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0.0 A D3 (1)(2020 12:58	I-Motor Claim Form	M1 1117249-001	03/13/2020
	1-Motor W/O (Withles OD 2h	is, TP (bis)	.15.51. :
OD : (TP !) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Pax/ Hand	to Owner/WKan	
Profurred Witep / INC Assign Witep / QW: (Tolt	Fext
· yy 1, Ny (Y	1.520/H . INC	(,)/Non-INC().	<u> </u>
Owner / Driver: (Tel:	
	riod: (Cover Type: (
	· Dates,	Timer	1001/3
Insured/Driver Liability: (%) [Note-Est Sintus (WO): N: 0	-20%; P: 21-79%. P: 50	1-10074
Year of Registration: ()	Warranty: YES ()/NO ()	V*VARIBLE SANCE
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1) Apply for Transport Allowance ()/	Courtesy Car ()	W	-
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SN0820C30004-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/12/2020 15:13 (SGT) SUBMITTED BY: Rosil Bin Abdul Wahab VERSION: 2 (03/12/2020 15:23 (8GT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 This Form must be completed by the Policyhoider and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

A. 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 Submission Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

03/12/2020 15:13 (SGT) 03/12/2020 12:58 (SGT)

Orchard Boulevard, Singapore PATERSON ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SE6826T

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No

No

ANDREE HALIM @ LIM SIEN TJONG

SXXXX820B

limoman@singnet.com.sg

(Phone) +65-92976688

+65-92976688

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Toyota

Alphard

Employment

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5119947773

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0820C30004

TAN YONG HUA SXXXX568H 28/07/1963

Outdoor

Page 1 of 24

Date Of Driving Pass 14/02/1981 Driving experience 39 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91176433 Alt. Phone Number Email Address limoman@singnet.com.sg Address BLK 636 #12-03 Address complement YISHUN STREET 61 Postcode 760636 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ANDREE HALIM @ LIM SIEN TJONG Gender Male DETAILS OF POLICE ACTION No

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLL5241H

 Vehicle Manufacturer
 BMW

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LOH KAY HEE

 NRIC No
 SXXXX425F

Contact Number	(Phone) +65-97711354
Address	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address complement	
Postcode	
Insurance Company Name	(-
Nature Of Damage	
Details of property damaged in accident	Vicinity of the control of the contr
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.
- 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.
- 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.
- 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.
- 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:
 - 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 "Furposes")
- (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:
 - 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

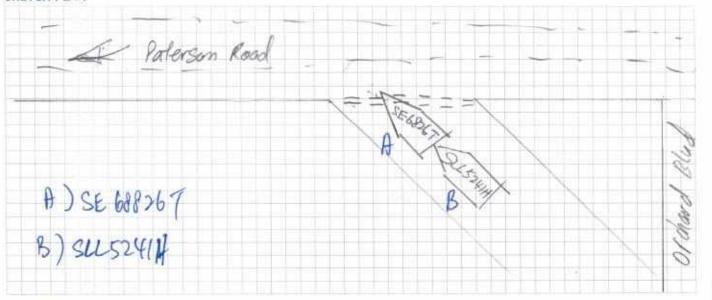
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	METAL MARKET AND ALL MARKET SAND DAY
On 3/12/20	To about 12.58 ms, I was Dring Cur number ST 68267 from orchard There we have soon Road at the ghe way area I was slow down for vehicle on my right . Suddly the can befind me (SUS 24) Mr. Loh Kay Here IC 7244425 F HP: 97711354. My back of Cav
BIVA Let	I Turn to Paterson Road at the ghe way area I was sow down
and Stup	for vehicle on my night . Suddly the can befind me (SLL524)
delvine Bu	Mr. Loh Kay Here 16 7240005 F HP: 97711354.
Hit an	my back of car.
11.1	The state of the s

DECLARATION

I/We declare the foregoing particulars are true in every respect. [4.70ms

strono

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

ACCIDENT STATEMENT

	The same of the sa			
A	CCIDENT DATE: 03/12/2	MYNMMIDDI OCO	YI TIME! /2 .	58 VIHI-MAI
WS	mak-1011:	10110	7.1	Juranni)
Le	OCATION: Orchard Blud I	eff cum to	Katerson Roc	26
	1 DETAILS OF VEHICLE	2000		-
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 3	E6826 T		
	DINELIDANCE NOMBER:	70020 1		I # # #
	DINSURANCE COMPANY:		*	3.5
	CIPOLICY NUMBER: 51/	The state of the s		
	d)POLICY TYPE: (COMPRE)	HENSIVE / THIRD PA	RTY / THÍRD PART	Y FIRE &THEFT]
	e MAKE & MODEL: 707	oto Hiphand		40000000 100 000000000000000000000000000
	f)TYPE:(SALOON / COUPE /	MPV /VAN / LORR	Y / MOTORCYCL	E / OTHERS)
	g) VEHICLE CATEGORY: [PR	VATE / COMMERC	AL / MOTORCYC	CIFI .
	HIPURPOSE OF USING AT A	CCIDENT TIME: V	Varking	
V	I) ARE YOU CLAIMING UNDI	ER YOUR OWN INSU	RANGE MESING	12
	II- NO, PLEASE STATE THIRD	PARTY CLAIM V RE	EPORTING ONLY	
	2. INSURED / POLICY HOLDER	Land Control of the C		11.
2 (MA)	AINAME Andree Hali	m e Liem Sen	Tions IMALE	/ FEMALE)
Boss) (M)	b)NRIC/FIN/PASSPORT: 52	158820B	CONTACT: 9	
	CIADDRESS: 150 South		#12-03	
	FOOK Hai B	uilding Spore o	58727	
19.11 0	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HO	OLDER	
4 Ho of passange	3 DRIVER To Nos M	22		
Clincluding drive	J allaviare land land Line			/ FEMALE)
(2)	Characterde Mashort ?	5/1568H	_CONTACT:	91176433
	CIADDRESS: 8W 636 Vis		0-104 .	
	d)DATE OF BIRTH: (20)	2 , 10/2		
54	e)OCCUPATION: (INDOOR /	CUTDÓOD!	AM/YYYY)	\$ s
	HOSTE OF DRIVING PASC			
14	WAS DRIVER AN EMPLOYE	POETHE MICHIE	DIC COMPANIO	0/56://10)
	IF NO, RELATIONSHIP OF T	THE DRIVED WITH	INCLIDED	(1697 NO)
S	a) WEATHER CONDITION: (CL	EAR / RAINING / O	THERS	ī
	b)ROAD SURFACE: (DRY / WI	T OTHERS	A second	
6	. WAS ANYBODY INJURED (YES	/NOI		
7.	a) REPORTED TO POUCE (YES	/ NOI T		12
	IF YES, PLEASE STATE WHICH	POLICE STATION:	a Mil	
M	THIRD PARTY VEHICLE	TACTOR PARTY - NOV.	19886	
4 Ho of passenger	a) VEHICLE NUMBER: SLL	5241 H	MODEL: BMU)
(Induding driver)	b) DRIVER'S NAME Loh	Cay Hee		y Karu
(_)	c) NRIC/FIN/PASSPORT:	0 57244425F	CONTACT: 9	77/1354
0.001	THIRD PARTY VEHICLE			*8
" No of passanger	d) VEHICLE NUMBER:		MODEL:	
(Induding driver	OI DIVERSHAME	and the second second		• • •
()) f) NRIC/FIN/PASSPORT:		CONTACT:	
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· Task Transfer · Exit.

Claim Handling

	2249				ETGS ELIN E
falley No.	5119947773	Vehicle No.	S66826T	GST Registration No.	
Certificate No.				356	
Folicyholder Name	ANDREE HALIM			Policyholder NRIC	521568208
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	Ô
Contact No.(Mobile)	92976688	Contact Na.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No.Y
KFK	No Yes	TCA	No Yes	eCode Reason	1 Carrier
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
Accident Details					
Report Date	03/12/2020 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/12/2020	Time of Accident hhamm	12:58	Country of Accident	Singapore .
Reporting Centre	NATIONAL ASSESSMENT CEN	TI Orange Force	No:	ICM No.	
Accident Location	ORCHARD BOULEVARD TURN	ING LEFT TO PATERSON ROAD			
▼ Total Excess Appl	licable				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.0	00 TP Standard Excess	0.00		
VIED OD Excess	0.1	Ori or commercial conserva-	0.00	Driver is Covered?	Covered
Additional Excess	0.1		CASE		
Total OD Excess	600.1	Total TP Excess	0.00		
Applicable Benefits	-	Applicable			
GST Registered In	nformation				
The second secon	No		GST Registration Date		
35T Registered 3ST Registration No.	740		GST Status Verified	Yes	
Modification History			Control of the Contro	TARP.	
170					
Policyholder Mail	Military and the state of the s	2245445000V		U/DSL5WNSER!	
Address 1	150 SOUTH BRIDGE ROAD	Address 2	#12-03 FOOK HAI BUILDING	Address 3	SINGAPORE 058727
Address 4		Address Type	Singapore address	Post Code	058727
Unit No.		Related Policy Number	5119947773		
□ OI Driver Info □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	TAN HINE LIVE	Driver Type	framed Barrier		
Driver Name	TAN YONG HUA	William 11000	Named Driver	Driver DOB	Down transport
Unnamed driver Name Register Date of Driver		Driver NRIC	S1577568H		28/07/1963
License	14/02/1981	Driver Age	57	Driving Experience	39
Contact No.(Mobile)	91176433	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?	Yes No	Driver Vehicle No.	SE6826T	Driver Insurer Company	NTUC
▽ Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes a No		
Modification History					
▼ Investigation					
DANK OF STANDARDS SANE R					
Claim 001 00-MX	New				
Claim Type		ор-мх	Insured Name	ANDREE HALIM	Insured NRIC
Contact No.(Mobile)		98168381	Contact No.(Home)	NII.	Contact No.(Office)
Email Address			OI Vehicle Number	SE6826T	TP Vehicle Number
		SE6826T ON 3 Dec 202	0		Name of Preferred Workshop
Claim Description					
Preferred Workshop	referered Preferred ansured a Workshop, emplity at				
Preferred Workshop ROLLING Ves Ro	referenced Preferred Inhiller a		Claim Close Date		Date Received

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Print AK letter

Modification History

Special Claim Creation Approval

Reason

Remarks

Attachment

Acres	dent No.	
-	HANGE LAST.	

MT/1112249

Claim No. Upload Date 001

Last Doc. Received

Yes □ No

03/12/2020 00:00

Fath *

Choose File	No file chosen
Choose File	No file chosen

	Category *		Confid	ential	Urgenc)	63
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Clear	Please Select	~	NO	v	Normal	¥
Clear	Please Select	v	NO	~	Normal	٧
Clear	Please Select	~	NO	~	Normal	
Clear	Please Select	Υ.	NO		Normal	~

Attachment List

tachment	Uploaded By/Date	Category	Urgency	Description
13	NAC_PAYA_URI_B00601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_BDD601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
11	NAC_PAYA_UBI_800681(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBL_BODGO1(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_BUDGO1(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
W 44	NAC_PAYA_UBI_8006D1(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_BU0601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Nurmal	Photos 2020-12-3
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:31	Photos	Normal	Pnotos 2020-12-3
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Photos 2020-12-3
Est	NAC_PAYA_UBI_880601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_URI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Photos 2020-12-3
	NAC_PAYA_UBL_B00601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:30	Photos	Normal	Phatos 2020-12-3
	NAC_PAYA_UBI_BODGOI(NATIONAL ASSESSMENT CENTRE SE	Photos	Normal	Photos 2020-12-3

Claim Handling (Claim MT/1112249 / Claim 001 OD-MX)

RVICES) on 03 Dec 2020 15:29

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NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:29

NRIC/ Driving License Normal

NRIC/ Driving License 2020-12-3

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:29

NRIC/ Driving License

Normal

NRIC/ Driving Ucense 2020-12-3

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE NRIC/ Driving License RVICES) on 03 Dec 2020 15:29

Normal

NRIC/ Driving License 2020-12-3

NAC_PAYA_UBL_80D601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 03 Dec 2020 15:29 NRIC/ Driving License

Normal

NRIC/ Driving License 2020-12-3

NAC_PAYA_UBI_BODGOT(NATIONAL ASSESSMENT CENTRE SE KVICES) on 03 Dec 2020 15:29

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Normal

SAS 2020-12-3

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window Scan and uploading

eBaoTech								Genera	alClaim		
Hello, NAC_PAYA_UBI_800	0601						• Change	Languag	e + Char	ige Password	· Log Ou
My Desktop	Poli	cy Query									
Natice of Loss	Policy !	No.				Date	of Accident		03/12/2020	15:20	
	Vehicle	No.(For Motor)	SE682	6T		Certi	ficate Number	95			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	(0)	5119947773		ANDREE	\$21588208	GPC	drivo PREMIUM	SE6826T	1100-2000	24/11/2020	23/11/2021
					1	Continue	1				



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: 5119947773

Cover : drivo PREMIUN : To Be Advised

: AGH300281413

: 23 Nov 2020

: 22 Nov 2021

: ANDREE HALIM @LIEM SIEN TJONG @LIEM SIEN TJIONG

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

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.

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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP . YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : ANDREE HALIM NAMED DRIVER (1) : TAN YONG HUA 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

THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue

: 23 Nov 2020 13:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle No.:

SE6826T

Vehicle Type:

P11 - Passenger Station Wagon/Jeep/Land Vehicle Scheme:

Vehicle Attachment 1:

With Sun Roof

AGH300281413

134.0 kW (179 bhp)

TOYOTA

Petrol

2493 €€

1980 kg

24 Nov 2020

\$54,746.00

ANDREE HALIM

Singapore NRIC

52158820B

White

2019

Ves

0

Vehicle Attachment 2:

Vehicle Make:

Chassis No.:

Motor No.: Propellant:

Engine Capacity:

Maximum Power Output:

Unladen Weight:

Primary Colour:

First Registration Date:

Manufacturing Year:

PARF Eligibility:

No. of Transfers:

Actual ARF Paid:

Owner Name: Owner ID Type:

Owner ID:

Registered Address Type:

Registered Block/House No.: 150 Registered Street Name:

Registered Unit No.:

W 12 - 03 Registered Building Name: -

Registered Postal Code:

058727

COE No. / Expiry Date:

2020120107000306H / 23 Nov 2030

Shopping / Office Complexes

SOUTH BRIDGE ROAD

Private Residential (Condo Apt or House) /

COE Bid Category:

E - Open - all except motorcycle

QP Paid:

\$39,500.00

Business Transaction Ref.

20201124111318777341

Business Transaction Date: 24 Nov 2020

Business Transaction Time: 11:13:18

The above vehicle has been successfully registered.

The total amount is \$95,377.00.

The Vehicle No. Retention Fee of \$1,200.00 will be refunded to the vehicle owner.

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

OK

Save as PDF

Normal

2AR2286677

ALPHARD 7-SEATER 2.55 CVT

Vehicle Attachment 3:

Vehicle Model:

Engine No.:

Trailer Chassis No.:

Passenger Capacity:

Power Rating:

Maximum Laden Weight:

Secondary Colour:

Original Registration Date: 24 Nov 2020

Open Market Value:

Minimum PARF Benefit

\$27,373.00

6

2365 kg

\$44,818.00

Additional Registration Fee First \$20,000.00 (100%), next \$24,818.00 Rate:

(140%)



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SNO 000000 ____Vehicle Registration No: Jell 346 Nameras snewnin NRIC): NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: **Email Address** _Time of Accident : ______ 1):58 Date of Accident Bouchvales Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: DAD

Béporting Centre Personne