

# IONAL Assessment Centre Services. (ver 1 Jan 2009)

19/04/2017 16:0870

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 06/12/2017 15:32 | Job description                          | Date & Time Completed | Done by          |
| Ref No: NBA/MC/201319414  | SAS e-illing                             |                       |                  |
| Veh No: SLM 12627         | E-mail (within 3hrs, AIC 3hrs)           |                       |                  |
| D.O.A: 06/12/2017 10:30   | E-Motor Claim Form                       | 11/1/09 72630         | 06/12/2017 16:08 |
| OD / TR / Reporting Only  | E-Motor W/O (within 60 hrs, TP 3hrs)     |                       |                  |
|                           | E-Photo Uploaded                         |                       |                  |
| TP Insured:               | Assessment/Survey Report                 |                       |                  |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |                  |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: | Tel:   | Fax:                  |
| TP Particulars:                        | Yeh No: GBB 8144X  | INC ( ) / Non-INC ( ) |
| Owner / Driver:                        | Tel:   |                       |
| Policy No: ( )                         | Period: ( )  | Cover Type: ( )       |
| Confirmed by: ( )                      | Date:  | Time:                 |
| Insured/Driver Liability: ( )          | (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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 ( ) / Non-INC ( ) | 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 | Action |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|                      |   |
|----------------------|---|
| Human's Particulars: | Invoice Preparation Checklist:                |
| Driver/Owner:        | 1) AR: Accident Reporting (\$30)              |
| Contact No:          | 2) DA: Damage Assessment (\$100) INC (\$50)   |
| Damaged Portion:     | 3) TP: Towing Fee \$40/\$45                   |
|                      | 4) PT: Follow-Through Survey \$120            |
|                      | 5) RT: Follow-Through Survey (Resurvey) \$120 |
|                      | For claim against INC Only (ver 10 Jan 2009)  |
|                      | 6) TR: Re-inspection \$15                     |
|                      | 7) NT: 144 DA + SMRT Survey \$160             |
|                      | 8) NTUC Additional Services:                  |
|                      | 9) NT: 144 DA + SMRT Survey \$160             |
|                      | 10) NT: 144 DA + SMRT Survey \$160            |
|                      | 11) NT: 144 DA + SMRT Survey \$160            |
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|                      | 100) NT: 144 DA + SMRT Survey \$160           |

## 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 willful 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 15:32                    |
| Date Of Accident           | 06/12/2017 10:20                    |
| Exact Location Of Accident | ALONG CLEMENTI AVENUE 6 TOWARDS PIE |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SLM1262T                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | VINCAR LEASING AND RENTAL PTE LTD |
| Co Reg No                   | 201414828K                        |
| Email Address               | WEIWANG_ANDY@YAHOO.COM.SG         |
| Mobile Phone No             | (LOCAL) +65-90018451              |
| Alternative Phone No        | OFFICE-90018451                   |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HONDA              |
| Model  | VEZEL-1.5 (A)      |
| Exact Purpose for which vehicle was being used at time of accident           | DRIVING UBER       |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5082409493-01                          |
| Cover Note Number         |  |

### Driver

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver       | TIANG CHANG WAI(CHENG ZHANGWEI) |
| NRIC No              | S7431410D                       |
| Date Of Birth        | 17/09/1974                      |
| Occupation           | OUTDOOR                         |
| Date Of Driving Pass | 07/03/2006                      |
| Driving Experience   | 11 YEARS AND 8 MONTHS           |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-90018451            |
| Fax Number           |                                 |
| Contact Number       | OTHERS-90018451                 |
| EEmail Address       | WEIWANG_ANDY@YAHOO.COM.SG       |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 30 TEBAN GARDENS ROAD<br>#6-202 |
| Postcode  | 600030                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |
|   | -                                   |

#### 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 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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         | GBB8148X                               |
| Vehicle Make/Model/Colour           | NISSAN NV200                           |
| Details Of Properties               |  |
| Name of Driver                      | MUHAMMAD RAIFANSHAH BIN MOHAMED ARIFIN |
| NRIC/Passport Number                | S9122617J                              |
| Contact Number                      |  |
| Address                             |  |
| Postcode                            |  |
| Insurance Company Name              |  |
| Nature Of Damage                    |  |
| No. Of Passenger (Including Driver) | 1                                      |

#### 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.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

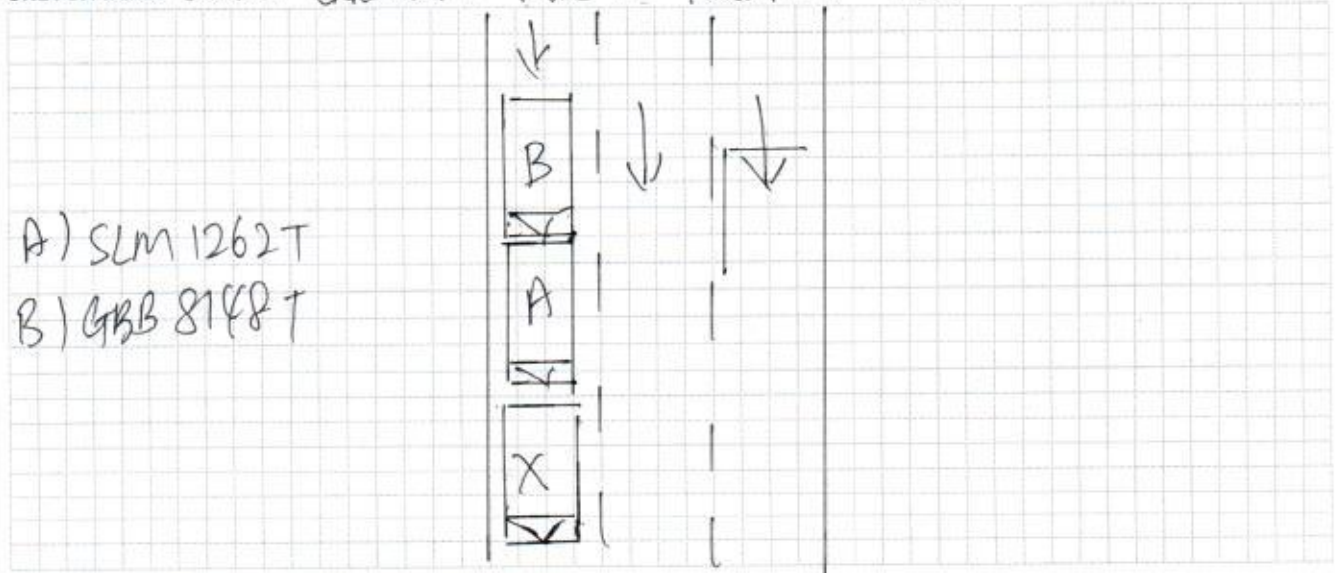


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN Along Clementi Ave 6 Towards Pk.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/12/2017 I WAS TRAVELLING ALONG CLEMENTI AVE 6  
 STOP AT THE TRAFFIC LIGHT Suddenly I FELT A BUMP FROM  
 THE REAR, I CAME OUT & SAW A VAN GBB 8148X BACK  
 ON TO THE REAR OF MY CAR SLM 1262T.

DECLARATION

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



Policyholder's Signature  
 Date & Time:

*[Signature]*

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

*[Signature]* 06/12/2017  
 Reporting Centre Personnel's Signature  
 Name: *Rosal WATSON*  
 NRIC/FIN No.:

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0972630

|                     |   |                     |   |                      |  |
|---------------------|---|---------------------|---|----------------------|--|
| Policy No.          | 5082409493-01   | Vehicle No.         | SLM1262T  | GST Registration No. |  |
| Policyholder Name   | VINCAR LEASING AND RENTAL PTE LTD                             |                     |   | Policyholder NRIC    |  |
| Product Code        | FLEET INSURANCE   | Cover Type          | drive PREMIUM   | Loading              |  |
| Contact No.(Mobile) | 90018451  | Contact No.(Office) |   | Contact No.(Home)    |  |
| Email Address       |   | Special Remark      |   | eCode                |  |
| KPK                 | <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   |                      |  |

**Accident Details**

|                   |                                     |                               |       |                     |           |
|-------------------|-------------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date       | 06/12/2017 16:37                    | Accident Report Within 24 hrs | Yes   | Accident Type       |           |
| Date of Accident  | 06/12/2017                          | Time of Accident hh:mm        | 10:20 | Country of Accident | Singapore |
| Reporting Centre  |                                     | Orange Force                  |       | ICM No.             |           |
| Accident Location | ALONG CLEMENTI AVENUE 6 TOWARDS PIE |                               |       |                     |           |

**Benefits**

**Excess**

|                       |          |                             |          |                   |  |
|-----------------------|----------|-----------------------------|----------|-------------------|--|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0.00     | Windscreen Excess |  |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 2,000.00 |                   |  |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |  |

**GST Registered Information**

|                      |            |                       |            |
|----------------------|------------|-----------------------|------------|
| GST Registered       | Yes        | GST Registration Date | 08/09/2014 |
| GST Registration No. | 201414828X | GST Status Verified   | Yes        |
| Modification History |            |                       |            |

**Policyholder Mailing Address**

|           |                    |                       |                   |           |  |
|-----------|--------------------|-----------------------|-------------------|-----------|--|
| Address 1 | 1 CHANG CHARN ROAD | Address 2             | #05-02 OC         | Address 3 |  |
| Address 4 |                    | Address Type          | Singapore address | Post Code |  |
| Unit No.  | 05-02              | Related Policy Number | 5066599910-03     |           |  |

**OI Driver Info**

|   |   |                     |                    |                        |  |
|---|---|---------------------|--------------------|------------------------|--|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver     |                        |  |
| Unnamed driver Name                     | TIANG CHANG WAI(CHENG ZHA                                     | Driver NRIC         | S7431410D          | Driver DOB             |  |
| Register Date of Driver License         | 07/03/2006  | Driver Age          | 43                 | Driving Experience     |  |
| Contact No.(Mobile)                     | 90018451  | Contact No.(Office) |                    | Contact No.(Home)      |  |
| Address 1                               | BLK 30 #06-202  | Address 2           | TEBAN GARDENS ROAD | Address 3              |  |
| Address 4                               |   | Address Type        | Foreign address    | Post Code              |  |
| Unit No.                                | 06-202  |                     |                    |                        |  |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  | SLM1262T           | Driver Insurer Company |  |

**Declaration**

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

Modification History

Claim 001 OD-MX

New

|                                |                                   |                         |                                  |                            |  |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type *                   | OD-MX                             | Insured Name            | VINCAR LEASING AND RENTAL        | Insured NRIC               |  |
| Contact No.(Mobile)            |                                   | Contact No.(Home)       |                                  | Contact No.(Office)        |  |
| Email Address                  |                                   | OI Vehicle Number       | SLM1262T                         | TP Vehicle Number          |  |
| Claim Description              | SLM1262T / GBB8148X ON 6 Dec 2017 |                         |                                  | Name of Preferred Workshop |  |
| Preferred Workshop Contact No. |                                   | Insured Liability *     | Not at Fault                     |                            |  |
| Require Finalisation           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 |  |
| Date Registered                | 06/12/2017 16:45                  | Claim Close Date        |                                  | Date Received              |  |
| Report Taken By                | ROSLI WAHAB                       | Workshop Repairer       |                                  | Total Loss but Repaired    |  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                      |
|--------------------|---|-------------|----------------------|
| Accident No.       | MT/0972630  | Claim No.   | 001                  |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/12/2017 16:48     |
| Path *             |   | Category *  | Confidential Urgency |

|                           |                       |               |    |        |
|---------------------------|-----------------------|---------------|----|--------|
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |
| <a href="#">Browse...</a> | <a href="#">Clear</a> | Please Select | NO | Normal |

[Display in New Window](#)

#### Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | De            |
|---|--|-----------------------|---------|---------------|
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:48 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:48 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:46 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:46 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:46 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:44 | Photos                | Normal  | Photo         |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:44 | Photos                | Normal  | Photo         |
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|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:43 | SAS                   | Normal  | SAS           |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Dec 2017 16:43 | NRIC/ Driving License | Normal  | NRIC/ Driving |

#### Video List

| Uploaded By/Date | Folder Date | File Name                             | Source                             |
|------------------|-------------|---------------------------------------|------------------------------------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |

# ACCIDENT STATEMENT

ACCIDENT DATE: (06/12/2017) (DD/MM/YYYY), TIME: (10:20AM) (HH:MM)

LOCATION: Along LAMARCA AVENUE 6 towards PIR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 1262-T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA VIZAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DOMESTIC USE  
 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: YINCHER (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: TIANG CHANG WA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7431410D CONTACT: 90018451  
 c) ADDRESS: 21K 30 TEBAN GARDENS ROAD #06-202  
S'PORE 600030

\* d) DATE OF BIRTH: (17/09/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

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

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) HICKER  
 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. c) REPORTED TO POLICE (YES/NO) \_\_\_\_\_

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 8148 X MODEL: NISSAN NV100  
 b) DRIVER'S NAME: MUHAMMAD RAIFAN SHAH BIN MOHAMMAD ARIFFIN  
 c) NRIC/FIN/PASSPORT: S91226173 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

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

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

\* No of passenger  
 (including driver)  
 ( )

email = weiwang-andy@yahoo.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7431410D



Name  
TIANG CHANG WAI  
(CHENG ZHANGWEI)  
程章伟

Race  
CHINESE

Date of birth  
17-09-1974

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7431410D

Name  
TIANG CHANG WAI  
(CHENG ZHANGWEI)

Birth Date: 17 Sep 1974

Issue Date: 07 Mar 2006

3777283



NRIC No. S7431410D



Date of issue  
05-10-2005

APT BLK 30 TEBAN GARDENS ROAD #06-202  
SINGAPORE 600030

NRIC No: S7431410D

Date: 07/07/2014


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

PASS DATE  
07 Mar 2006

NP 426A

Licence No: S7431410D



## 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 Number:** 5082409493-01

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLM1262T**  
Chassis Number : RU31132393
2. Name of Policyholder : **VINCAR LEASING AND RENTAL PTE LTD**
3. Effective Date of Insurance : 19 Jul 2017
4. Expiry Date of Insurance : 18 Jul 2018
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$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                       | : N/A   |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : MAYBANK   |
| 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 : VINCAR PTE LTD (00000614250)  
Date of Issue : 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive