
Fax Number	
Contact Number	OTHERS-83235007
200 L 200 E	

NOEMAIL

Address

BLK 418 FAJAR ROAD

#08-439

Postcode

670418

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

1020

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

2

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

41.51

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

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/20200104/7002

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

SLD4631P

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NUR'AMIRAH BINTE ALI

NRIC/Passport Number

SXXXX269B

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

CHAN SIANG JU PHILIP (ZENG XIANGYU)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ1537K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Mease report currectly the details of the accident to spead up the ciaims process.
- This Form must be completed by the Policybolder 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 compenies is not an admission of policy liability on the part of the insurance companies.
- Any faise 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 exchiving and that copies of this report will for a fee be made available upon application by Interested parties.
- 7. By the ledgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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' lewyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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;
 - (謝) 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.
- 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:

CONTRACTOR AND APPEAR AND

Driver's Signature

(if driver is not the policyholder)

Date & Time:

1 : Dunearn R SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Date & Time: (if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

****** * *** * ***





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200104/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 04/01/2	me Report I 020 03:22	Made:	Vide Report No.:	Station Diary No.:			
Informa	intis Partic	ulars					
Name of Informant: CHAN SIANG JU PHILIP			Address: 418 FAJAR ROAD #08-439 S	SINGAPORE 670418			
ID Type NRIC N	/ ID No.: O / S85087	62B	Contact No.: Home/Office: Mobile: 83235007				
Nationality: SINGAPORE CITIZEN		EN	Email: slangjoo85@gmail.com				
Sex: Male	Age: 34	Date of Birth: 28/03/1985	Type of Informant:				
Race: Chinese			Language: Institution / School Name				
Occupat Crane/H	ion: oist operato	or (general)	Driving Licence Information: Class: 2B	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location: Straight Road
Location: VANDA ROAI Weather: Clear)	Road Surface:	03/01/2020 07:40	0 11:
Oldai				oad Speed Limit:
Traffic Flow: Two Way Type of Collisi		Traffic Control: Not Controlled		oad Speed Limit:) Km/h affic Volume:

Vehicle No.	Пуре	Mate	Model	C POST TRANSPORT	60 M B - 000 G P 1	Man State Control
FBJ1537K	Motornula	S MAIGNO MANAGEMENT	THE RESERVE THE PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	Color	Condition	No of Passenge
	Motorcycle	SYM	GTS200	White	Slightly Damaged	0
SLD4631P	Car	HONDA	SHUTTLE	Grey	Slightly	

Zanan Na	ehicle insurance	A TELEVISION OF THE PERSON OF	为在企业工程的	建设是
A PRIORIES	misurance Company, many	Insulation No.	Effective	Expiry Date
1 00 100/K	NTUC Income Insurance Co-Operative	51135238955	21/10/2019	20/10/2020



Police Station Of Origin:

2 of 3

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

Report No. T/20200104/7002

CONTINUATION OF REPORT

No. of Pedestrians Injured: NIL Use of			Use of P	edestria	sino: NA		
	All the Manager of the Court	ELICE LA	BOW BURNONS	THE RESERVE OF THE PERSON NAMED IN		onig, NA	
Name	CHAN SIANG JU PHILIP			ID No).	S8508762B	
Related Vehicle	FBJ1537K (Motorcycle)			Contact No. 83235007		83235007	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL	
Date Treatment	04/01/2020		Date Dis		04/01	/2020	
No. of Days gran	ted Medical Leave	03	Degree o		Slight		

Brief Details.

I was travelling along Vanda road towards Dunearn road. There was an Esso petrol station on my left. Traffic was heavy and there were cars queueing up to exit by turning left to Dunearn road.

There was no yellow box at the exit of the petrol station. I was riding beside the cars on their right side when suddenly the driver, Nur 'Amirah Binte Ali, NRIC S8724269B of vehicle Honda Shuttle, SLD4631P suddenly exited the petrol station at a speed of 20+km/h. I saw it approaching so I immediately e-braked, yet the car still hit the front left side of my motorcycle. The impact caused my motorcycle to fall together with me and landed on the right side of the road.

I suffered abrasions and bruises on my neck, right arm and hand, right foot and both knees. My left shoulder muscle was strained due to applying e-brake and suffering the impact of the collision. The right side of my body is aching as I am typing this report.

Afterwards, I exchanged particulars with the other party. Then I left the accident scene.





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

3 of 3 Report No. T/20200104/7002

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time:
HILL CO. PROS.	04/01/2020 03:22
Officer In Charge Of Case:	
TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
authentication Stamp	

Claim Handling

Accident MT/1078416									
Pilkly No.	01120239W	Trafficia No.	FR01/3376		2007	glittration No.			
Carmhuste feb.	Charles A. Philipper Co. Co.				341.69	groundstate tee: -			
Poscyhuldur Name	CHAN SIANG JU PHILLP				Palicyte	oder NRSC	200	9	
Product Code	HOTOREVELE INSURANCE	Citypy Types	Sinig Party, File	& Theft	Links		SASTRINE	#	
Certain No. (Mossie)	MD.	Corriant No.(Office)				No.(Hame)	e		
Ervill Admess		Special Remark			glade	- mary-re-iner	Facility 1		
NPK	+ No. Ves	TCA	11.700 Yes:		elione 3		Sec. *		
NCD Protection	Ne	NCD Entitlement(%)	10		Brivata :		The state of the s		
* Accident Details					errorate.	100	790		
orport Data	EP/01/5950 F8:5#	Avoiders Report Willia 24 fms	Yes		British and	Total Control			
ate of Accident.	03/01/2020	Time of Accident his main	02-30		Attiden		SIAN SHIP	100	
epurbing Carrier		Change Purva			IQM No.	of Acopyric	Чировия		
totlent Location	MANGE RD				1075.500				
Total Excess Applicat	in .								
cost Freet	Per Assessed	Whitepast Excess							
D Stanised Excess.	0.00	Til the stant fiscuse		6.50					
IFO: OTI EHOME		VIIID OF Excess			Orland to	Saverad?	1960 8 1960 1960 1960		
MUSTAL Excess						September 2	Not Agatas	6100	
mal OD Evicens Appationship	0,00	Fatur TP Excess Applicable		0.68					
· Bonefite				7.77					
GST Registered Inter-	nation .								
f Registered	90		GST flam	STATUS STATE					
T Représeur No.				us Vented					
Offication History			MARK			Two.			
Pubesholder Mailing A									
drees 5	BUK 418 HDB-438	Address 2	FAIRE ROAD		Address	9	geometrico	at the same	
arwae 4		Address Type	Engagory address		Post Code		STAGAYORE	4-59-01B	
në No.	08-438	Believed Policy Nurreser	5113922095				676418		
# 01 Delver Infu			000000000000000000000000000000000000000						
iver Name		Driver Type							
merted driver Name		Shows NACC			Driver bo	oit.			
grater (halo of Shiver License	92	Driver diple			Briving 2				
Print No.(Notice)		Contact No.(Office)				in (Hump)			
Adress 1		Address I			Address I				
Offers 6		Address Fyor	Person address		Past Clubs				
ti to:					100000000				
ms he own a Singapore givened car?	Yes - No.	Driver Vehicle No.			***************************************	arer Company			
Claim DO2 Mam									
Claim DO2 Now				ОС-МХ	r Insured	EHAN STANS SUPHILL	1 1950		
Claim DO2 Now				OU-MX PSZZENCY	Clertace	EHAN STAND 30 PHILIS	Ciril No.	ad.	
Claim 802 Note:				#3235067	Clertact No. (Home)		Ciri	ad.	
Claim 202 Name son Type = Heart Ny (Mutale) med Address				75 W	Clertact No. (Home)	EHAN STANG 32 PHILI FELISSZE	No. 006	od SiDasip	
Claim 002 None em front = Heart Ny (Mutale)				#3235067 Schield @noonad.com	Clertact Ns. (Hems) Of Varicle Number		Corri	ole Signation	
Claim 802 Mare Both From # Head Ny (Mubble) Held Address HH Occumptors		-45		#3235067	Clertact Ns. (Hems) Of Varicle Number		Corri	ole Signation	
Claim 802 home on Type or on Type or on Type or one Address or of Oceanstran		• 6 4		POLITHEY JOSEPH PROTESTAL SERVICE PROTESTAL / SCHOOL POR	Clertact Ns. (Hems) Of Varicle Number		Corri	ord ore Siduration or or o	
chain 202 Store on Type o Head Ny (Matrie) half Address HH Description from 1 Head No. (Top	Finding Liability For at Final Finding of Profession, Name October	orlanger + GIA Receives	1.7	POLITHEY JOSEPH PROTESTAL SERVICE PROTESTAL / SCHOOL POR	Clertsch fils. (Hirms) Of Variote Nurcher 2 Jan 2022		Corri	ord ore Siduration or or o	
count 502 Mass on Type = Heart Ny (Mutable) and Address HHI Description formed fraction finder no. You	Preferred Workshop, Name		j. r	POLITHEY JOSEPH PROTESTAL SERVICE PROTESTAL / SCHOOL POR	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	00.00
count 502 Mass on Type = Heart Ny (Mutable) and Address HHI Description formed fraction finder no. You	Preferred Workshop, Name		(. T	PRINTED A CONTROL OF THE STATE	Cleaned Na. (Herms) Of Verticle November 2 Jan 1032		Corti	Det SLIVESIP CONTROL OF SAN OF	00.00
comm 802 Mare son From a mac Ny (Matrie) mad Address and Occumpton and Tellan by mat Tellan by	Preferred Workshop, Name		j. 	PRINTER / GLOHILIPON SOVEMENT / GLOHILIPON	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	99.09
Claim 202 Name son Type = Heart Ny (Mutale) med Address	Preferred Workshop, Name		1.0	PRINTER / GLOHILIPON SOVEMENT / GLOHILIPON	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	90.09
chain 802 have	Preferred Workshop, Name		Tave Baseon	PRINTER / GLOHILIPON SOVEMENT / GLOHILIPON	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	00:09
chain 202 Store on Type o react Ny (Nutrie) half Address one Occupying framed state no. Top and Takan Ny	Preferred Workshop, Name			PRINTER / GLOHILIPON SOVEMENT / GLOHILIPON	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	99.09
em figur = Heart Ny (Mutale) H	Preferred Workshop, Name			PRINTER / GLOHILIPON SOVEMENT / GLOHILIPON	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Turn Serie Fred Word	Det SLIVESIP CONTROL OF SAN OF	00.09
com Type * man Ty	Preferred Workshop, Name	uniangem • Trapper Acceives	Bets Balant	PSZITOCY SOUBS PROGRACIUM PRITEITA / GLIMILI P CM SOUDJOUGO [RI43 BORL] MANGE	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Vari Vari Fren Vent	Det SLIVESIP CONTROL OF CONTROL O	00.09
com Type * man Ty	Prafarred Workshop, Name	unangem • Telephi Acceives	Bers Based	PRINTED PROPOSAL COMMENT ON PRINTED PORT IN A PROPOSAL COMMENT OF THE PROPOSAL	Clatted No. (Herms) Of Variote Number 1 See 2022		Cori No. Oue 10 Vent Vari Vari Fren Vent	Det SLIVESIP CONTROL OF CONTROL O	90.09
com Type * man Ty	Preferred Workshop, Name Cobies Preferred Workshop, Name Preferred Workshop, Name Preferred Workshop, Name	uniangem • Trapper Acceives	Bers Based	PRINTED PROPOSAL COMMENT ON PRINTED POR SEVERAL COMMENT OF THE PORT OF THE PO	Castled Ma. (Hems) Of Vehicle Noveber 13 Jan 2031	Feliszow:	Cori No. Oue 10 Vent Vari Vari Fren Vent	Det SLIVESIP CONTROL OF CONTROL O	00:09
com Figure * Heart Ny (Mutable) Heart Ny (Mutable) Hell Address Hell Description Herrical Hell States Tops Hell States Fitte AK letter Hell States Hel	Prafarred Workshop, Name Cooler HT/SCTM418 # Yes No.	unangem • Telephi Acceives	Bare Balant	#3215607 \$000\$5\$0000080.com \$000\$2000 [8142 \$000\$1 WARKS \$12 \$12 \$12 \$13 \$14 \$2 \$2 \$2 \$2 \$3 \$3 \$3 \$4 \$4 \$4 \$4 \$4 \$4 \$4	Castled No. (Norma) Of Verbola Novelate Novelate Novelate Date John Date Castle Date Castle Date Castle Date Castle Date Date Date Date Date Date Date Dat	Fishing with the second	Cort No. Oute Oute Oute Oute Oute Oute Oute Oute	Det SLIVESIP CONTROL OF CONTROL O	
com Type = mart Ny (Mutile) mil Address HI Description formal thetrion	Prafarred Workshop, Name Cooler HT/SCIES19 # Yes No. Hath	unangem • Telephi Acceives	Bank Balant	PRINTED AND THE PRINTED AND TH	Castieft Na. (Hims) Of Verlage Novelage Novelage Novelage Novelage Date Julian	FELISZZW:	Cort No. Oute Oute Oute Oute Oute Oute Oute Oute	and	
my Type = mark Ny (Mutable) ma	Prafarred Workshop, Name Cooker HT/SGT8419 # Yes No. Hath	unangem • Telephi Acceives	Bare Balant Galeria Ga	PRINCES OF THE PRINCE	Castled No. (Norma) Of Verbola Novelate Novelate Novelate Date John Date Castle Date Castle Date Castle Date Castle Date Date Date Date Date Date Date Dat	Fishing with the second	Cort No. Out Virial Vir	and	
em Fore = mark Ny (Mutale) mark Ny (Mutale) mark Address mil Address mil Occarption fronted fro	HT/SCIEGE * Yes No. Hath. *	unangem • Telephi Acceives	David Balants Coop Coop	POLICION PROPERTY POR PROPERTY POR PROPERTY POR PROPERTY POR PROPERTY PROPE	Castled No. (Norma) Of Verlicia Novelaci Novelac	Fishing Wigerity # Normal	Cort No. Out 19 19 19 19 19 19 19 19 19 19 19 19 19	and	
em Fore = Heart No (Mutale) Address Heart No (Mutale) Address Heart No (Mutale) Address Heart No (Mutale) Heart No (Mut	Prafarred Workshop, Name Prafarred Workshop, Name Prafarred Workshop, Name Prafarred Workshop, Name	unangem • Telephi Acceives	Sava Balvet Chor Chor Chor	PRINCES OF THE PRINCE	Castief No. (Hims) Of Vertical No. (Hims) Of Vertical No. (Hims) Of Vertical No. (Hims) Of the Castief No. (Hims) Of the C	Gential urganiy Victorial	Cort No. Oute Virial Vi	and	
em Fore = Heart Ny (Mutale) Heart Ny (Mutale) Heart Ny (Mutale) Heart Ny (Mutale) Heart Ny Heart Ny Fore AK letter Heart Ny Fore AK letter Heart Ny Fore AK letter House File No file chosen	Professed Workshoo, Name	unangem • Telephi Acceives	Const.	POLICION PROPERTY POR PROPERTY POR PROPERTY POR PROPERTY POR PROPERTY PROPE	Castief No. (Hima) Of Vertical Novelate State St	Gential urgerity v Normal v Somal v Somal	Cort No. Outs To Proper To	and	
em Frenz * Hart Ny (Muble) Hart Ny (Mu	Professed Workshoo, Name	unangem • Telephi Acceives	Case Chee	POZITOCY SOURCEMENT SOURCEMENT FROM THE TOP CONTROL OF THE TOP CONTROL	Castief Ma. (Hisma) Of Verlick Nurshall 1 Jan 3010 Claim Cla	Gential Urgerry V Normal V Normal Normal Normal	Cortinue Control Contr	and	
m From = Seet Ny (Mutale) sel Address sel Constitution served ser	Professed Workshoo, Name	unangem • Telephi Acceives	Case Chee	F3231667 SoleSignoonacuum Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink Fire Sides Free Sides Free Sides Free Sides Free Sides	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential urganiy V Normal V Normal V Normal V Normal	Cortinue Control Contr	Description	,
my Jean - mark Ny (Musike) set Address set Address set Constitution formed program set Set No. Tos staction by Fire AK letter thackment Doc. Security Too Set No. Doc. Security Too Set No. Too Set No.	Pratarred Workshop, Name Profess Prof	unangem • Telephi Acceives	Case Chee	F3231667 SoleSignoonacuum Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink Fire Sides Free Sides Free Sides Free Sides Free Sides	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential Urgerry V Normal V Normal Normal Normal	Cortinue Control Contr	Description	,
min Type = mant Ny (Mutale) all Address all Constraints from the Constraints from the Constraints and Taken Ny First AK Instance Seen No. Doc. Security No. See Chosen Conse File No. See Chosen Conse	Professed Workshoo, Name	unangem • Telephi Acceives	Case Cher	F3231667 SoleSignoonacuum Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink/ Sid46314 ON Feithink Fire Sides Free Sides Free Sides Free Sides Free Sides	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential urganiy v Normal v Normal v Normal v Normal v Normal	Cortinue Control Contr	Description Description	Manage Upt
min Type = mant Ny (Mutale) all Address all Constraints from the Constraints from the Constraints and Taken Ny First AK Instance Seen No. Doc. Security No. See Chosen Conse File No. See Chosen Conse	Preferred Workshop, Name Preferred Workshop	unianoum • Figure Receives Chart No. Optioned Detail	Case Cher	F3211607 Sont PS (F000 PS (F00	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential Urgerry V Normal V Normal Normal Normal	Cortinue Control Contr	Description	Manage Upt
em Fore = mant Ny (Mubbe) mil Address mil Address mil Construction from the Construction from the Construction from AK better thank the chosen thouse File No file chosen	Pratarred Workshop, Name Profess Prof	unlandum • GIA Received Clart No. Unland Delar Category	Case Cher	F3211607 Sont PS (F000 PS (F00	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential urganiy v Normal v Normal v Normal v Normal v Normal	Cortinue Control Contr	Description Description	Activ
em Fore = mant Ny (Mubbe) mil Address mil Address mil Construction from the Construction from the Construction from AK better thank the chosen thouse File No file chosen	Preferred Workshop, Name Profess Prof	unianoum • GIA Received Clart No. Splant Dela: Category SERVICE Protos	Case Cher	PRINTED A GLORIDA COMMENTAL COMMENTA	Castiell No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various No. (Hima) Of Various Inc. (Hima) Of Va	Gential Urgercy Violence	Cortinue Control Contr	Description Description	Activ
em Fore = mant Ny (Mubbe) mil Address mil Address mil Construction from the Construction from the Construction from AK better thank the chosen thouse File No file chosen	Preferred Workshop, Name Obtain HT/SGTM418 # Yes = No. Hath - Lapsaines By/Tiere ETT -MERAH, ROGENG, NATIONAL ASSESSMENT CENTRE S -RIAGT MERAN/LOTTONAL ASSESSMENT CENTRE S -RIAGT MERAN/LOTTONA	unianoum • GIA Received Clart No. Splant Dela: Category SERVICE Protos	Case Cher Cher	PRINTED A GLORIDA COMMENTAL COMMENTA	Castief No. (Hiema) Of Verlicia Novelet State Novelet State	Description Description Description Description Description Description	Cortinue Control Contr	Description Description	Action Matter
em Fore = mant Ny (Mubbe) mil Address mil Address mil Construction from the Construction from the Construction from AK better thank the chosen thouse File No file chosen	Professed Workshoop, Name Professed Workshoop, Name HT/SQUESSES # Yes No. Hath Uptualise Harilane EIT_MERAH_BOGGNG NATIONAL ASSESSMENT CENTRE 9 (RUKIT MERAH) On this less 2020 18, 44 GT_MERAH_BOGGNG NATIONAL ASSESSMENT CENTRE 5 (RAMET METANY) ON DS 341 2020 18, 44	There is a control of the control of	Case Cher Cher	PRINTER / GLINGIF DN ROGEL BRANCE Printer Select Pr	Castief No. (Hiema) Of Verlicia Novelet State Novelet State	Gential Urgercy Violence	Cortinue Control Contr	Description Description	theretake Unit
em Fore = mant Ny (Mubbe) mil Address mil Address mil Construction from the Construction from the Construction from AK better thank the chosen thouse File No file chosen	Preferred Workshop, Name Option HT/EGINALS # Yes = No. Hath = Lumanes Hy/Three HT _MERAH_ROSPA; NATIONAL ASSESSMENT CENTRE BANKET MERAH/SONDAL METONAL ASSESSMENT CENTRE OT _MERAH_ROSPA; NATIONAL METONAL ASSESSMENT CENTRE OF _MERAH_ROSPA; NATIONAL ASSESSMENT CENTRE OF _MERAH_ROSPA;	Clair No. Clair No. Spring Deta Category SERVICE Protos Chartes	Sant Balant Char	PRINTED A STATE OF THE STATE OF	Castief No. (Hiema) Of Verlicia Novelet State Novelet State	Description Description Description Photos 3020-1 #	Cortinue Control Contr	Description Description	therapie Unit
min Type = mant Ny (Mutale) all Address all Constraints from the Constraints from the Constraints and Taken Ny First AK Instance Seen No. Doc. Security No. See Chosen Conse File No. See Chosen Conse	Professor (Professor Marine) HT/SQUESTS # Yes No. Hath Uptualled Harillane EIT_MERAH_BOOKTAC MATICINAL ASSOSSMENT CENTRE S (BLAKET MERAH) On the lend 2020 18144 GIT_MERAH_BOOKTAC MATICINAL ASSOSSMENT CENTRE S (BLAKET MERAH) ON TO SAN 2020 SENIOR ST MERAH_BOOKTAC MATICINAL ASSOSSMENT CENTRE S (BLAKET MERAH) ON TO SAN 2020 SENIOR S (BURLY MERAH) ON TO SAN 20	Clarit No. Clarit No. Clarit No. Cyland Deta Category SERVICE Protos SERVICE Protos	Sant Balant Char	PRINTER / GLINGIF DN ROGEL BRANCE Printer Select Pr	Castief No. (Hiema) Of Verlicia Novelet State Novelet State	Description Description Description Description Description Description	Cortinue Control Contr	Description Description	Managie Upik Action Managie Action
my from a second of the consent of the chosen of the chose	Profession Profession Name HT/ECTIVALE # Yes = No. Hath = LUMINATION OF THE PROFESSION OF THE PROF	Clairs No. Clairs No. Clairs No. Category SERVICE Protos SERVICE Protos	Chart Char	PRINTED AND AND AND AND AND AND AND AND AND AN	Castief No. (Hiema) Of Verlicia Novelet State Novelet State	Description Description Description Photos 3020-1 #	Cortinue Control Contr	Description Description	Managie Upik Action Managie Action
em Fees = mark No (Metale) met Address me	Preferred Workshop, Name Option HT/EGINALS # Yes = No. Hath = Lumanes Hy/Three HT _MERAH_ROSPA; NATIONAL ASSESSMENT CENTRE BANKET MERAH/SONDAL METONAL ASSESSMENT CENTRE OT _MERAH_ROSPA; NATIONAL METONAL ASSESSMENT CENTRE OF _MERAH_ROSPA; NATIONAL ASSESSMENT CENTRE OF _MERAH_ROSPA;	Chart No. Chart No. Category Category SERVICE Protos SERVICE Protos SERVICE Protos	Chart Char	PRINTED A STATE OF THE STATE OF	Castief No. (Hims) Of Vertical No. (Hims) Of	Description Description Description Photos 3020-1 #	Cortinue Control Contr	Description Description	,

	Display in New Wil	Liver Inch	THE STREET, SHE			F20.00/V
Uphrades By/Cate Pyrose Date		te tome		P.	Source	Action
						_
NAC BURIT, MEHAH, RODGIOL NATIONAL ASSESSMENT CENTRE BEAVICE 5 (BURIT MERAH) on SR Jan 2026 FE-42	\$45		Normal	545	1020-1-6	54
NAC BURST MERAN AUGUST NATIONAL ASSESSMENT CENTRE SENVICE E (BURST MERAN)] on Dr. Jan 2020 10/42	ARGC/ Deving Utente	×	Normal	MRIE/ Driving	License 2030-1-6	5.6
NAC BUICT HERAK MOMPAC NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUICT MIDRAY) and 06 Jan 2020 28:42	WILLY Group Lichter	$\widehat{\mathcal{R}}$	Normal	NUC! Driving	Literus 2020-t-e	Ed
NAC BURIT PERAY BIGGTO, NATIONAL ASSESSMENT CENTRE SCHUICE & (BURIT MERANI) on 06 Jan 2020 13:42	WATE/ Online Useroe	19	Nermal	HATCE DRIVING	Literas 2025-5-6	5.6
NAC_BUNIT_HERAH, NOOS/NI NATUUNAL ASHESSMENT CENTRE SERVICE S (BUNIT MIRAH)] on 06 Nov 2020 18:42	NUCY Shring Scene	*	Normal	NATICA, DESCRIPTI	(America 3020-1-8	6.0
NAC_BERT_MERAH, 8006761 NATUMAL ASSESSMENT CENTRE SERVICE 5 (BLRIT MINAH); on G6 Jan 2020 LE:42	Photos		Normal	Protein	s 2026-1-6	64
NAC, BURIT, PERAP, SODETS; NATIONAL ASSESSMENT CENTRE SHIVED IS (BURIT HERAP!) up 06 Jen 2021 18:43	Protos		Normel	Photos	s 3029-1-6	te
NAC, BURIT, MERAH, MIGSTE, NATIONAL ASSESSMENT CENTRE SERVICE S. (BURIT MEXAH)) on NG Jan 2020, 18: 43	Photos		Normal	Photo	+ 2021-E-6	E/
MAC_BLINTT_MERAN, 8006/YEJ NATJENAL ASSISSMENT CENTRE SERVICE B TBLINTT MERANJI UN DE SER 2020 18:43	Protect	Proble Normal		Harry	s 2010-1-6	
NAC_BLEZT_MERAN_BODGPS(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLECT MERAN) on 06 Jan 2020 (8+4)	Protos		Normal	Prints	+ \$0\$0-1-6	
NAC_BOKIT_MERAH_SOUG75(NATIONAL ASSESSMENT CENTRE SERVICE S. BOKIT MERAH); on OE Jan 3620 18:42	MicRoe	Michael Normal		Drang	a 3020-1 a	
NAC, BURIT, HERAH, BOTOZSI NATIONAL 888ESSMENT CENTRE SERVICE S. (BURIT HERAH)) on 06 Jan 2020 TE/43	Proces	Proces Number		Atuito	≈ 2022-1-0	3
NAC BURET MERAN RODETS; NATIONAL ASSESSMENT CENTRE SERVICES 5 (BURET MERAN); ON DE JAN 2020 18: 44	Photos	Photos Names		PHOTOS 2020-1-6		
NAC_BURIT_MERAH_B00676/ NATTONAL AddessMusic CENTRE SERVICE S (BURIT MERAH)) on 06 Jen 2020 J.B.44	Photos			Phob	4 2020-1-6	
NAC BURIT JERNIT, ADS676; NATIONAL ASSESSMENT CENTRE SERVICE 6 (BURIT PERNAT) on 96 Jan 2020 (2:44	Protes North		365		≈ 2520-1-6	
NAC_BLAST_MERAH_BOULFUL NACTIONAL ASSESSMENT CENTRE STRVICE S. (BLAST MERAH)) (HTTS Jan 2020 18:44	Photog	Photos Northell		Protection	m 2020-1-6	
NAC_BURIT_MERCH BOOGNI NATIONAL ABBEIDMENT GENTRE BEAVIO E (RENTY MERCH)) IN 06 Jan 2020 LB-44	Photos		Nermal	Phon	nr 3020-) - 6.	
BAC_BUR35_MERAH (300576) NATIONAL ASSESSMENT CENTRE SERVIC B (BURIT MESSH)) BK 64 JAN (3020 18) 44	Primar.		Narmal	muo	in luzu-t-e	1
5 (BURIT MIRROH)) on 98 Jan 2020 (8) 44				10000	H 2020-8-4	1

Display in New Window Scan and aptoming



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 : 5113523895

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle Chassis Number

FBJ1537K

2. Name of Policyholder

: RFGLM18WXDS002396

3. Effective Date of Insurance

: CHAN SIANG JU PHILIP

21 Oct 2019

4. Expiry Date of Insurance

20 Oct 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

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE) INSURE WITH COE

PLEASE REFER OVERLEAF

NAMED DRIVER (1)

YES

: CHAN SIANG JU PHILIP

NAMED DRIVER (2)

= N/A

HIRE PURCHASE COMPANY

SUM INSURED

: N/A 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

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 21 Oct 2019 15:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive