

# NATIONAL Assessment Centre Services.

Form 1 Jan 2003

12/05/2020 15:41

Date In: 12/05/2020 16:40	Job description	Date & Time Completed	Done by
Ref No: N/A/20002004	SAS e-filing		
Veh No: GMM 6791M	E-mail (E-judge 2hrs, AIC 2hrs)		
D.O.A: 11/05/2020 20:30	1-Motor Claims Form	MT/08414-001	12/05/2020
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:09
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHC 82506	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: (\$	Lodging: \$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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$9000] ( )		

Injury: ( )

Date/Time	Action

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (waf 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect License Coordination	\$5
	TP (Nil) / TP (Non INC) against D&G	\$20
	9) N12: Idas Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	12/02/2020 16:12
Date Of Accident	11/02/2020 20:30
Exact Location Of Accident	JUST B/F TRAFFIC JUNCTION OF PASIR RIS DR 8/DR 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6791M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE POH CHOO
NRIC No	SXXXX341E
Email Address	RICHARD5NG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98357878
Alternative Phone No	OTHERS-97551182

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110896962
Cover Note Number	

### Driver

Name of Driver	NG SIK FUNG
NRIC No	SXXXX588Z
Date Of Birth	25/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98357878
Fax Number	
Contact Number	OTHERS-97551182
Email Address	RICHARD5NG@YAHOO.COM.SG

Address	1 JALAN MEMBINA #02-01
Postcode	169479
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200212/2032

#### 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	SHC8250G
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG MENG KOK, DAVID
NRIC/Passport Number	SXXXX969F
Contact Number	97626856

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

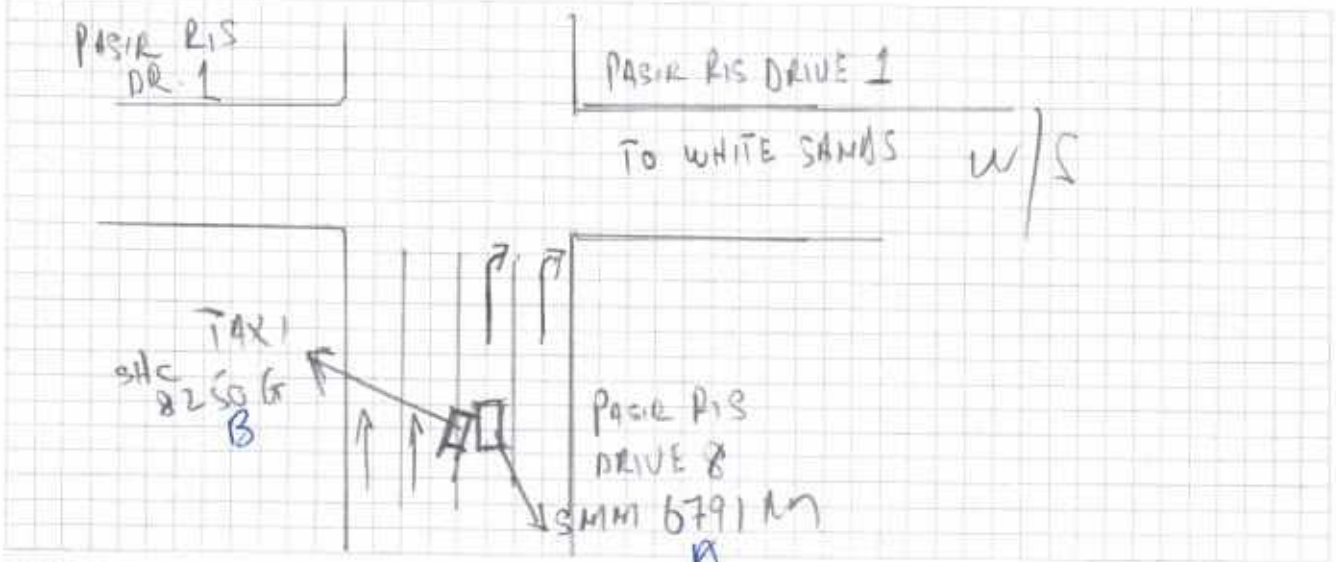
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.00 noon

12/FEB/2020

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refused to Police Report 7/20200212/2032

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 12.00 noon  
12 FEB 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# 4. ACCIDENT STATEMENT

ACCIDENT DATE: 11 FEB 2020 (DD/MM/YYYY), TIME: 20.30 (HHMM)

LOCATION: JUST BEFORE TRAFFIC JUNCTION & PASIR RIS DR. 8  
AND DR 1

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMM 6791 M  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5110896962  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA VIOS  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

a) NAME: LEE PAH CHOO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0110341 E CONTACT: 9835 7878  
c) ADDRESS: BLK 1, SEN MEMBINA #02-01  
CENTRAL GREEN CONDO SINGAPORE 169479

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

## DRIVER

a) NAME: NG SIK FUNK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S-25648882 CONTACT: 9755 1182  
c) ADDRESS: BLK 1, SEN MEMBINA #02-01  
CENTRAL GREEN CONDO SINGAPORE 169479

\* d) DATE OF BIRTH: 25.06.1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 22 OCT 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

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

b) ROAD SURFACE: DRY / WET / OTHERS WET

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERAH EAST. N.P.C.

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHC 8250 G MODEL: HYUNDAI I40  
b) DRIVER'S NAME: DONG MENG KOK, DAVID  
c) NRIC/FIN/PASSPORT: S1793969 F CONTACT: 9762 6856

## 9. THIRD PARTY VEHICLE

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

Pay (1 F)

No of passengers  
(including driver)  
02

No of passengers  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email: richard5ng@yahoo.com.sg

VIDEO:



# SINGAPORE POLICE FORCE



T/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

1 of 3

Report No. T/20200212/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2020 11:00		Vide Report No.:		Station Diary No.: 60	
<b>Informant's Particulars</b>					
Name of Informant: NG SIK FUNG			Address: 1 JALAN MEMBINA #02-01 SINGAPORE 169479		
ID Type / ID No.: NRIC NO / S2564588Z			Contact No.: Home/Office: Mobile: 97551182		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 25/06/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8250G	Car	TOYOTA		Blue	No Damage	0
SMM6791M	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

2 of 3

Report No. T/20200212/2032

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	NG SIK FUNG		ID No.	S2564588Z
Related Vehicle	NIL		Contact No.	97551182
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 11 February 2020 at about 2030hrs, I was driving along Pasir Ris Drive 8 and I would like to state that I was driving a Toyota Vios, SMM6791M. I then approached a T-junction and was turning right to Pasir Ris Drive 1. I would like to state that there was 2 lanes turning right on Pasir Ris Drive 8 and that I was driving on the second lane turning right.

I wish to state that there was a blue taxi, SHC8250G driving on the third lane, the taxi then wanted to join the second lane to turn right. He then swerved to the right and hit my vehicle on my left passenger's door causing a dent and a long scratch on my car. I would like to state that the dent was on my front left fender and the scratch was from the left fender to the boot area. I wish to state that we then stopped by the side and exchanged particulars. Hence I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

3 of 3

Report No. T/20200212/2032

**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:  
A /  
Sgt 2 MOHAMAD IKRAM BIN MUSA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/02/2020 11:00

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

Classification Of Case:

Authentication Stamp  
NP168



Signature

Singapore Police Force

## Claim Handling

Accident MT/1084114

Policy No.	5110896962	Vehicle No.	SMM6791M	GST Registration No.
Certificate No.				
Policyholder Name	LEE POH CHOO			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No. (Mobile)	98357878	Contact No. (Office)		Contact No. (Home)
Email Address		Special Remark		eCode
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	12/02/2020 17:05	Accident Report Within 24-hrs	Yes	Accident Type
Date of Accident	11/02/2020	Time of Accident hh:mm	20:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUST B/F TRAFFIC JUNCTION OF PASIR RIS DR 8/DR 3			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	1 JALAN MEMBINA	Address 2	#02-01 CENTRAL GREEN CONDO	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110896962	

## ▼ OI Driver Info

Driver Name	NG SIK FUNG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S2564588Z	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	63	Driving Experience
Contact No. (Mobile)	97551182	Contact No. (Office)		Contact No. (Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SMM6791M	Driver Insurer Company

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE POH CHOO
Contact No. (Mobile)	98357878	Contact No. (Home)	62723539
Email Address	SUE2DEB15@YAHOO.COM.SG	OI Vehicle Number	SMM6791M
Claim Description	SMM6791M / SHC8250G ON 11 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Services No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/02/2020 17:07
			ROSLI WANAB

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1084114	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	12/02/2020 17:09

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen




















Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:09	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:09	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:08	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:08	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:08	Photos	Normal	Photos 2020-2-12
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:08	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	Photos	Normal	Photos 2020-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2020 17:07	SAS	Normal	SAS 2020-2-12

## Video List

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

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110896962

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: MR2B23F3801180448

2. Name of Policyholder

LEE POH CHOO

3. Effective Date of Insurance

11 Jul 2019

10 July 2019

4. Expiry Date of Insurance

10 Jul 2020

09 July 2020

5. Persons or Classes of Persons entitled to Drive

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE POH CHOO
NAMED DRIVER (1)	: NG SIK FUNG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 08 Jul 2019 12:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.: SMM6791M (1U-1129386652)  
 Vehicle Type: Z10 - Private Hire (Chauffeur) Motor Car Vehicle Scheme: Normal  
 Vehicle Attachment 1: No Attachment  
 Vehicle Attachment 2: - Vehicle Attachment 3: -  
 Vehicle Make: TOYOTA Vehicle Model: VIOS 1.5 E (AUTO)  
 Chassis No.: MR2B23F3801180448 Engine No.: 2NR5367673  
 Motor No.: - Trailer Chassis No.: -  
 Propellant: Petrol Passenger Capacity: 4  
 Engine Capacity: 1496 cc Power Rating: -  
 Maximum Power Output: 79.0 kW (105 bhp)  
 Unladen Weight: 1085 kg Maximum Laden Weight: 1550 kg  
 Primary Colour: Blue Secondary Colour: -  
 First Registration Date: 10 Jul 2019 Original Registration Date: 10 Jul 2019  
 Manufacturing Year: 2019 Open Market Value: \$13,788.00  
 PARF Eligibility: Yes Minimum PARF Benefit: \$6,894.00  
 No. of Transfers: 0 Additional Registration Fee Rate: First \$13,788.00 (100%)  
 Actual ARF Paid: \$13,788.00

## Owner Particulars

Owner Name: LEE POH CHOO  
 Owner ID Type: Singapore NRIC  
 Owner ID: S0110341E  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 1  
 Registered Street Name: JALAN MEMBINA  
 Registered Unit No.: # 02 - 01  
 Registered Building Name: -  
 Registered Postal Code: 169479  
 COE No. / Expiry Date: 2019070101002260W / 09 Jul 2029  
 COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)  
 QP Paid: \$26,999.00

## Transaction Details

Business Transaction Ref. No.: 20190710090914210824  
 Business Transaction Date: 10 Jul 2019  
 Business Transaction Time: 09:09:14

## Message

The above vehicle has been successfully registered.

Please note that \$31,348.00 will be deducted from your GIRO account.

The notification delivery date will be subject to validation of address with source agency.

OK

Save as PDF

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MMAY20019541 Vehicle Registration No: SMH 6291M  
Name (as shown in NRIC): MG SIK KUNG NRIC/FIN/Passport No: SXXXX588Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 98357878  
Email Address: \_\_\_\_\_  
Date of Accident: 11/02/2020 Time of Accident: 20:30  
Place of Accident: 757 BLK TRAFFIC TUNNEL OF PAIR RIR DR 8/123  
Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THERE ACCIDENT IS REPORTED TO POLICE

Policyholder / Driver's Signature  
Date:

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