

# NATIONAL Assessment Centre Services. (last 1 Jan 2003) **MAA 300 79731**

Date In: <b>22/8/20 18:46</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/NC20009090/T1</b>	SAS e-filing	<b>24/8/20</b>	
Veh No: <b>93A28254</b>	E-mail (Veh Ins, AIC Ins)		
OOA: <b>22/8/20 13:50</b>	I-Motor Claims Form	<b>MT1101460-001</b>	<b>28/08/2020</b>
OD: <b>(TP) Reporting Only</b>	I-Motor W/O (With/Out OD Ins, TP Ins)		<b>1050</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No:	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Landing: \$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: \_\_\_\_\_

<b>NBA2004493</b>	
Driver/Owner:	1) AIC: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claim against INC Only (over 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repairs Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Theaters Coordination \$3
	TP (NI) / TP (Non INC) against INC \$10
	2) NI: Idea Mobile \$0
	Invoice dated
	Invoice dated

## 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	27/08/2020 18:28
Date Of Accident	27/08/2020 13:50
Exact Location Of Accident	LORONG BEKUKONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2825U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TUV SUDPSB PTE LTD
Co Reg No	1XXXXX667R
Email Address	DICK.NG@TUV-SUD-PSB.SG
Mobile Phone No	(LOCAL) +65-96840464
Alternative Phone No	OFFICE-68851672

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5079495958-04
Cover Note Number	

### Driver

Name of Driver	DICK NG KWOK HWA
NRIC No	SXXXX879H
Date Of Birth	25/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1980
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96840464
Fax Number	
Contact Number	
Email Address	DICK.NG@TUV-SUD-PSB.SG



Address BLK 548B SEGAR ROAD #18-676  
 Postcode 672548  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? NO  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 0

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name DOVER NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD, BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7788999 - FAX NO: 67762859  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200827/2082

#### 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 Witness 1

Name BACKI  
 Phone Number 81122959  
 Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2212G  
 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)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

22/05/20  
1645

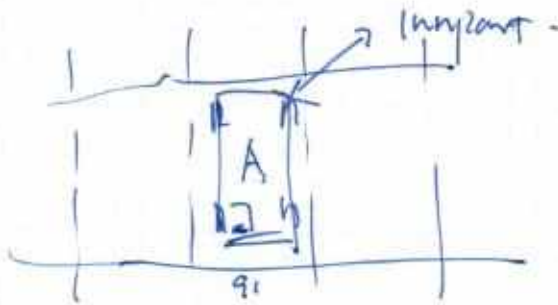
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

22/05/20 1645

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

22/05/20 1645

SKETCH PLAN



Vol A GBA 28254  
Jalan Bekukong

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Attached Police report 1/20200827/2082

DECLARATION

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

Policyholder's Signature  
Date & Time



27/08/20  
1645

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

27/08/20 1645

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

27/08/20



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/08/20 (DD/MM/YYYY), TIME: 13:50 (HH:MM)

LOCATION: LORONG BUKITKONK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: LIBA 28254  
 b) INSURANCE COMPANY: INTOMB  
 c) POLICY NUMBER: 50794 95958-04  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA 2 HIACE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 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: TUV SUB PSB (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 199002647R CONTACT: 68851672  
 c) ADDRESS: 1, Suman Park Drive S 118221

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

## DRIVER

- a) NAME: DICK NG KWEE HWA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 1155879H CONTACT: 96840464  
 c) ADDRESS: BK 548B Segar Rd # 8-676

\* d) DATE OF BIRTH: 25/05/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2.3

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: DOVER Rd PP.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YQ22126 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

email = dick.ng@tuv-sub-psb.sg  
dick.ng@tuv-sub  
 VIDEO



# SINGAPORE POLICE FORCE



T/20200827/2082

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

1 of 3

Report No: T/20200827/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2020 15:49		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: DICK NG KWOK HWA			Address: APT BLK 548B SEGAR ROAD #18-676 SINGAPORE 672548		
ID Type / ID No.: NRIC NO / S1155879H			Contact No.: Home/Office: Mobile: 96840464		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 25/05/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/08/2020 13:50	Type of Location: Car Park
Location:  LORONG BEKUKONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA2825U	Van	TOYOTA			Seriously Damaged	0
YQ2212G	Lorry					0

**Details of Person Involved**

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





Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

2 of 3

Report No. T/20200827/2082

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	DICK NG KWOK HWA		ID No.	S1155879H
Related Vehicle	GBA2825U (Van)		Contact No.	96840464
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Name</b>				
Unknown		ID No.	NIL	
Related Vehicle	YQ2212G (Lorry)		Contact No.	NIL
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 the 27/08/2020 @ 1320hrs, I parked my van at the said location and went for lunch. on the same day @ 1350hrs, when I returned to the van and I saw a small note written a number plate and hit and run word on it, and also a witness approached me, and he told me that earlier he saw the said lorry was trying to park into the parking lot next to my van and while reversing, collided onto the rear left side of my van, and then drove off. The damage on my van is rear left side scratched and also left side lights cover broken. The said carpark is Changi Village Carpark 2.



**SINGAPORE  
POLICE FORCE**



T/20200827/2082

3 of 3

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

Report No. T/20200827/2082

**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:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:

Date/Time:

27/08/2020 15:49

Classification Of Case:



SINGAPORE  
POLICE

Authentication Stamp

NP168

SN 51

SIGNATURE

## Claim Handling

Accident HT/1101460

Policy No.	00790099-04	Vehicle No.	GBA28150	GST Registration No.	
Certificate No.					
Policyholder Name	TUV SUD PSH PTE LTD			Policyholder NRIC	1990026679
Product Code	COMMERCIAL VEHICLE (B2B2A)	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	9684454	Contact No.(Office)	6803472	Contact No.(Home)	
Email Address		Special Remark		eCover	NO
MPK	No Yes	TCK	No Yes	eCover Reason	
NCD Protection	No	NCD Endowment(%)	20	Weight Hrs	No
Accident Details					
Report Date	28/08/2020 10:43	Accident Report Within 24 hrs	Yes	Accident Type	Crashed into Parked Vehicle
Date of Accident	27/08/2020	Time of Accident (H:MM)	01:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	JALAN PERAK (B2B)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
UG Standard Excess	0.00	TP Standard Excess	0.30		
VES DD Excess	0.00	RED TP Excess	0.30	Driver is Covered?	Covered
Additional Excess					
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.30		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	31/04/1994		
GST Registration No.	R20084504	GST Status Verified	Yes		
Modification History	28/08/2020 10:47:18 System changed GST Registered from No to Yes 28/08/2020 10:47:18 System changed GST Registration No. from null to R20084504 28/08/2020 10:47:18 System changed GST Registration Date from null to 31/04/1994				
Policyholder Mailing Address					
Address 1	1 SCIENCE PARK DRIVE	Address 2	TUV SUD PSH BUILDING	Address 3	SINGAPORE 118221
Address 4		Address Type	Singapore address	Post Code	118221
Line No.		Related Policy Number	5079495458-04		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
(Preferred driver Name)	DICK NG KWOK HUA	Driver NRIC	S11056794	Driver DOB	27/05/1958
Register (Date of Driver License)	05/09/1980	Driver Age	61	Driving Experience	28
Contact No.(Mobile)		Contact No.(Office)	6803472	Contact No.(Home)	
Address 1	81X SAKH #12-47N	Address 2	80CAR ROAD	Address 3	80CAR PALMVIEW
Address 4	SINGAPORE 472548	Address Type	Foreign address	Post Code	472548
Line No.	18-47E				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBA28150	Driver Insurer Company	WTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	CO-HK	Insured Name	TUV SUD PSH PTE LTD	Insured NRIC	1990026679	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67781777	
Email Address		DI Vehicle Number	GBA28150	TR Vehicle Number	YQ22130	
Claim Description	GBA28150 / YQ22130 ON 27 Aug 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Category	Not yet Paid			
Reserve No. Provision	Yes	Reserve Option	Preferred Workshop Name (optional)	DI Report Received		
Date Registered				Claim Close Date		Date Received 28/08/2020 20
Report Taken By	ROSLI WAKHAR					
New AA: 00AR						
Save Submit						

Attachment

Accident No.	HT/1101460	Claim No.	001		
Lat. Doc. Received	Yes No	Upload Date	28/08/2020 10:50		
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		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Send Mail					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
HAC_BUKIT_MERAH_8004701 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:50		Photo	Normal	Photos 2020-8-28	



	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:30	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:50	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:52	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:53	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:48	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:48	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:49	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:49	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:49	Photos	Normal	Photos 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:49	BRCC Driving License	Y	BRCC Driving License 2020-8-28
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2020 10:49	SAS	Normal	SAS 2020-8-28

[Video List](#)

Uploaded By/Date	Folder Name	File Name	Source
<a href="#">Display in New Window</a> <a href="#">Zoom and updating</a>			

## 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5079495958-04

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

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBA2825U            |
| Chassis Number  | : JTFHT02P000002911   |
| 2. Name of Policyholder   | : TUV SUD P58 PTE LTD |
| 3. Effective Date of Insurance  | : 09 May 2020         |
| 4. Expiry Date of Insurance   | : 08 May 2021         |
| 5. Persons or Classes of Persons entitled to drive#   |                       |
| (a) The Policyholder.   |                       |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                       |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                       |
| 6. Limitations as to Use#   |                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                       |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                       |

This Policy does not cover

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

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: 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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 08 May 2020 23:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**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 : MWD0073731 Vehicle Registration No : GBA 2854  
Name (as shown in NRIC) : DKK NG KWOK HWA NRIC/FIN/Passport No : Sxxx875H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96840464  
Email Address : \_\_\_\_\_  
Date of Accident : 27/08/2020 Time of Accident : 13:50  
Place of Accident : LOBBY BRKDOWN  
Insurance Company : NZUC

**(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:

- ① TYPE OF COLLISION IS HIT & RUN.
- ② INSURANCE COMPANY NAME

Policyholder / Driver's Signature

Date: 28/08/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: