

NATIONAL Assessment Centre Services (Ref: JA 001)

Date In: 28/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/INC20001518/T1	E-mail (within 8hrs, AIC 2hrs):		
Veh No: G6H1378M	i-Motor Claim Form ✓	MT/1082095-001	
D.O.A: 27/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 1P Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

- () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
- () Total Loss Case : to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2001662

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1

Pat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- OD*
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- N12: Idac Mobile 30

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	28/01/2020 20:45
Date Of Accident	27/01/2020 05:25
Exact Location Of Accident	CLEMENTI AVE 2 SLIP ROAD TOWARDS AYE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1378M
Insured/Policyholder	
Name Of Registered Owner	K'ACOUSTIC
Co Reg No	5XXXX776E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98194907
Alternative Phone No	OFFICE-98194907

Vehicle Particulars

Manufacturer	DAIHATSU
Model	HIJET-658CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113104265
Cover Note Number	

Driver

Name of Driver	SHAUN TAY XIAN JING
NRIC No	TXXXX107D
Date Of Birth	10/03/2000
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98358543
Fax Number	
Contact Number	
EMail Address	SUHENG@GMAIL.COM

Address	BLK 775 PASIR RIS ST 71 #12-400
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
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 NO T/20200128/7024

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

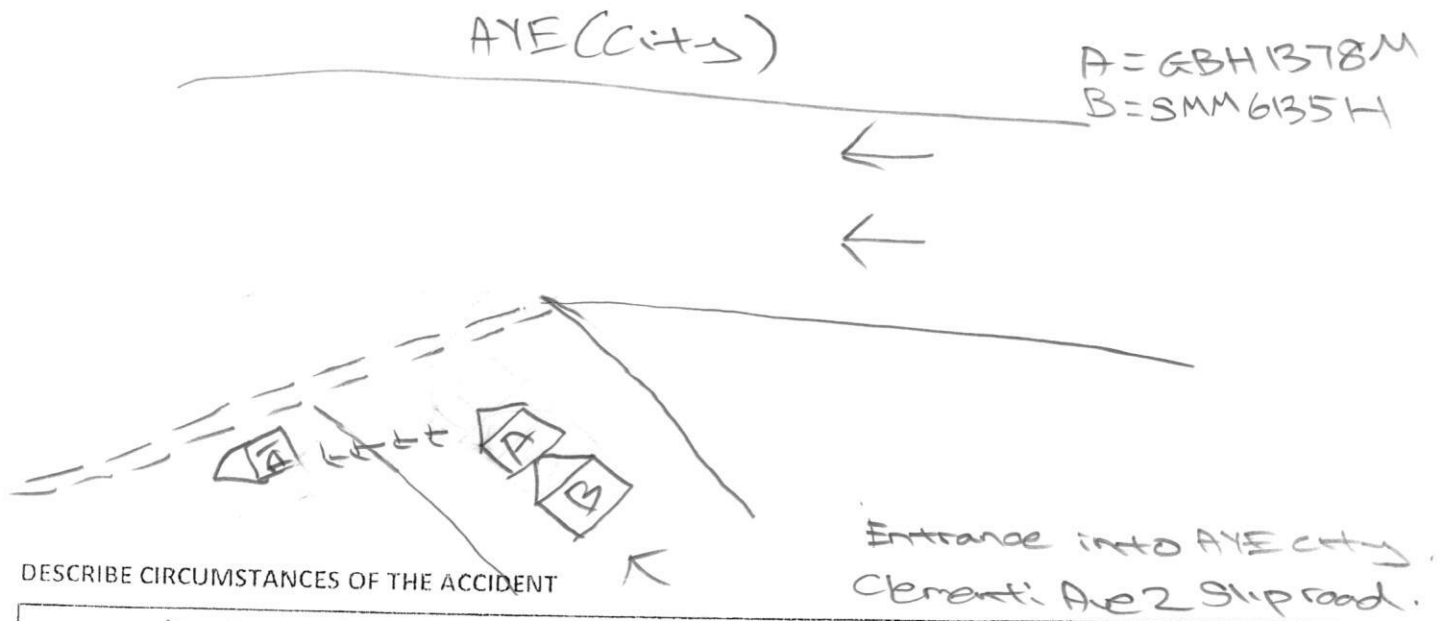
Vehicle Registration Number	SMM6135H
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO SAY KHOON
NRIC/Passport Number	SXXXX312I
Contact Number	86119625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAUN THAY XIAN JING
Approximate Age	
Injuries Sustain	NECK & LEG AREA
Injured person in which vehicle?	GBH1378M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 775 PASIR RIS ST 71 #12-400
Postcode	

SKETCH PLAN



- Refer to Police report -

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Co. Reg. 53348776E Email: kacoustic@the-circ.us

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

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.

KACOUSTIC
Co. Reg. 53348776E Email: kacoustic@the-circ.us

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20200128/7024

1 of 3

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

Report No. T/20200128/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 17:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SHAUN THAY XIAN JING		Address: APT BLK 775 PASIR RIS STREET 71 #12-400 SINGAPORE 510775	
ID Type / ID No.: NRIC NO / T0008107D		Contact No.: Home/Office: Mobile: 98358543	
Nationality: SINGAPORE CITIZEN		Email: shaunthay@outlook.com	
Sex: Male	Age: 19	Date of Birth: 10/03/2000	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2020 05:25	Type of Location: Slip road
Location: CLEMENTI AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1378M	Van					0
SMM6135H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200128/7024

2 of 3

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

Report No. T/20200128/7024

CONTINUATION OF REPORT

Driver				
Name	SHAUN THAY XIAN JING		ID No.	T0008107D
Related Vehicle	GBH1378M (Van)		Contact No.	98358543
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2020		Date Discharge	27/01/2020
No. of Days granted Medical Leave	04		Degree of Injury	Serious
Driver				
Name	TEO SAY KHOON		ID No.	S7728312I
Related Vehicle	SMM6135H (Car)		Contact No.	86119625
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	NIL		Degree of Injury	NIL

Brief Details.

I was driving along the slip road from Clementi ave 2 into AYE towards City. As there are oncoming cars, I slowed down my vehicle and stopped before the give way dotted line, suddenly I felt a huge bang from the rear and my vehicle then surged in front and landed on on the grass patch beside the slip road. I came out of my van and realised that a car SMM6135H has collided onto the rear portion of my vehicle. We exchanged particulars and left the scene. However, as I felt pain on my neck and leg area, I decided to proceed to the nearest hospital (NUH) for a check up and was given 4 days MC from 28th to 31st Jan 2020.



**SINGAPORE
POLICE FORCE**



T/20200128/7024

3 of 3

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

Report No. T/20200128/7024

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
28/01/2020 17:33

Classification Of Case:

Claim Handling

Accident MT/1082095

Policy No.	5113104265	Vehicle No.	GBH1378M	GST Registration No.
Certificate No.				
Policyholder Name	K'ACOUSTIC			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading
Contact No.(Mobile)	98194907	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	29/01/2020 18:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/01/2020	Time of Accident hh:mm	05:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENTI AVE 2 SLIP ROAD TOWARDS AYE (CITY)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	20 LORONG PISANG UDANG	Address 2	HOOVER PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113104265	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHAUN TAY XIAN JING	Driver NRIC	T0008107D	Driver DOB
Register Date of Driver License	23/01/2019	Driver Age	19	Driving Experience
Contact No.(Mobile)	98358543	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 775 #12-400	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-400			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBH1378M	Driver Insurer Company

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	K'ACOUSTIC	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	GBH1378M	TP Vehicle Number
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	GBH1378M / SMM6135H ON 27 Jan 2020			
Preferred Workshop Contact No.		Insured Liability *	Please Select	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/01/2020 19:00	Claim Close Date		Date Received
Report Taken By	TAUFIKH	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1082095	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2020 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:58	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:58	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:58	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:58	Photos	Normal	Photos 2020-1-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 18:57	SAS	Normal	SAS 2020-1-29

Video List

Uploaded By/Date	Folder Date	File Name	Sour
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (27/01/2020) (DD/MM/YYYY), TIME: (05:25) (HH:MM)

LOCATION: Clementi Ave 2 Slip road towards AYE (city)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH1378M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5113104265
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: K'Acoustic (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53348776E CONTACT: 98194067
c) ADDRESS: 20 Lor Pisang Udang S597109

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shaun Thoy Xlon Sing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0008107D CONTACT: 98358593
c) ADDRESS: Blk 775, Pasir Ris St 71, #12-40

*d) DATE OF BIRTH: (10/02/2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMM6135H MODEL: Honda Vezel
b) DRIVER'S NAME: Teo Saykhean
c) NRIC/FIN/PASSPORT: S772832I CONTACT: 86119625

9. THIRD PARTY VEHICLE

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

Email: suheng@gmail.com

Fax: _____

Video: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
(1)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Shaun Thay Xian Jing

002895323F

0008107D

10 Mar 2000

23 Jan 2019

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 23 Jan 2019

For LKK/NAC Use Only



NP 428A

SINGAPORE ARMED FORCES IDENTITY CARD

SHAUN THAY XIAN JING

NRIC No T0008107D

For LKK/NAC Use Only

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTOGGPU1054519D0118

00000050338479

NRIC No / Colour T0008107D / PINK

Race CHINESE

Date Of Birth 10/03/2000

Service Status NSF

Address B1K 775 PASIR RIS STREET 71 #12-400 SINGAPORE 510775

Blood Group B (+)

Country Of Birth SINGAPORE

Military Rank Status ENLISTEE

Sex M

For LKK/NAC Use Only

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 : 5113104265

Cover : Third Party

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : GBH1378M |
| Chassis Number | : S320V0083246 |
| 2. Name of Policyholder | : K'ACOUSTIC |
| 3. Effective Date of Insurance | : 07 Oct 2019 |
| 4. Expiry Date of Insurance | : 06 Oct 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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
INSURE WITH COE	: 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 07 Oct 2019 15:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

MT/NB/WELCOM/001

07 Oct 2019

K'ACOUSTIC
20 LORONG PISANG UDANG
HOOVER PARK
SINGAPORE 597709

Dear Policyholder

**COMMERCIAL VEHICLE INSURANCE
POLICY NUMBER: 5113104265**

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Commercial Vehicle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at csquery@income.com.sg. Alternatively, you may contact your agent ABWIN PTE LTD at **68423332** or email karentang@abwin.com.sg. Thank you.

Yours sincerely



Andrew Yeo
Chief Executive