Date In: 1		DEIN 97119 0009	1	Done by
Date In: 11 1/1/-11:10	Jeb description	Date & Time Co	mpleted	Doue of.
Ref No: ANINCHOOUSTY	SAS e-filing	<u> </u>		
Veh No: SJA823H	E-mail (within Shrs, AIC	thrs)		i A
D.O.A: 81/7-19:35	i-Motor Claim Form	m7/1116769	ווו וכטי	M 11:12
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD / P. P. Reporting Only	i-Photo Uploaded			
Th.	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 6502	13WH I	NC()/Non-INC	().	
Owner / Driver: (Tel:)
Policy No: () Peri	iod: () Cover Type: ()
Confirmed by : (Date:	Time)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%	. P: 80-100%	6]
Year of Registration: () W	Varranty: YES ()/NO)()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks:-				
() Walk-In Customer: Customer's information	mation strictly Confidentia	& Strictly NO refer of	repairer.	
() Total Loss Case : to e-mail Insurer	r URGENTLY.	· · · · · · · · · · · · · · · · · · ·	ţ .	
Drive-In ()/ Towed-In (); Invoice:	YES () / NO (); Towing Co: (1	·)
Remarks: (INC hotline: 6788 6616)		Date&Time Co	mple:ad	Doneby
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	,		
		-		
2) OC Check / Post Repair Inspection	()	,		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
3) Upload Resurvey Photo [Repair Cost>\$30	000] ()		• •	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	000] ()			
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice	e Preparation Check	list	Ani((5)) Amil
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice 1) AR:	e Preparation Check accident Reporting (\$30); Damage Assessment (\$100);	list.	Charles Services 1
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Fime Actions KANOOY3~ laimant's Particulars:	1) AR: / 2) DA: I 3) TF: T	Accident Reporting (\$30); Damage Assessment (\$100); Dowing Fee	INC (\$80) \$40/\$45	fit Bill Add I
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions LANOUY: Laimant's Particulars:: river/Owner:	Invoic 1) AR: / 2) DA: I 3) TF: T 4) FT: F 5) FT: F	accident Reporting (\$30); Damage Assessment (\$100); Dowing Fee Dollow-Through Survey Dollow-Through Survey (Resu	INC (\$80) \$40/\$45 \$120 rvey) \$30	fit Bill Add I
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions KANOOY Inimant's Particulars: river/Owner: ontact No:	Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F	accident Reporting (\$30); Damage Assessment (\$100); Dowing Fee Dollow-Through Survey	INC (\$80) \$40/\$45 \$120 rvey) \$30	BEBIII Add I
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Fime Actions KANOOY3~ laimant's Particulars:	Invoice 1) AR: A 2) DA: I 3) TF: T 4) FT: F Forele 6) TR: F 7) N1: I 2) N5: O	cecident Reporting (\$30); Damage Assessment (\$100); Dilow-Through Survey (Resulting against INC Only (we descriped to the conspection of the properties of the p	INC (\$80) \$40/\$45 \$120 rvey) \$30 \$10 Jen 2005) \$75 \$5160	Bill Add I
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Elaimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice 1) AR: A 2) DA: I 3) TF: F 4) FT: F Forsis 6) TR: F 7) N1: I 8) NTUC OD* *N5: 0 *N6: 1 *N7: 1 *N8: 1 TP (N	coident Reporting (\$30); Damage Assessment (\$100); Damage Assessment (INC (\$80) \$40/\$45 \$120 rvey) \$30 [10 Jan 2005) \$75 \$160 \$55 510 \$25 tion \$55	The Bill Add I

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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	11/01/2021 11:10 (SGT)
Date of Accident	08/01/2021 19:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XXXX 00 00 00 CARREST CALL OF XXXXX FOR CARREST CONTRACT	SJA1833H	
INSURED/POLICYHOLDER			

Is company?	No
Name Of Registered Owner	TAN BOON GAY
NRIC No	SXXXX539G
Email Address	tony@zectech.com.sg
Mobile Phone No	(Phone) +65-84608808
Altamatica Dhana Na	CE 0400000

ternative i none ivo	 103-0400000

Manufacturer	Toyota
Model	ALTIS
Variant	-

Exact purpose for which vehicle was being used at time of 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

VEHICLE PARTICULARS

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113634991-01
Cover Note Number	-

DRIVER

Name of Driver	 TAN BOON GAY	
NRIC No	 SXXXX539G	
Date Of Birth	26/06/1973	
Occupation	 Indoor	

Date Of Driving Pass 04/03/1992 Driving experience 28 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-84608808 Alt. Phone Number +65-84608808 Email Address tony@zectech.com.sg Address 100 GERALD DR #01-93 Address complement Postcode 798592 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name TAN JUI WANG Gender Female PASSENGER 2 Name TAN ZECHARIAH Gender Male PASSENGER 3 Name TAN EMMANUEL Gender Male 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 REFER TO POLICE REPORT - T/20210109/7027. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2324H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOUTHAMAN S/O ARUMUGAM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	<u>=</u>

INJURED PERSONS DETAILS

INI	11	IRFD	1

INJURED I	
Name of injured person Address Address Complement	TAN BOON GAY
Post Code	
Approximate Age Years Old	=
Injuries Sustained	BODY
Injured person in which vehicle?	SJA1833H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
, , , , , , , , , , , , , , , , , , , ,	
INJURED 2	
Name of injured person	TAN JUI WANG
Address	-2
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	SJA1833H
Were seat belts worn?	Yes
Men this injured conveyed to beenite by embylance?	
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	NO
	TAN ZECHARIAH
Name of injured person Address	
INJURED 3 Name of injured person	
Name of injured person Address	
Name of injured person Address Address Complement	
Name of injured person Address Address Complement Post Code Approximate Age Years Old	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	TAN ZECHARIAH BODY
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	TAN ZECHARIAH BODY SJA1833H
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	TAN ZECHARIAH BODY SJA1833H Yes
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN ZECHARIAH BODY SJA1833H
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN ZECHARIAH BODY SJA1833H Yes
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person	TAN ZECHARIAH BODY SJA1833H Yes
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address	TAN ZECHARIAH BODY SJA1833H Yes No
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person	TAN ZECHARIAH BODY SJA1833H Yes No
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address	TAN ZECHARIAH BODY SJA1833H Yes No
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address Address Complement Post Code	TAN ZECHARIAH BODY SJA1833H Yes No
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address Address Complement Post Code Approximate Age Years Old	TAN ZECHARIAH BODY SJA1833H Yes No
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	TAN ZECHARIAH BODY SJA1833H Yes No TAN EMMANUEL BODY
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Address Address Complement Post Code Approximate Age Years Old	TAN ZECHARIAH BODY SJA1833H Yes No TAN EMMANUEL

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

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2030		5	ü	+

SKETCH PLAN

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	1	1	1	1
	1	į,	IA	1
	1	1	B	4
	1	1	1	i.

CTE towards SLE before Munimein Road Frit

venicle A: SJA1833H

vericle B: GBD 2324H

Refer to police report-1/2010/09/70	7

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Date of Accident	: 08 1 20 Accident Time: 1934 (24-HR-Format)
Accident Place	: CTE SLE before moulmin
Vehicle No. (Car Plate No.)	: SJA 1833 H Make/Model: TOYOTA ALTIS
Insurance Company	:Policy No: 5113634991-01
Owner or Company Name /IC No.	TAN BOON GAY 5 73 24539 G
Owner or Company Contact No.	: _ Company Tel
DRIVER'S Name / IC No.	TAN BOON GAY \$7324539 G
DRIVER'S Date Of Birth	: 26/06/1973 DRIVER'S License Pass Date 04 MAR 1992
Relationship of Owner & Driver	$: Spouse \ \ Children \ \ Employee \ \ Others: \underline{\hspace{1cm}}$
DRIVER'S Address	: 100 GERALD DRIVE #01-93 S(798592)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation (INT	OOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Jaroniu3088 @gmail.com
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
	oorting Only (Claim Other Party)\ Claim Own Insurance
Number of Passengers (Including D	river): 04
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at time of accident Private use\ Work Purpose
Other Pa	arty Driver's Particular (if any)
Vehicle. No: <u>G8D 23 24 H</u>	Vehicle. No:
Vehicle Make \Model: 704074 H	Vehicle Make \Model:
Name Driver: GOUTHAMAN S/	O ARUMUGAM Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
olice Report	
c & License	
* NEW – Passenger's name &	gender:
The Juj Wang	F
The Juj Wang Tan Zecharian	M
Tan Emmanuel	M





1 of 4

Report No. T/20210109/7027

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2021 18:17			Vide Report No.:	Station Diary No.:			
Informant'	s Particul	ars	The state of the second	电影器的激素等的重要的			
Name of Informant: TAN BOON GAY			Address: 100 GERALD DRIVE #01-93 SINGAPORE 798592				
ID Type / ID No.: NRIC NO / S7324539G			Contact No.: Home/Office:	Mobile: 93848696			
Nationality: SINGAPORE CITIZEN		N	Email: TONY@ZECTECH.COM.SG				
Sex: Age: Date of Birth: Male 47 26/06/1973			Type of Informant: Driver				
Race: Chinese	dan	•	Language: English	Institution / School Name:			
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2021 19:35	Type of Location: Straight Road	
Location:					
CENTRAL EX	(PRESSWAY				
		Danid Confessi		Pond Spood Limit	
Weather:		Road Surface:		Road Speed Limit:	
Drizzling		Wet		90 Km/h	
Drizzling Traffic Flow:		Wet Traffic Control:		90 Km/h Traffic Volume:	
Drizzling		Wet		90 Km/h	

	· 中部研究》是由1881。		Model	Color	Conditio	No of
Vehicle No.	Type	Make	Model	Coloi		
GBD2324H	Van				Seriously Damaged	0
SJA1833H	Car	ТОУОТА	TOYOTA COROLLA ALTIS 1.6L CVT	Black	Seriously Damaged	0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 4 Report No. T/20210109/7027

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5113634991-01	18/11/2020	17/11/2021

Details of Perso	n Involved						
Any Pedestrian Ir	volved: No						
No. of Pedestrian			Use of Ped	lestrian	Cross	ing: NA	
Driver			A 5 1450 2				
Name	TAN BOON GAY			ID No.		S7324539G	
Related Vehicle	SJA1833H (Car)			Conta	ct No.	93848696	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	09/01/2021		Date		09/01	/2021	
	ted Medical Leave	03	Degree of		Slight	t	
Passenger							
Name	TAN JUI WANG@SAMANCRE TAN JUI			ID No.		S7421990Z	
Related Vehicle	SJA1833H (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	09/01/2021		Date		09/01	/2021	
	ted Medical Leave	03	Degree of				
Passenger		拉斯斯斯 克斯斯斯斯	Charles and			学会会,他会是是常用的企业。	
Name	TAN ZECHARIAH			ID No		T0632871C	
Related Vehicle	SJA1833H (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	09/01/2021	10.000	Date		09/01	1/2021	
	ted Medical Leave	03	Degree of		Sligh		





20210109//02/

3 of 4

Report No. T/20210109/7027

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

CONTINUATION OF REPORT

Passenger						
Name	TAN EMMANUEL					T1327942F
Related Vehicle	SJA1833H (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	09/01/2021		Date		09/01	1/2021
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t

Brief Details.

I was driving my vehicle SJA1833H along CTE towards SLE just before Moulmein road exit on lane 2. Vehicle in front of me slowed down and I followed suit, suddenly I felt a huge impact from the rear. I alight and realize that vehicle GBD2324H has collided onto my vehicle rear portion. We took photos and exchange particulars and proceed to file for insurance. I wish to state that at the point of accident my wife and 2 children is in the vehicle with me, however after the accident we felt pain and discomfort and sought medical attention.





4 of 4

Report No. T/20210109/7027

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

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2021 18:17
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:



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: 5113634991-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJA1833H

Chassis Number

: MR053REH104545877

2. Name of Policyholder

: TAN BOON GAY

3. Effective Date of Insurance

: 18 Nov 2020

4. Expiry Date of Insurance

: 17 Nov 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 : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF **UNNAMED DRIVER EXCESS**

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : YES NCD PROTECTION TRANSPORT ALLOWANCE : NO : NO **EXCESS WAIVER**

: TAN BOON GAY PRIMARY DRIVER

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

: HENLY ENTERPRISES CO PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: ABWIN PTE LTD (00000614234)

Date of Issue

: 06 Nov 2020 10:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech						- V 14 V				Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601	TO WASHING THE		hay shah e ki ta edha e she e	2012 V 4012 V		• Change	Language	• Chan	ge Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	0	8/01/2021 1	9:30	
	Vehicle	No.(For Motor)	SJA183	3Н		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113634991- 01		TAN BOON GAY	S7324539G	GPC	drivo CLASSIC	SJA1833H	SJA1833H	18/11/2020	17/11/2021
	***************************************			WINE BORD SOUTH STATE OF THE SOU	C	Continue					

Policy No.	5113634991-01	Policyholder Name	TAN BOON	GAY	Policyholder NRIC	S7324539G	
Certificate							
Address	12 NEW INDUSTRIAL ROAD #04	-01 MORNIN	GSTAR CENT	RE SINGAPORE 5362	02		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/11/2020	Effective Date	18/11/202	0 00:00	Expiry Date	17/11/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	older Mailing Address						
Address 1	12 NEW INDUSTRIAL RO	AD Addr	ess 2	#04-01 MORNING	STAR CENTRE	Address 3	SINGAPORE 536202
Address 4		Addr	ess Type	Singapore address		Post Code	536202
Unit No.	04-01	Relat Num	ed Policy ber	5113634991-01			
Insure	d Object: SJA1833H						
Tendors	ements	***************************************		77/09/2019/99/07			
	ce Date of Endorsemen		Endorsemer	nt Type	Endorsement	Status	Endorsement Content

laim Handling						
ccident MT/1116767						
olicy No.	5113634991-01	Vehicle No.	SJA1833H	GST Registration No.		
ertificate No.						
olicyholder Name	TAN BOON GAY			Policyholder NRIC	S7324539G	
oduct Code	PRIVATE CAR INSURANCE Cover Type		drivo CLASSIC	Loading	0	
ontact No.(Mobile)	84608808	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	No V	
FK	No ○ Yes	TCA	No ○Yes	eCode Reason		
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details						
eport Date	11/01/2021 11:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	08/01/2021	Time of Accident hh:mm	19:35	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
ccident Location	CTE					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	600.00	TP Standard Excess	0.00			
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
dditional Excess	0					
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
▽ Benefits						
GST Registered Informa	ation					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History						
Policyholder Mailing Ad	dress					
ddress 1	12 NEW INDUSTRIAL ROAD	Address 2	#04-01 MORNINGSTAR CENTRE	Address 3	SINGAPORE 536202	
ddress 4		Address Type	Singapore address	Post Code	536202	
			5113634991-01			
nit No.	04-01	Related Policy Number	5113634991-01			
OI Driver Info			Maio Salara			
river Name	TAN BOON GAY	Driver Type	Main Driver S7324539G	Driver DOB	26/06/1973	
nnamed driver Name		Driver NRIC			28	
egister Date of Driver License		Driver Age	47	Driving Experience		
Contact No.(Mobile)	84608808	Contact No.(Office)	0	Contact No.(Home)	0	
ddress 1	100 GERALD DRIVE	Address 2	SELETAR SPRINGS CONDOMINI	Address 3	SINGAPORE 798592	
ddress 4		Address Type	Singapore address	Post Code	798592	
Jnit No.	01-93					
oes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
tegistered car?						
eclaration						
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
teading?						
odification History						
Claim 001 New						
Ciaim oo 1						
			27			
laim Type *	OD-MX	Insured Name	TAN BOON GAY	Insured NRIC	S7324539G	
Contact No.(Mobile)	93848696	Contact No.(Home)		Contact No.(Office)	62720991	
mail Address		OI Vehicle Number	SJA1833H	TP Vehicle Number	GBD2324H	
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
laimant Name *	>>	Claimant NRIC *				
laimant Address						
Claim Description	SJA1833H / GBD2324H ON 8 Jan 2021			Name of Preferred Workshop		
referred Workshop Contact	5	• Social and presents	Day of Courts			
lo.		Insured Liability *	Not at Fault			
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
ate Registered	11/01/2021 11:15	Claim Close Date		Date Received	11/01/2021 00:00	
eport Taken By	Jackson					
✓ Print AK letter						
			Save Submit			
Attachment						
CANAL II						
•						
Accident No.	MT/1116767	Claim No.	001			
ast Doc. Received	● Yes ○ No	Upload Date	11/01/2021 11:16			
	Path *		Category *	Confidential Urger	ncy * Description	
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		Browse		NO V Normal	<u> </u>	
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ttachment	Upload	ed By/Date	Category	9	Urgency	Description	Msg Sent?
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11	3-27
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11	
10		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	SAS		Normal	SAS 2021-1-11	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	Photos		Normal	Photos 2021-1-11	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	Photos		Normal	Photos 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	Photos		Normal	Photos 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	Photos		Normal	Photos 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:16	Photos		Normal	Photos 2021-1-11	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601(NATIO CES) on 11	DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
(-)	NAC_PAYA_UBI_800601(NATIO CES) on 11	DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
9		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
/ideo List		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:15	Photos		Normal	Photos 2021-1-11	
	Uploaded By/Date	Folder Date	6	le Name		Source	