

NATIONAL Assessment Centre Services.

Print 1 Jan 2003

SN: 0820CS0000

Date In: 28/12/2020 12:59	Job description	Date & Time Completed	Done by
Ref No: N/A/INC200/4530/4	SAS e-filing		
Veh No: SMU 685X	E-mail (by date time, A/C time)		
O.O.A: 27/12/2020 13:20	1-Motor Claims Form	28/12/2020 13:48	
OD: TP: Reporting Only	1-Motor W/O (With: OD time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Visor		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date: _____

Time: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	\$3
	*NS: Courtesy Car / Tpl Allowance	\$10
	*NS: Repair Coordination	\$25
	*NS: Post Repair Inspection	\$3
	*NS: DV / Collect Excess Coordination	\$20
	TE (NI): TP (over INC) against INC	\$0
	5) NI: Idea Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NA2100499

SA: 0820CS0000

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 Submission	28/12/2020 12:59 (SGT)
Date of Accident	27/12/2020 13:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6185X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MONG XIN TIA(CHEN MENGXIN)
NRIC No	SXXXX869B
Email Address	tia.raphaella@gmail.com
Mobile Phone No	(Phone) +65-91800493
Alternative Phone No	+65-91800493

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118548141
Cover Note Number	-

DRIVER

Name of Driver	TAN MONG XIN TIA(CHEN MENGXIN)
NRIC No	SXXXX869B

Date Of Driving Pass	08/11/2002
Driving experience	18 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91800493
Alt. Phone Number	+65-91800493
Email Address	tia.raphaella@gmail.com
Address	BLK 771 BEDOK RESERVOIR VIEW
Address complement	#17-157
Postcode	470771
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ONG SUAT LAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201228/7002

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	GBH2804T
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN MONG XIN TIA(CHEN MENGXIN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU6185X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG SUAT LAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU6185X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

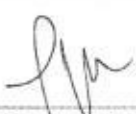
SKETCH PLAN

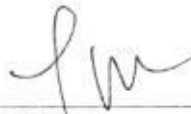
IMPORTANT NOTICE

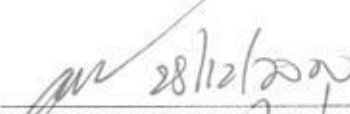
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

CTE TOWARDS
CITY BEFORE
BRADDELL EXIT



(A) SMU 6185 X
(B) GBH 2804 T

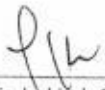
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27th December 2020, at about 13:20hrs, I was travelling along CTE towards City before Bradell Road Exit. The vehicles in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. After a few seconds, I felt a great impact from the rear - I alighted and realised vehicle B had collided onto my vehicle.

Police Ref: T/2020/1228/7002

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:


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

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 27.12.2020 TIME : 13:20hrs
LOCATION : CTE Trunk City before Pradell ExitVEHICLE NUMBER : SMU 6185X MAKE / MODEL Honda Fit 1.66F CVT
OWNER INSURED : Tan Mohs Xin, Tia (Chen menexin)
NRIC NO. : S8224869B CONTACT NUMBER: 91800493
INSURANCE COMP: NTUC POLICY NUMBER:
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** (☒)

DRIVER NAME : NRIC NO.:

ADDRESS: 711 Bedok Reservoir View #17-157 S(470771) POSTAL: 47071
CONTACT: EMAIL: tia.rafaella@gmail.com GENDER: Female
DOB: 08.08.1982 DATE OF PASS: 08.11.2002**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES (☒) NO

IF NO, RELATION OF DRIVER WITH INSURED:

(☒) OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERSWEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : Neck Back Pain

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:

(☒) YES () NO POLICE REPORT NUMBER: 712020/228/1002

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: 2

PARTICULAR OF PASSENGER : ONG SUAT LAY () MALE (☒) FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B 6BH 28047 NAME /NRIC: CONTACT: (NZWS)
VEHICLE C NAME /NRIC: CONTACT:
VEHICLE D NAME /NRIC: CONTACT:
VEHICLE E NAME /NRIC: CONTACT:
VEHICLE F NAME /NRIC: CONTACT:
VEHICLE G NAME /NRIC: CONTACT:**WITNESS (IF ANY)**

NAME: HP NO.: NRIC:

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



SINGAPORE POLICE FORCE



T/20201228/7002

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

1 of 3

Report No. T/20201228/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 02:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN MONG XIN, TIA			Address: 771 BEDOK RESERVOIR VIEW #17-157 SINGAPORE 470771		
ID Type / ID No.: NRIC NO / S8224869B			Contact No.: Home/Office: Mobile: 91800493		
Nationality: SINGAPORE CITIZEN			Email: tia.raphaella@gmail.com		
Sex: Female	Age: 38	Date of Birth: 08/08/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Pet service provider			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2020 13:20	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH2804T	Lorry					0
SMU6185X	Car	HONDA	FIT 1.3GF CVT	Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU6185X	NTUC Income Insurance Co-Operative Limited	5118548141	21/08/2020	20/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	ONG SUAT LAY		ID No.	S7633321A
Related Vehicle	SMU6185X (Car)		Contact No.	91260052
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020		Date	27/12/2020
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	TAN MONG XIN, TIA		ID No.	S8224869B
Related Vehicle	SMU6185X (Car)		Contact No.	91800493
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/12/2020		Date	27/12/2020
No. of Days granted Medical Leave	07		Degree of	Slight

Brief Details.

On 27th December 2020 at about 1.20pm, I was travelling along CTE towards City before Bradell Road Exit. The vehicles in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. After a few seconds, I felt a great impact from the rear. I alighted and realised GBH2804T had collided into my vehicle.



**SINGAPORE
POLICE FORCE**



T/20201228/7002

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

3 of 3

Report No. T/20201228/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/12/2020 02:01

Classification Of Case:

Claim Handling

Accident MT/1115167

Policy No.	5118548141	Vehicle No.	SMU6185X	GST Registration No.
Certificate No.				
Policyholder Name	TAN MONG XIN TIA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover type	drive CLASSIC	Leading
Contact No.(Mobile)	91800493	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	28/12/2020 13:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/12/2020	Time of Accident hh:mm	13:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TOWARDS CITY BEFORE BRADDELL EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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 771 #17-157	Address 2	BEDOK RESERVOIR VIEW	Address 3
Address 4	SINGAPORE 470771	Address Type	Singapore address	Post Code
Unit No.	17-157	Related Policy Number	5118548141	

▼ OI Driver Info

Driver Name	TAN MONG XIN, TIA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6224869B	Driver DOB
Register Date of Driver License	08/11/2002	Driver Age	38	Driving Experience
Contact No.(Mobile)	91800493	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 771 #17-157	Address 2	BEDOK RESERVOIR VIEW	Address 3
Address 4	SINGAPORE 470771	Address Type	Singapore address	Post Code
Unit No.	17-157			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMU6185X	Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN MONG XIN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SMU6185X
Claim Description	SMU6185X / GBH2804T ON 27 Dec 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	28/12/2020 13:17	Claim Close Date	

Report Taken By

ROS LI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1115167	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2020 13:18

Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:17	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
<div>Display in New Window</div> <div>Scan and uploading</div>		

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: 5118548141

Cover : drive CLASSIC

- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : SMU6185X |
| Chassis Number | : GK33418718 |
| 2. Name of Policyholder | : TAN MONG XIN TIA |
| 3. Effective Date of Insurance | : 21 Aug 2020 |
| 4. Expiry Date of Insurance | : 20 Aug 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.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN MONG XIN, TIA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : KCB AGENCY (00000614904)
Date of Issue : 20 Aug 2020 16:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	869B

Vehicle Details

Vehicle No.:	SMU6185X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3GF CVT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	L13B3933208
Chassis No.:	GK33418718
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$15,659.00
Original Registration Date:	21 Aug 2020
First Registration Date:	21 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$5,659.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Aug 2030
PARF Rebate Amount:	\$4,244.00

Intended COE Rebate Details

COE Expiry Date:	20 Aug 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,710.00
COE Rebate Amount:	\$34,116.00
Total Rebate Amount:	\$38,360.00

The information contained herein is correct as at 28 Dec 2020

OK

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 : 340820CS0004 Vehicle Registration No: 8MU 6185X

Name(as shown in NRIC) : Tan Man Xian, 719 NRIC/FIN/Passport No : XXXX 809B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 9180493

Email Address : _____

Date of Accident : _____ Time of Accident : 13:20

Place of Accident : 27/12/2020

Insurance Company: ANUL

(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 Pax Gender should be female
- ② Insurance Address to BIK 711 BIKOK RUSKORR VIEW
#11-157 (470711)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 28/12/2020
Asli Mubor