

# NATIONAL Assessment Centre Services

Date In: 06/12/2017 16:00	Job description	Date & Time Completed	Done by
Ref No: NBA/LTP17023183/K4	SAS e-filing		
Veh No: SKS 2689U	E-mail (w/thin 8hrs, A/C 2hrs)		
DOA: 15/11/2017 19:10	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHB 6163T	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%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	NA1707561	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:		6) TR: Re-inspection \$75		
		7) NI: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD*		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idac Mobile 30		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	06/12/2017 16:00
Date Of Accident	15/11/2017 19:10
Exact Location Of Accident	OUTRAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2689U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW MIN HOE
NRIC No	S7730323E
Email Address	USTWO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97569839
Alternative Phone No	OTHERS-97569839
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	428I AT D/AB SR HID NAV M SPORT
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V09375/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	CHEW MIN HOE
NRIC No	S7730323E
Date Of Birth	11/11/1977
Occupation	INDOOR
Date Of Driving Pass	28/05/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569839
Fax Number	
Contact Number	OTHERS-97569839
EMail Address	USTWO@SINGNET.COM.SG

Address	2 MARTIN PLACE #05-03
Postcode	237988
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171205/2104

#### 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	SHB6163T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEOW BOON HUAT
NRIC/Passport Number	S7106783A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number  
Email Address




## SKETCH PLAN


### IMPORTANT NOTICE

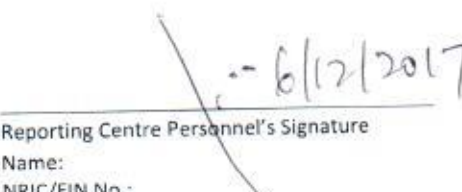
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

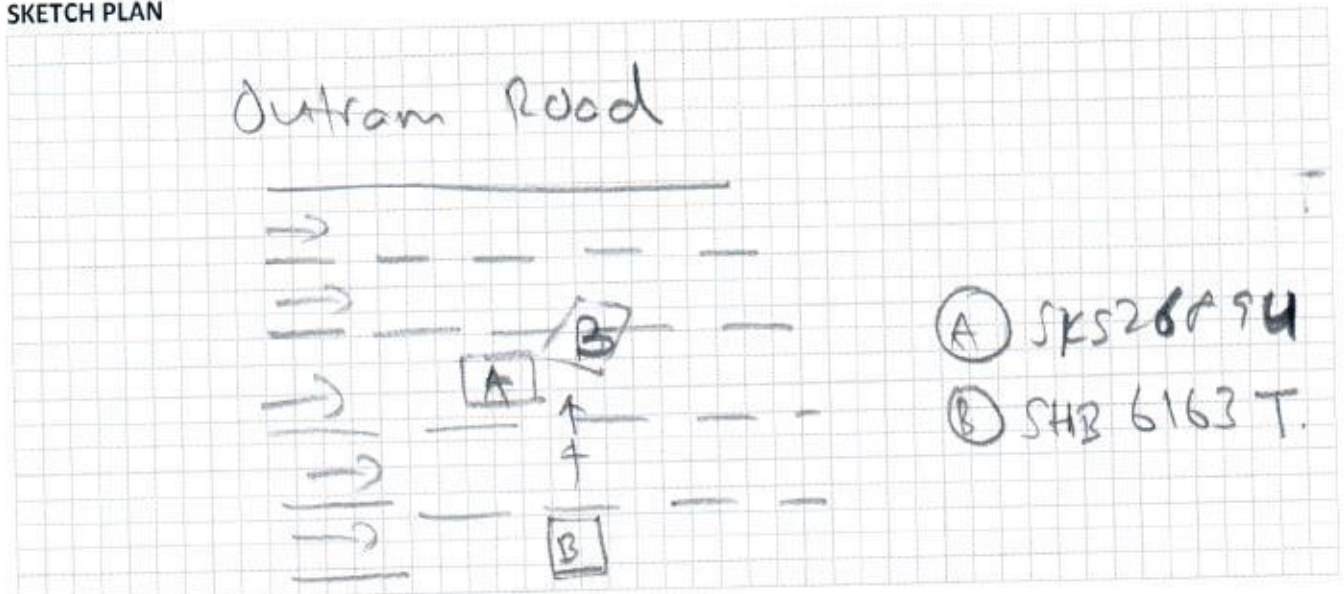
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls Refer to the Police Report  
T/20171205/2104

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:

 6/12/2017  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Orchard N P C  
51 Kilikey Road SINGAPORE 239572  
Tel No. 1800-7359999



TQ0171205/2104

1 of 3

Report No. TQ0171205/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made  
05/12/2017 16:10

Vide Report No.

Station Diary No.  
79

**Informant's Particulars**

Name of Informant  
CHEW MIN HOE

Address  
2 MARTIN PLACE #05-03 SINGAPORE 237568

ID Type / ID No.  
NRIC NO / S7730323E

Contact No.

Mobile 97569839

Nationality  
SINGAPORE CITIZEN

Email

Sex  
Male

Age  
40

Date of Birth  
11/11/1977

Type of Informant  
Driver

Race  
Chinese

Language  
English

Institution / School Name

Occupation  
DOCTOR

Driving Licence Information  
Class 3

Date of Expiry

**General Information of the Accident**

Type of  
Accident

Non-Injury  
Others

Drink  
Drive  
No

Date/Time of  
Accident  
15/11/2017 19:10

Type of Location  
Straight Road

Location  
Along Road 1  
OUTRAM ROAD

near WANGZ Hotel

Weather  
Clear

Road Surface  
Dry

Road Speed Limit  
10 Km/h

Traffic Flow  
Two Way

Traffic Control  
Traffic Light - Working

Traffic Volume  
Heavy

Type of Collision  
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by  
ambulance  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH05163T	Car				Slightly Damaged	1
SK52689U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved No

No of Pedestrians Injured NIL

Use of Pedestrian Crossing NA

OWNER



SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Orchard N.P.C.  
51 Kilikey Road SINGAPORE 239572  
Tel No. 1800-7359999

1/2017/2052/154

2 of 2

Report No. 1/2017/2052/154

CONTINUATION OF REPORT

Driver Name	CHEW MIN HOE	ID No	57730323E
Related Vehicle	NIL	Contact No	97569639
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/11/2017 I was driving SKS2689U along Outram Road travelling towards SGH. I was in the middle lane of Outram road when one blue confort taxi SHD6163T appeared from the right junction from Vangz Hotel and moved straight into the third lane. He came out quickly even though traffic was moving, and it was too fast that my front right bumper hit onto his rear left bumper. The speed of my vehicle was 10-20km/h. I immediately stopped my vehicle and came out of the vehicle to check. I checked with the driver to check if there was any visible injuries. However there wasn't and we exchanged particulars and also took pictures of the incident. Subsequently we left in different directions after taking pictures. The driver told me that he would contact me to discuss but I received a lawyer letter regarding the accident thus I am lodging this report to refute any alleged injuries by the driver. I would like to state that I have a witness also who drove by during the incident. I do not have any in-built camera in my vehicle. I am not sure if there is any CCTV along the vicinity.





**SINGAPORE  
POLICE FORCE**



1201112052104

Police Station Of Origin  
Orchard N P C  
51 Kalliney Road SINGAPORE 239572  
Tel No. 1800-7359999

3 of 3

Report No. 1201112052104

**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  
E /  
Sgt 2 KAUSHALYA DEVI D/O ARUNANEETHI

Signature Of Informant

Signature Of Interpreter  
Not applicable

Date/Time  
05/12/2017 16:10

Officer In Charge Of Case  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No. 65476430

Classification Of Case

Authentication Stamp  
NP158

**POLICE FORCE**

T/20171116/2106

TP

1 of 4

Police Station Of Origin:  
 Bukit Batok N.P.C  
 21 Bukit Batok East Avenue 4 SINGAPORE  
 659840  
 Tel No: 1800-6659999

Report No. T/20171116/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2017 15:41		Vide Report No.:		Station Diary No.: 66
<b>Informant's Particulars</b>				
Name of Informant: SEOW BOON HUAT		Address: APT BLK 248 BUKIT BATOK EAST AVENUE 5 #10-68 SINGAPORE 650248		
ID Type / ID No.: NRIC NO / S7106783A		Contact No.: Home/Office: Mobile: 90222056		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 24/02/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2017 19:00	Type of Location: Roundabout
Location: Junction of Road 1 and Road 2 TIONG BAHRU ROAD OUTRAM ROAD at the junction of Tiong Bahru Rd and Outram Road, roundabout near Wangz Hotel				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6163T	Car				Slightly Damaged	1
SKS2689U	Car				Slightly Damaged	0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE



T/20171116/2106

2 of 4

Report No. T/20171116/2106

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

## CONTINUATION OF REPORT

<b>Passenger</b>		<b>ID No.</b>	
Name	CHEN JIN YUN	NIL	
Related Vehicle	SHB6163T (Car)	Contact No.	90215200
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
<b>Driver</b>		<b>ID No.</b>	
Name	SEOW BOON HUAT	S7106783A	
Related Vehicle	SHB6163T (Car)	Contact No.	90222056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>		<b>ID No.</b>	
Name	CHEW MIN HOE	S7730323E	
Related Vehicle	SKS2689U (Car)	Contact No.	97569839
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 15/11/2017 at about 1900hrs, I was driving my Comfort taxi, SHB6163T, along Tiong Bahru Road towards the roundabout to Outram Road on a single one-way lane with my passenger,

A1) CHEN JIN YUN

HP: 90215200

as I was about to enter Outram Road (five lanes), I checked my left side for and in-coming vehicle and there was a lorry, on lane 4, which gave way to me. I saw that there was a car coming but as the traffic was congested, I slowly inched forward into the second yellow box. As I was in the yellow box inching forward, I felt an impact from the rear. I then went out to make a check and saw that one blue BMW car, SKS2689U, had hit onto my left rear. The driver also came out of his car and made a check, he was not with any passenger. I checked with my passenger and she was not injured, just had slight headache. Nobody was injured at that time and no police was called. We then exchanged particulars.



**SINGAPORE  
POLICE FORCE**



T/20171116/2106

TP

3 of 4

Report No. T/20171116/2106

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

**CONTINUATION OF REPORT**

Tel No: 1800-6659999

My taxi obtained some scratches and dents on the left rear door, left rear side bumper and the left rear tyre rim. The BMW obtained some dents and scratches to its front right bumper.  
I have an in-built camera in my taxi and had the incident recorded.





**SINGAPORE  
POLICE FORCE**



T/20171116/2106

4 of 4

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**CONTINUATION OF REPORT**

Report No. T/20171116/2106

**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:

J/  
Sgt 2 NUR' FAZZAHASHIKIN BINTE SUBTU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168



Signature :

Signature Of Informant:

Date/Time:  
16/11/2017 15:41

Classification Of Case:

Buloh Merah

Reported on 5/12/2017

@ 1455 hrs

# ACCIDENT STATEMENT

ACCIDENT DATE: (15/11/2017) (DD/MM/YYYY), TIME: (19:10 HRS) (HH:MM)

LOCATION: Outram Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS26894
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- 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: \_\_\_\_\_ (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- C) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97569839
- c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ☒ NO) OWNER
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / ☒ NO)

7. a) REPORTED TO POLICE (YES / ☒ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB6163T MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: SEOW BOON HUAT
- c) NRIC/FIN/PASSPORT: ST106783A CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

Email: ustwo@singnet.com.sg

Fax: ustwo@singnet.com.sg

VIDEO

Waiting for Police Report?



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7730323E



Name  
CHEW MIN HOE  
(ZHOU MINGHAO)  
周明豪

Race  
CHINESE

Date of birth  
11-11-1977

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Number S7730323E

CHIEW MIN HOE  
(ZHOU MINGHAO)

Birth Date 11 Nov 1977

Issue Date 15 Apr 2003

1000404695E

4656389



NRIC No. S7730323E



Date of issue  
25-02-2011

2 MARTIN PLACE #05-03  
SINGAPORE 237988  
S7730323E

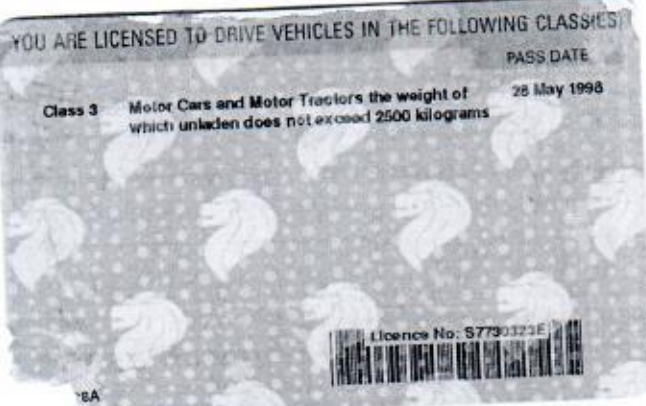
08/12/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE  
28 May 1998

Licence No: S7730323E



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V09375 /NPC2 /R00
<b>Form</b>	MX1
<b>Date of Issue</b>	10-AUG-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SKS2689U
<b>2.Chassis number of Vehicle:</b>	WBA3N320X0F710286
<b>3.Name of Policyholder:</b>	CHEW MIN HOE
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	18-AUG-2017 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	17-AUG-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his 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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials 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 Vehicles (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.	
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).	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I -Named Drivers S\$900, Section I -Unnamed Drivers S\$1400, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	UNITED OVERSEAS BANK LIMITED
<b>PRODUCER NAME:</b>	SD CONTEGO SERVICES