

# NATIONAL Assessment Centre Services

Ref: 1 Jan 09 MUAR 001488

|                        |  |                       |         |
|------------------------|--|-----------------------|---------|
| Date In: 21/12/19:48   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA 2000 170874 | SAS e-filing                             |                       |         |
| Veh No: 117211P        | E-mail (within 5hrs, A/C 2hrs)           |                       |         |
| D.O.A: 21/12/17:30     | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                        | 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: 117211P   | 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA 2000 892                     | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | Tr Bill     | Adm Bill  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
|                                 | For claiming against INC Only (Ref 10 Jan 2009) |             |           |
|                                 | 6) TR: Re-inspection \$75                       |             |           |
|                                 | 7) N1: Idas DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | QD:   |             |           |
|                                 | *N3: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 | *N6: Repair Co-ordination \$10                  |             |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |
|                                 | TP (N11): TP (N11 INC) against INC \$20         |             |           |
|                                 | 9) N12: Idas Mobile 30                          |             |           |
|                                 | Invoice dated                                   | Fee Charged |           |
|                                 | Invoice dated                                   | Fee Charged |           |

Auditors' Comments:-

Ref 1:

Ref 2/3:

## 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 willful 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             | 31/01/2020 19:48  |
| Date Of Accident           | 17/01/2020 17:30  |
| Exact Location Of Accident | CHOA CHU KANG WAY |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | YN7212P                    |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | SIANG HOCK HOLDING PTE LTD |
| Co Reg No                   | 1XXXXX681M                 |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-899999999           |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | ISUZU              |
| Model  | NPR85LU5Y          |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY                    |
| Fleet Policy              | YES                            |
| Policy Number             | D-19093226MFCV/37              |
| Cover Note Number         |                                |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM WU TORNG          |
| NRIC No              | SXXXX175D             |
| Date Of Birth        | 07/10/1988            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 09/02/2010            |
| Driving Experience   | 9 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91194877  |
| Fax Number           |                       |
| Contact Number       | OFFICE-91194877       |
| Email Address        | NOEMAIL               |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 469 TAMPINES STREET 44<br>#11-164 |
| Postcode  | 520469                                |
| 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   | CHAIN 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                         | 3  |
| 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: : PAK TIAN FU<br>GENDER: : MALE    |
| Passenger 2   | NAME: : CHAN KENG SOON<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE                      |
| Police Station Address                    | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4519999 - FAX NO: 65535679                           |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200118/2043.

#### 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 | XB7687C            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH7123L  
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 LIM WU TORNG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? YN7212P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PAK TIAN FU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? YN7212P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name CHAN KENG SOON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? YN7212P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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:



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

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



VEHICLE A: YN7212P  
 VEHICLE B: XB7687C  
 VEHICLE C: SMH7123L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

(We declare that the above particulars are true in every respect.)

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.:



Date of Accident: 17/01/2020 Accident Time: 173000 (24-HR-Format)  
Accident Place: CHOA CHUKANG WAY  
Vehicle Reg. No. (Car Plate No.): YN7212P  
Vehicle Make/Model: ISUZU  
Insurance Company: WUIC Policy No.: \_\_\_\_\_  
Owner or Company Name / IC No.: Strang Hock Bar Rentals Pte Ltd  
Owner or Company Contact No.: \_\_\_\_\_ Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_  
DRIVER'S Name / IC No.: Lim Wu tong 588521750  
DRIVER'S Date Of Birth: 07/10/1989 DRIVER'S License Pass Date: \_\_\_\_\_  
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: tenant  
DRIVER'S Address: BK 469 Tampines St 44 #11-164 S520469  
DRIVER'S Contact No / Alt No.: (1) 91194877 (2) \_\_\_\_\_  
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address: Admin@mycar-sg  
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 01 03 \*injuries 3 days  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work (purpose)

Other Party Driver's Particular (if any)

Vehicle Reg. No: XB7687C  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: SMH7123L  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20200118/2043

1 of 5

Report No. T/20200118/2043

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                   |                          |
|--|-------------------|--------------------------|
| Date/Time Report Made:<br>18/01/2020 11:10 | Video Report No.: | Station Diary No.:<br>48 |
|--|-------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>LIM WU TORNG       |            |                              | Address:<br>APT BLK 469 TAMPINES STREET 44 #11-164 SINGAPORE<br>520469 |                            |
| ID Type / ID No.:<br>NRIC NO / S8857175D |            |                              | Contact No.:<br>Home/Office:   | Mobile: 91194877           |
| Nationality:<br>MALAYSIAN                |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>31 | Date of Birth:<br>07/10/1988 | Type of Informant:<br>Driver   |                            |
| Race:<br>Chinese                         |            |                              | Language:  | Institution / School Name: |
| Occupation:<br>Sales                     |            |                              | Driving Licence Information:<br>Class: 2B,3                            | Date of Expiry:            |

**General Information of the Accident**

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| General Information of the Accident                          |                  |   |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>17/01/2020 17:30 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>CHOA CHU KANG WAY               |                  |   |  |                                     |
| Choa Chu Kang Way towards Sungei Kadut Drive                 |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make               | Model | Color  | Condition           | No of Passenger |
|-------------|-------|--------------------|-------|--------|---------------------|-----------------|
| SMH7123L    | Car   |                    |       |        | Slightly<br>Damaged | 0               |
| XB7687C     | TRUCK | N.C.B.<br>ELECTRIC |       |        | Slightly<br>Damaged | 0               |
| YN7212P     | Lorry | ISUZU              |       | Silver | Slightly<br>Damaged | 2               |





**SINGAPORE  
POLICE FORCE**



T/20200118/2043

2 of 5

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200118/2043

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                          |  |                                   |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                          |  |                                   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                          |  |                                   |
| Name                              | Ang Ren Jie Bryan        | ID No.                                 | S8932623J                         |
| Related Vehicle                   | SMH7123L (Car)           | Contact No.                            | 96405240                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                          |  |                                   |
| Name                              | Bai Yong Gang            | ID No.                                 | G6974121K                         |
| Related Vehicle                   | XB7687C (TRUCK)          | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                          |  |                                   |
| Name                              | Pak Tian Fu              | ID No.                                 | S9333203B                         |
| Related Vehicle                   | YN7212P (Lorry)          | Contact No.                            | 96718922                          |
| Hospital/Clinic                   | INTEMEDICAL 24 HR CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 18/01/2020               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 03                       | Degree of Injury                       | Slight                            |



**SINGAPORE  
POLICE FORCE**



T/20200118/2043

3 of 5

Report No. T/20200118/2043

Police Station Of Origin  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No 1800-4519999

**CONTINUATION OF REPORT**

|                                   |                          |  |                                    |
|-----------------------------------|--------------------------|--|------------------------------------|
| <b>Driver</b>                     |                          |  |                                    |
| Name                              | LIM WU TORNG             | ID No.                                 | S8857175D                          |
| Related Vehicle                   | YN7212P (Lorry)          | Contact No.                            | 91194877                           |
| Hospital/Clinic                   | INTEMEDICAL 24 HR CLINIC | Class of Driving Licence & Expiry Date | Class: 2B.3<br>Date of Expiry: NIL |
| Date Treatment                    | 18/01/2020               | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | 03                       | Degree of Injury                       | Slight                             |
| <b>Passenger</b>                  |                          |  |                                    |
| Name                              | Chan Keng Soon           | ID No.                                 | G2059306M                          |
| Related Vehicle                   | YN7212P (Lorry)          | Contact No.                            | 96274267                           |
| Hospital/Clinic                   | INTEMEDICAL 24 HR CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | 18/01/2020               | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | 03                       | Degree of Injury                       | Slight                             |

**Brief Details.**

On 17/01/2020 at about 1730hrs, I was driving my vehicle bearing registration YN7212P along Choa Chu Kang Way towards Sungei Kadut Drive and my vehicle was at the most right lane.

I stopped at the junction at the traffic light was red. After stopping for about 10sec, a truck bearing registration plate XB7687C collided onto my vehicle from the rear resulting in my vehicle to move forward and collide onto the vehicle (SMH7123L) in front of my vehicle.

All drivers got out from the vehicle and exchanged particulars. The driver of XB7687C informed that he could stop in time which resulting in the accident.

There is 2 passengers in my vehicle at the point of time and their name is Pak Tian Fu, S9333203B, HP: 96718922 and Chan Keng Soon, G2059306M, HP: 96274267. As we felt dizziness hence we went to Intemedical 24 Hr Clinic located at Blk 525 Ang Mo Kio Avenue 10 #01-2407 to seek treatment and received 3 days medical certificate from 18/01/2020 to 20/01/2020.

Particulars of the driver of XB7687C are as follows:

Name: Bai Yong Gang  
FIN: G6974121K

Particulars of the driver of SMH7123L are as follows:

Name: Ang Ren Jie Bryan  
NRIC: S8932623J  
HP: 96405240



**SINGAPORE  
POLICE FORCE**



T/20200118/2043

4 of 5

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200118/2043

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20200118/2043

5 of 5

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200118/2043

**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:  
F /  
Sgt 3 TAY YU ZHI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168



**Singapore Police Force**

Signature Of Informant

Date/Time  
18/01/2020 11.10

Classification Of Case

SN 085

# CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

|                         |                               |
|-------------------------|-------------------------------|
| Type of Policy          | : COMMERCIAL VEHICLE - FLEET  |
| Type of Cover           | : Third Party                 |
| Certificate No.         | : D-19093226MFCV/37           |
| Vehicle No / Chassis No | : YN7212P / JAANPR85L77102919 |
| Name of Insured         | : SIANG HOCK HOLDING PTE LTD  |
| Period Of Insurance     | : 01.04.2019 To 31.03.2020    |
| Insured Estimated Value | : 0.00                        |

EXCESS: AS INDICATED BELOW

**Authorised Driver\***  
 ANY AUTHORISED DRIVER

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
  - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
  - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on All Claims (for Long Term Lease - 1 year or more)  
 S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)  
 S\$1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on All Claims (for Long Term Lease - 1 year or more)  
 S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)  
 S\$2,000.00 on All Claims (for Staff)

\* 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.

**Limitations as to use\***

- Use in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic and pleasure purposes.
- The Policy does not cover:-
  - (1) Use for racing, pace-making, reliability trial or speed-testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - (3) Use for the carriage of passengers for hire or reward.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited  
 (Approved Insurers)

LILIA/A0151/M2301A10

Issued at Singapore on 30.03.2019

  
 Authorised Signature