

NATIONAL Assessment Centre Services

(Part 1 of 2)

NA18003929

Date In: 08/01/2018 19:18	Job description: SAS e-billing	Date & Time Completed:	Done by:
Ref No: NA1800004684	E-mail (with 3hrs, AIC 3hrs)		
Veh No: SLS 1363D	I-Motor Claim Form	09/01/2018	
D.O.A: 08/01/2018 11:00	I-Motor W/O (with 3hrs, TP 3hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SH18019	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 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: 1 to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: (INC Hotline: 6788 6016)	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:

NA1800262	Invoice Preparation Checklist
Human's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$20
	For claim against INC Only (w/e 10 Jan 2019)
	6) TR: Re-inspection \$75
	7) NI: Inc DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Inc DA + SMRT Survey \$160
	10) NI: Inc DA + SMRT Survey \$160
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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	08/01/2018 19:18
Date Of Accident	08/01/2018 11:00
Exact Location Of Accident	ALONG CTE (BEFORE CAIRNHILL EXITLANE 1)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS1363D
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	TAY_JOY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91990009
Alternative Phone No	OFFICE-91990009
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	IRENE JOY TAY
NRIC No	S7708002C
Date Of Birth	28/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91990009
Fax Number	
Contact Number	OTHERS-91990009
Email Address	TAY_JOY@HOTMAIL.COM

Address	66 ELIAS ROAD #05-09
Postcode	519941
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : NG GENDER: : MALE

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

PLEASE REFER TO POLICE REPORT T/20180108/2066

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH1801G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

08 Jan 2018
1430 HRS



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

SKETCH PLAN

A/ SLS 1363D
B/ SH1801 G

C7E BEFORE EXIT
TO COLENTILL LANE 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q/S REFER TO POLICE REPORT.
7/20180106/2068

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:

08 JAN 2018
1430 HRS.


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



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

Report No. T/20180108/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 13:39		Vide Report No.:		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: IRENE JOY TAY			Address: 66 ELIAS ROAD #05-09 SINGAPORE 519941		
ID Type / ID No.: NRIC NO / S7708002C			Contact No.: Home/Office: Mobile: 91990009		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 28/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE CAR DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2018 11:00	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY BEFORE CAIRHILL EXIT, ON LANE 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH1801G (Not Accurate)	Car				Slightly Damaged	1
SLS1363D	Car				Slightly Damaged	2

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



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

CONTINUATION OF REPORT

Driver				
Name	IRENE JOY TAY		ID No.	S7708002C
Related Vehicle	SLS1363D (Car)		Contact No.	91990009
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
Passenger				
Name	NG		ID No.	NIL
Related Vehicle	SLS1363D (Car)		Contact No.	94591508
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 8/1/2018 at about 1100hrs, I was driving my vehicle bearing car plate no. SLS1363D along Central Expressway, Before Carinhill exit, on Lane 1. As I was driving, a vehicle (unknown no.) in front of me brake suddenly, which caused me to do the same. Subsequently, a taxi bearing car plate no. SH1801G was at the back of my vehicle and it hit the rear bumper of my vehicle. I then tried to signal to the left and head towards the shoulder lane, wanting to exchange particulars with the taxi. But the taxi did not stop to do so. I tried to wave to him but to no avail and the taxi continued to drive off. I managed to see the taxi and it was a Chinese male driver. I could not see if there were any passenger in his taxi as his rear window was tinted.

I am working as a Grab driver and there was a passenger in my vehicle by the surname of Ng, contact no. 94591508 during the time of the accident. There was no one injured but there was a few scratches and cracks on the rear bumper of my vehicle. I wish to state that I have a in-car camera facing the front and rear during the time of the incident.

I am lodging this report for insurances purposes.



**SINGAPORE
POLICE FORCE**



T/20180108/2065

3 of 3

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





Report No. T/20180108/2065

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 DOMINIC SONG GUO QUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2018 13:39
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	<div style="text-align: right;">SN 172</div> <div style="text-align: center;"> SINGAPORE POLICE FORCE  SIGNATURE</div>

Claim Handling

Accident MT/0976951

Policy No.	5082409493-01	Vehicle No.	SLS1363D	GST Registration No.	
Policyholder Name	VINCAR LEASING AND RENTAL PTE LTD	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	91990009	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	06/01/2018 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	06/01/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE (BEFORE CAIRNHILL EXIT/LANE 1)				

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.	201414828K	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		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	IRENE JOY TAY	Driver NRIC	S7708002C	Driving Experience	
Register Date of Driver License	16/05/1996	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	91990009	Contact No.(Office)		Address 3	
Address 1	66 ELIAS ROAD	Address 2	#05-09 OASIS @ ELIAS	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	05-09	Driver Vehicle No.	SLS1363D	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer 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	VINCAR LEASING AND RENTAL	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLS1363D	TP Vehicle Number	
Claim Description	SLS1363D / SH1801G DN 8 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	09/01/2018 11:09	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					
Save Submit					

Attachment

Accident No.	MT/0976951	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2018 11:11
Path *		Category *	Confidential
			Urgency
		Browse... Clear Please Select	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:09	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:09	NRIC/ Driving License	Normal	NRIC/ Drivin

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 01 / 2018) (DD/MM/YYYY), TIME: () (HH:MM)

LOCATION: ALONG CTE (BEFORE CAIRNHILL EXIT, LANE 1)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 1363 D
 b) INSURANCE COMPANY: NZUC
 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: DRIVING GRAB
 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: YIMCAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(2)

- DRIVER
 a) NAME: IRENE JOY TAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7708002-L CONTACT: 9,99 0009
 c) ADDRESS: 66 ELIAS ROAD #05-09 S(519941)

- * d) DATE OF BIRTH: (28 / 03 / 1977) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 16 MAY 1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS)

WET

6. WAS ANYBODY INJURED (YES / NO)

NO

7. a) REPORTED TO POLICE (YES / NO)

YES

IF YES, PLEASE STATE WHICH POLICE STATION: ORCHARD NPP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SH 18019 MODEL: TAXI

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

daniellim@vincar.com.sg

Email = tay-joy@hotmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7708002C



Name

IRENE JOY TAY

鄭 雯 嘉

Race

CHINESE

Date of birth

28-03-1977

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



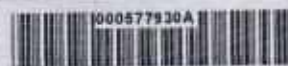
Licence Number S7708002C

Name

IRENE JOY TAY MUJ LENG

Birth Date 28 Mar 1977

Issue Date 17 Jun 2003



NRIC No: S7708002C



Date of issue

08-06-2011

86 ELIAS ROAD #05-08
SINGAPORE 519941
NRIC No: S7708002C

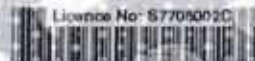
Date: 13/08/2017

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

PASS DATE

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

16 May 1996



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 : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SLS1363D**
Chassis Number : NHP1707091768
2. Name of Policyholder : VINCAR LEASING AND RENTAL PTE LTD
3. Effective Date of Insurance : 11 Sep 2017
4. Expiry Date of Insurance : 10 Sep 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