

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

MAA4200X1825

Date In: 18/02/2020 12:06	Job description	Date & Time Completed	Done by
Ref No: N/A 2000 27617	SAS e-filing		
Veh No: FBW 5218m	E-mail (5 mins, AIC 2hrs)		
D.O.A: 16/02/2020 12:20	I-Motor Claims Form	17/02/2020	18/02/2020
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19/25
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 709R	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 ()	

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

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

Injury: ()
Date of Injury: ()
Location: ()
Weather: ()
Time of Day: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$15)	
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	
	6) TR: Re-inspection \$75	
	7) NI: I-Ins DA + SMRT Survey \$160	
	8) NIUC: Additional Services:	
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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 GtA 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	18/02/2020 12:06
Date Of Accident	16/02/2020 12:20
Exact Location Of Accident	ALONG KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5318M
Insured/Policyholder	
Name Of Registered Owner	GUI YEW HOCK
NRIC No	SXXXX912B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97995196
Alternative Phone No	OFFICE-97995196
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125I-125CC NF125MS (M)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113649367
Cover Note Number	

Driver

Name of Driver	GUI YEW HOCK
NRIC No	SXXXX912B
Date Of Birth	24/05/1959
Occupation	INDOOR
Date Of Driving Pass	02/02/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97995196
Fax Number	
Contact Number	OFFICE-97995196
EMail Address	NOEMAIL

Address BLK 105 BUKIT PURMEI ROAD
#10-05
Postcode 090105
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident SIDE SWIPE
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) 2
Passenger 1
NAME: : YEE SIEW MUI
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200216/2048

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 SME7269R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KOTHARI SHAH S/O IBRAHIM
NRIC/Passport Number SXXXX4311
Contact Number 91701525

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GUI YEW HOCK
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBQ5318M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name YEE SIEW MUI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBQ5318M
Were seat belts worn?
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 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:

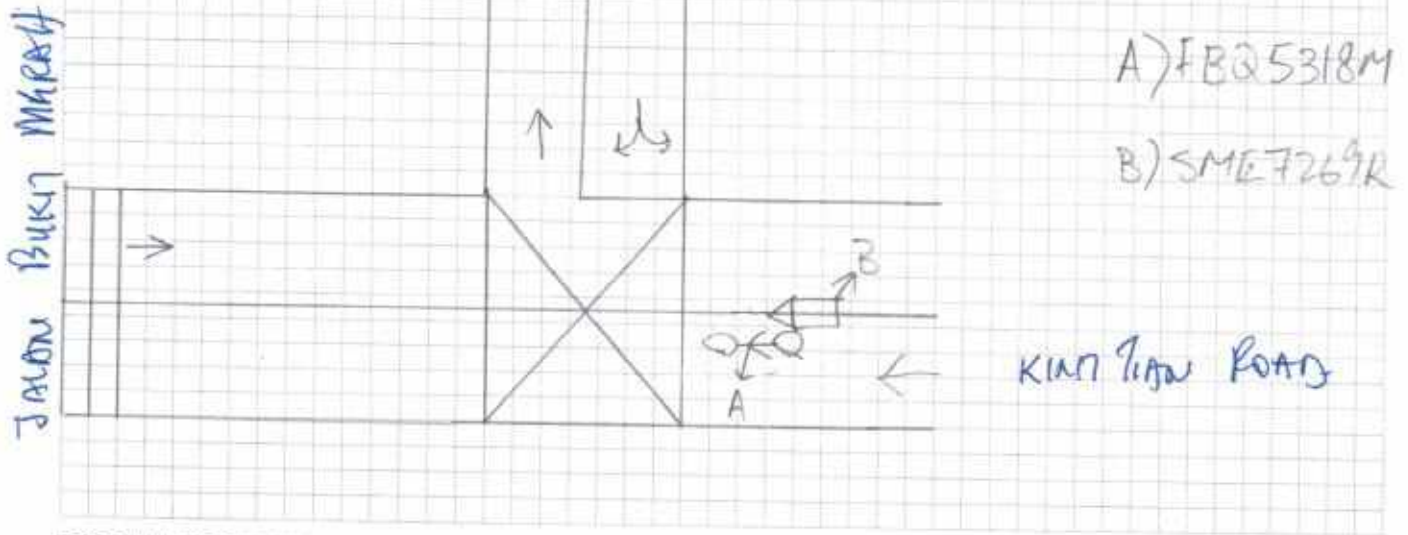


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

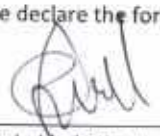


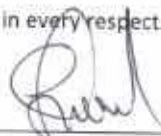
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report T/20200216/2048

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:

 18/01/2020
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16/02/2020 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ5318M
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5113649367
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda WAVE 125I Mo
 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: GULI W HOCK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1381912B CONTACT: 9799196
 c) ADDRESS: BLK 105 BUKIT PURMEL Rd H10-05 Singapore 090105

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Tiong Bahru

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

email: SOUNOTOR@MAIL.COM

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200216/2048

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 4

Report No, T/20200216/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2020 13:22		Vide Report No.:		Station Diary No.: 28
Informant's Particulars				
Name of Informant: GUI YEW HOCK		Address: APT BLK 105 BUKIT PURMEI ROAD #10-05 SINGAPORE 090105		
ID Type / ID No.: NRIC NO / S1381912B		Contact No.: Home/Office: Mobile: 97995196		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 24/05/1959	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2020 12:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KIM TIAN ROAD JALAN BUKIT MERAH				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
FBQ5318M	Motorcycle	HONDA	WAVE125i MANUAL	Red	Slightly Damaged	1
SME7269R	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5318M	NTUC Income Insurance Co-Operative Limited	5113649367	25/10/2019	24/10/2020



**SINGAPORE
POLICE FORCE**



T/20200216/2048

2 of 4

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20200216/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YEE SIEW MUI	ID No.	S1622263A
Related Vehicle	FBQ5318M (Motorcycle)	Contact No.	93663037
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	Slight
Rider			
Name	GUI YEW HOCK	ID No.	S1381912B
Related Vehicle	FBQ5318M (Motorcycle)	Contact No.	97995196
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	Slight
Name	KOTHARI SHAH S/O IBRAHIM	ID No.	S1525431I
Related Vehicle	SME7269R (Car)	Contact No.	91701525
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.

On 16/02/2020 at about 1220hrs, I was riding along Kim Tian Road towards Jln Bukit Merah on a 1 lane, way road. A vehicle (SME7269R), which was travelling behind my motorcycle overtook me from the right.

After overtaking me, the vehicle returned to the lane and collided with me from my right which caused my passenger which was my wife namely Yee Siew Mui and I to fall from the motorcycle.

The driver stopped his vehicle and informed that he did not notice my motorcycle while changing lane, as such he had accidentally collided with my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20200216/2048

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 4

Report No. T/20200216/2048

CONTINUATION OF REPORT

Both my wife and I suffered slight injuries (abrasion on our hands and legs).

I wish to state that while the vehicle was overtaking me, he was travelling against the flow of traffic.



**SINGAPORE
POLICE FORCE**



T/20200216/2048

4 of 4

Report No. T/20200216/2048

Police Station Of Origin:

Tiong Bahru NPP

128 Kim Tian Road #01-123 SINGAPORE

160128

Tel No: 1800-2739999

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 CHOONG YAO FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/02/2020 13:22

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP100



Signature

Singapore Police Force

Claim Handling

Accident MT/1084821

Policy No.	5113649367	Vehicle No.	FBQ5318H	GST Registration No.
Certificate No.				
Policyholder Name	GUI YEW HOCK			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE			Leading
Contact No. (Mobile)	97995196	Cover Type	Third Party, Fire & Theft	Contact No. (Home)
Email Address		Contact No. (Office)		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	Special Remark		eCode Reason
NCD Protection	No	TCA	<input type="radio"/> No <input type="radio"/> Yes	Private Hire
Accident Details		NCD Entitlement(%)	20	
Report Date	18/02/2020 14:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/02/2020	Time of Accident (hh:mm)	12:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KIM TAN ROAD TOWARDS JALAN BUKIT HERAH			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YED OD Excess	0.00	YED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				

Policyholder Mailing Address

Address 1	BLK 105 #10-05	Address 2	BUKIT PURMEI ROAD	Address 3
Address 4	SINGAPORE 090105	Address Type	Singapore address	Post Code
Unit No.	10-05	Related Policy Number	5113649367	

OI Driver Info

Driver Name	GUI YEW HOCK	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1381912N	Driving Experience
Register Date of Driver License	02/02/1981	Driver Age	60	Contact No. (Home)
Contact No. (Mobile)		Contact No. (Office)		Address 3
Address 1	BLK 105 #10-05	Address 2	BUKIT PURMEI ROAD	Post Code
Address 4	SINGAPORE 090105	Address Type	Singapore address	
Unit No.	10-05	Driver Vehicle No.	FBQ5318H	Driver Insurer Company
Does he own a Singapore Registered car?	Yes - No			
Declaration				
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No	

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GUI YEW HOCK
Contact No. (Mobile)	97995196	Contact No. (Home)	62728590
Email Address		DI	
Claim Description		Vehicle Number	FBQ5318H
Preferred Workshop Finalisation	Yes	FBQ5318H / SME7269R ON 16 Feb 2020	
Date Registered		Insured Liability	Not at Fault
Report Taken By		Preferred Repair Option	Preferred Workshop, Name unknown
Print AK letter		GIA report	Received
		Claim Close Date	18/02/2020 14:25
			RDSLI WAHAB

Attachment

Accident No.	MT/1084821	Claim No.	001
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2020 14:25

[illegible]

Message Board

➤ Attachment List

[illegible]

➤ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 14:25	SAS	Normal	SAS 2020-2-18

 Video List

Uploaded By/Date: _____ Folder Date: _____ File Name: _____ ? _____ Save _____
 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 : 5113649367

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBQ5318M |
| 2. Name of Policyholder | : MLHJA2139KS200254 |
| 3. Effective Date of Insurance | : GUI YEW HOCK |
| 4. Expiry Date of Insurance | : 25 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | : 24 Oct 2020 |

(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 headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: GUI YEW HOCK
NAMED DRIVER (2)	: GUI CHIN SENG
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
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 : 25 Oct 2019 16:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive