

# NATIONAL Assessment Centre Services. (part 1 Jan'03)

Date In: <b>30/06/20</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC20006823/13</b>	SAS e-filing		
Veh No <b>GBC 51184</b>	E-mail (within 2hrs, AIC 2hrs)		
IP No <b>29/06/20 1655</b>	1-Motor Claim Form	<b>MT/1095723-001</b>	
OD <input checked="" type="radio"/> IP Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wisp / INC Assign Wisp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: <b>545618X</b>	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: ( )

Reminders:	(ISC Ref: 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

NA2003467	Invoice Preparation Checklist	Am (\$)	Am (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Wardens' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Sub:	6) TR: Re-Inspection \$75		
TR/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) 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 (N-on INC) against INC \$20		
	9) N12: Idao 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 GlA 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	30/06/2020 14:43
Date Of Accident	29/06/2020 16:55
Exact Location Of Accident	PENANG RD TWDS BUYONG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC5118Y
Insured/Policyholder	
Name Of Registered Owner	ARMSTER PTE LTD
Co Reg No	1XXXXX005H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81028151
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GOING TO ION ORCHARD
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113558290
Cover Note Number	
Driver	
Name of Driver	CHOW LAI YEW
NRIC No	SXXXX617Z
Date Of Birth	07/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97608583
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1C CANTONMENT ROAD #41-25
Postcode	085301
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

PLS REFER TO THE POLICE REPORT: T/20200701/2016

#### 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	SDS618X
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH KIM TECK
NRIC/Passport Number	SXXXX462E
Contact Number	97886822
Address	
Postcode	
Insurance Company Name	

**DETAILS OF INJURED PERSON 1**

Name	CHOW LAI YEW
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBC5118Y
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 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: 30/6/20

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

SKETCH PLAN

A- GBC51184  
B- SDS618X

PENANG  
RD

BUYONG  
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

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: 30/6/20

*sfym* 30/6/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**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 : MNA120055741 Vehicle Registration No: GBC5118Y  
Name(as shown in NRIC) : CHOW LAI YEW NRIC/FIN/Passport No : SXXXXX617Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 1C CANTONMENT RD #41-25 Singapore( 085301 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97608583  
Email Address : \_\_\_\_\_  
Date of Accident : 29/06/20 Time of Accident : 16:55  
Place of Accident : PENANG RD TWAS BUYONG RD  
Insurance Company : NTUC

**(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:

AMEND STATEMENT: REFER TO THE POLICE REPORT  
T/20200701/2016

  
Policyholder / Driver's Signature  
Date: 1/7/20



shym 01/07/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



**SINGAPORE  
POLICE FORCE**



T/20200701/2016

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

1 of 3

Report No. T/20200701/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2020 10:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOW LAI YEW			Address: APT BLK 1C CANTONMENT ROAD #41-25 THE PINNACLE @ DUXTON SINGAPORE 085301		
ID Type / ID No.: NRIC NO / S8620617Z			Contact No.: Home/Office: Mobile: 97608583		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 07/08/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2020 16:55	Type of Location:
Location: Along Road 1 PENANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5118Y	Van	TOYOTA	HIACE MANUAL	White		0
SDS618X	Car	MERCEDES BENZ	C 200	Silver		0

**Details of Person Involved**

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





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

CONTINUATION OF REPORT

Driver			
Name	CHOW LAI YEW	ID No.	S8620617Z
Related Vehicle	GBC5118Y (Van)	Contact No.	97608583
Hospital/Clinic	ACCORD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TOH KIM TECK	ID No.	S6835462E
Related Vehicle	SDS618X (Car)	Contact No.	97886822
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 THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING ALONG PENANG ROAD TOWARDS ORCHARD ION FROM PLAZA SINGAPURA. I WAS ON THE LANE THAT WAS GOING STRAIGHT WITH A RIGHT TURNING SIGN. I WAS HEADING STRAIGHT WHEN I NOTICED A CAR ACCELERATE FAST BESIDE ME ON MY LEFT AND MADE A SUDDEN RIGHT TURN. HE MUST HAVE THOUGHT THAT I WAS GOING TO TURN RIGHT, SO HE CAME IN FROM THE OUTER LANE AND CUT IN. THIS CAUSED A COLLISION ON THE LEFT FRONT OF MY VEHICLE NEAR THE HEADLIGHTS WITH THE RIGHT REAR PASSENGER DOOR OF THE OTHER VEHICLE. WE BOTH THEN GOT OFF OUR VEHICLES AND I TOOK A PICTURE OF THE ROAD, SHOWING HIS TYRE MARKS FROM MY LEFT COMING TO THE COLLISION, SHOWING HOW FAST HE WAS GOING TO NEGOTIATE THE SUDDEN TURN. WE EXCHANGED PARTICULARS AND PROCEEDED TO DRIVE OFF.

THAT WAS ALL.



SINGAPORE  
POLICE FORCE



T/20200701/2016

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

3 of 3

Report No. T/20200701/2016

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:  
TP /  
WINSTON KOH WEN ZHONG

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/07/2020 10:22

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



← 29 June 2020  
5:00 pm Singapore



Go  
straight / turn  
right.

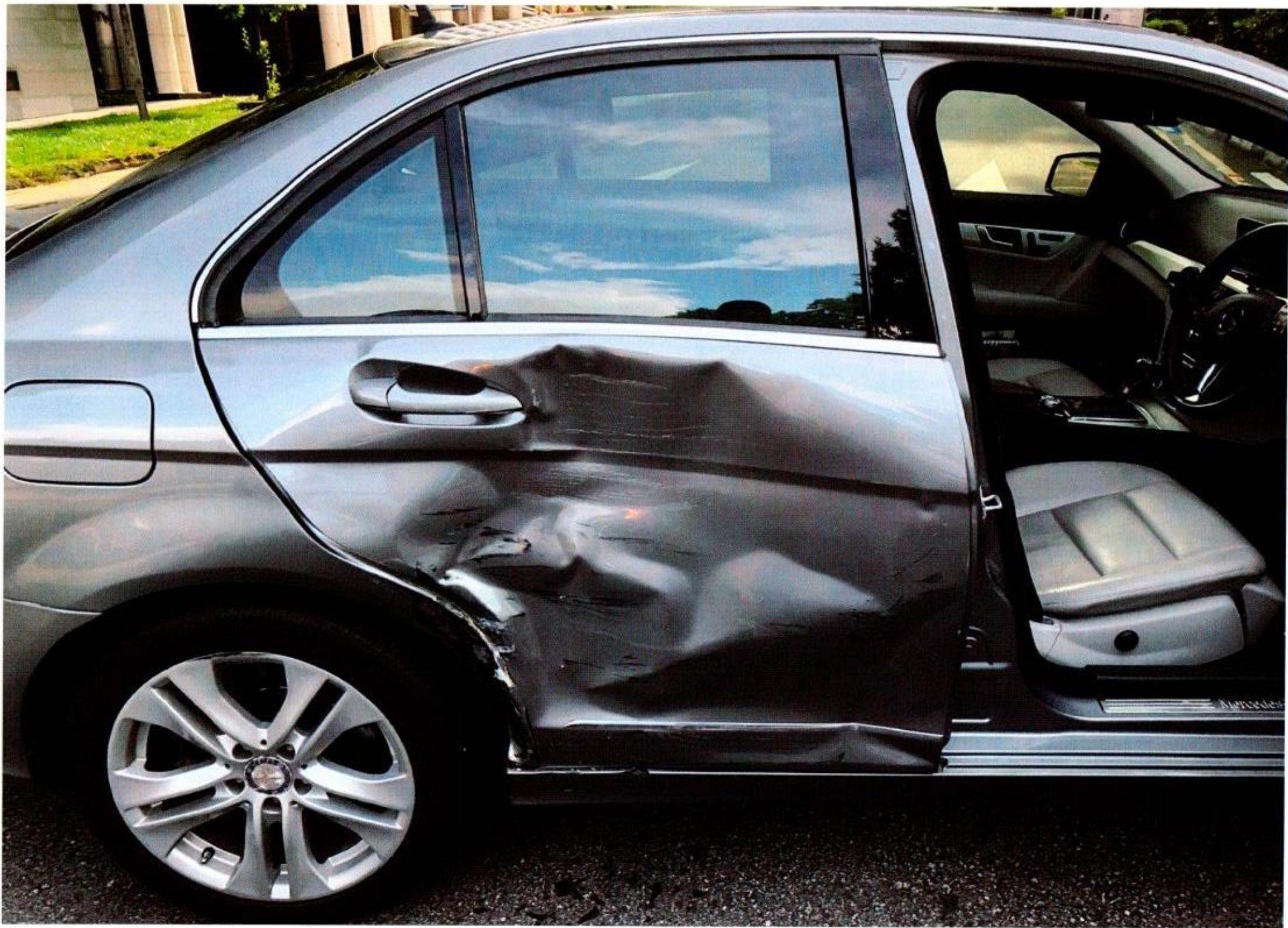




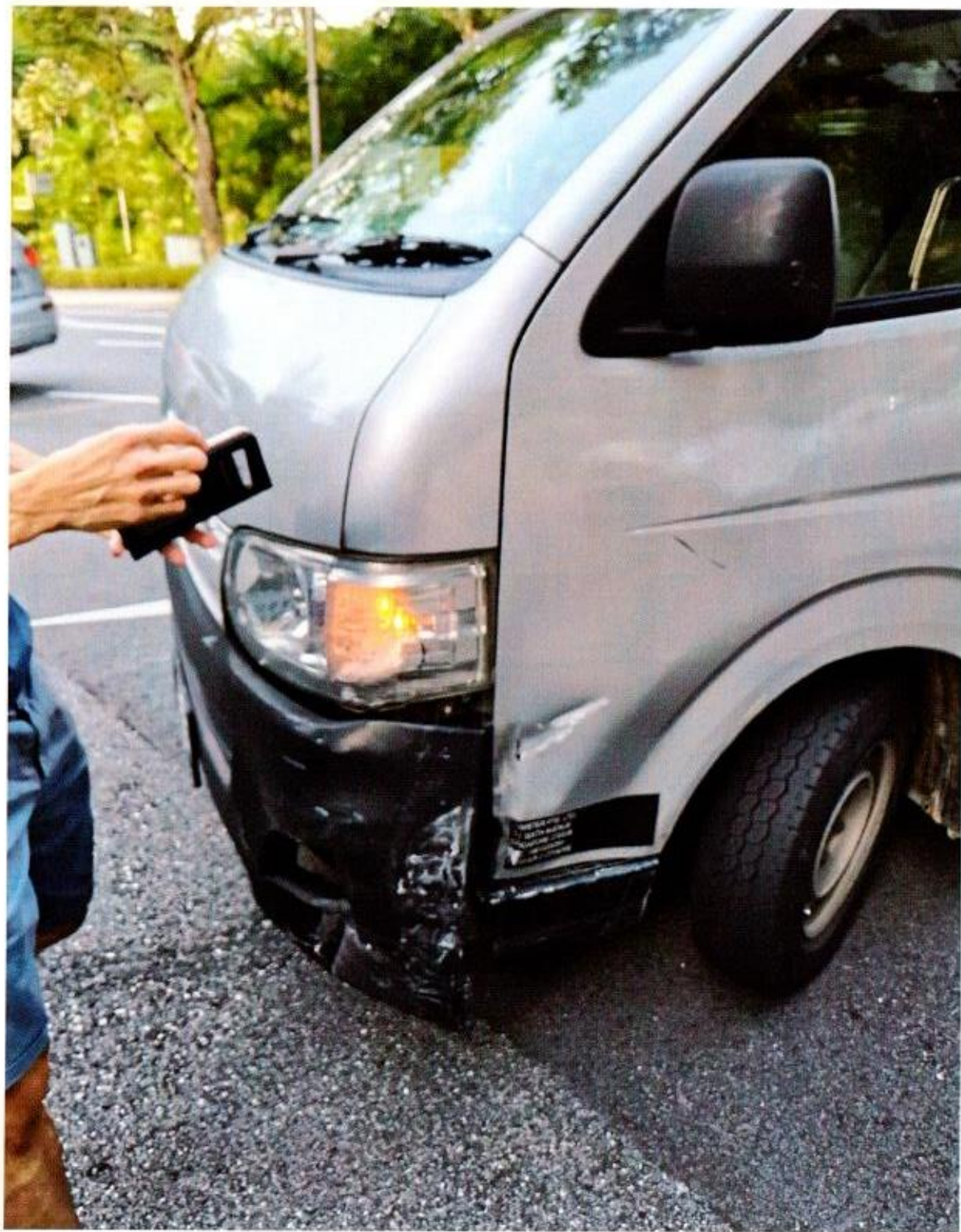


(debris)  
point of  
collision  
left of van  
with right  
rear door of  
car.











**Accord Medical Clinic**

BLK 325 UBI AVENUE 1 #01-701 S400325

Tel: 68441528 Fax: 68443782

**Medical Certificate**

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Date : 30 Jun 2020

MC No. : 0000068078

This is to certify that :

Name : CHOW LAI YEW

NRIC : S8620617Z

is Unfit for Duty for 3 days

from 30/06/2020 to 02/07/2020 inclusive.

**ACCORD MEDICAL PTE LTD**

Co. Reg. No.: 201127675H

Blk 325 Ubi Avenue 1 #01-701

Singapore 400325

Tel: 6844 1528 Fax: 6844 3782

Email: enquiry@accordmedical.com.sg

www.accordmedical.com.sg

**DR JOSEPH WANG**  
M.B.B.S(S'PORE) GDFM(S'PORE)  
ACCORD MEDICAL CLINIC  
MCR NO: 11753D

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JOSEPH WANG

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Co Reg No : 201127675H

**INVOICE**

CHOW LAI YEW  
1C CANTONMENT ROAD  
#41-25 PINNACLE@DUXTON, THE  
S(085301)

Invoice No. : 211250  
Our Reference : 23511  
Date : 30 Jun 2020

Patient : CHOW LAI YEW (S8620617Z)

Doctor : JOSEPH WANG

DESCRIPTION	QTY	FEE (S\$)
ANAREX	20.00 tabs	8.00
ARCOXIA 120MG	10.00 tabs	30.00
DEXAMETHASONE 0.5MG	20.00 tabs	10.00
KEFENTECH PLASTER	1.00	6.00
CONSULTATION		22.00

Total Amount Payable	76.00
Receipt No. 188262 - NETS Payment Received	76.00
Outstanding Balance	S\$0.00

All cheques should be crossed and made payable to :

Accord Medical Clinic

This is a computer generated invoice which does not require a signature  
E. & O.E



## ACCIDENT STATEMENT

ACCIDENT DATE: (29/06/20) (DD/MM/YYYY), TIME: (16:55) (HH:MM)

LOCATION: Pengang Road towards Buyang Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 98C51184  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5113558290  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HIACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Going to an orchard  
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: Armister Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81028151  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Chow Lai Yew (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S86206172 CONTACT: 97608583  
c) ADDRESS: 12 Cantonment Road #41-25 S085201

\*d) DATE OF BIRTH: (07/08/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8 years

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

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDS618X MODEL: Mercedes  
b) DRIVER'S NAME: Toh Kim Teck  
c) NRIC/FIN/PASSPORT: S6835462E CONTACT: 97886822

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =

video =

## 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 :** 5113558290

**Cover :** Third Party, Fire & Theft

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBC5118Y          |
| Chassis Number   | : JTFHT02P500089561 |
| 2. Name of Policyholder  | : ARMSTER PTE LTD   |
| 3. Effective Date of Insurance   | : 22 Nov 2019       |
| 4. Expiry Date of Insurance  | : 21 Nov 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.<br>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	: YES
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 : SGML PTE. LTD. (00000573854)  
Date of Issue : 23 Oct 2019 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/1095723

Policy No.	5113558290	Vehicle No.	GBC5118Y	GST Registration No.	
Certificate No.					
Policyholder Name	ARMSTER PTE LTD			Policyholder NRIC	198102005
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81028151	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	30/06/2020 15:24	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/06/2020	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PENANG RD TWDS BUYONG RD				
▼ 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	0.00	Driver is Covered?	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	30/06/2020 15:32:54 System changed GST Registered from Yes to No 30/06/2020 15:32:54 System changed GST Registration No. from M200535189 to null 30/06/2020 15:32:54 System changed GST Registration Date from 01/01/2015 to null				
▼ Policyholder Mailing Address					
Address 1	22 WOODLANDS LINK	Address 2	#01-01	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	738734
Unit No.		Related Policy Number	5113558290		
▼ Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/08/1981
Unnamed driver Name	CHOW LAI YEW	Driver NRIC	SXXXX617Z	Driving Experience	7
Register Date of Driver License	07/12/2012	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	97608583	Contact No.(Office)	0	Address 3	THE PINNA
Address 1	BLK 1C	Address 2	CANTONMENT ROAD	Post Code	085301
Address 4	SINGAPORE 085301	Address Type	Singapore address		
Unit No.	#41-23				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ARMSTER PTE LTD	In NF
Contact No.(Mobile)		Contact No. (Home)		Co No (CO
Email Address	armster@singnet.com.sg	Q1 Vehicle Number	GBC5118Y	TP Ve NL
Claim Description	GBC5118Y / SD5618X ON 29 Jun 2020			Na Pn Wk
Preferred Workshop		Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
Report Taken By	ROSINDA	Claim Close Date	30/06/2020 15:37	Di Re To bu Re
Print AK letter				
Save Submit				

Attachment

Accident No.	MT/1095723	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/06/2020 00:00
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
		Category *	Confidential
		Urgency *	

