

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA/1801148

Date In: 23/1/18-09:41	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001350/24	SAS e-filing		
Veh No: SLQ2300P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/12/17-07:50	i-Motor Claim Form	MT/0974613	23/1/18 11:36
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHC2492P

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

NA1800502

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$3

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 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	23/01/2018 09:41
Date Of Accident	10/12/2017 02:50
Exact Location Of Accident	JUNC GEYLANG RD & GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2300P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CTG LEASING PTE LTD
Co Reg No	201711631Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84484545
Alternative Phone No	OFFICE-84484545

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5092415467
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HIDIR BIN RAHMAN
NRIC No	S8701978J
Date Of Birth	11/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493669
Fax Number	
Contact Number	OFFICE-87493669
EMail Address	NOEMAIL

Address	BLK 217B BOON LAY AVENUE #12-255
Postcode	642217
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	CLEAR
Road Surface	DRY

#### 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?	
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180103/2083. VEHICLE HAS BEEN SCRAPPED.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2492P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## 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**

No Sketch plan

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Pls Refer to the Police Report  
T/20180103/2083

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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



(Informer came to report) → Reported on 10/11/2018 @ 1300HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: (10/12/2017) (DD/MM/YYYY), TIME: (02:50) (HH:MM)

LOCATION: Geylang Rd / Cruttenburg Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 2300P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5092415467  
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: Commercial  
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: CTH Leasing Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 207116312 CONTACT: 84484545  
c) ADDRESS:

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

### DRIVER

- a) NAME: Muhammad Hidir Bin Rahman (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 587019783 CONTACT: 87493664  
c) ADDRESS: Blk 217 B Boon Lay Avenue #12-255 (642217)

\*d) DATE OF BIRTH: (11/1/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/8/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER  
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: SHC 2492P MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

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

Email = Willie\_Peh@hotmail.com

Fax = Willie\_Peh@hotmail.com

\* Vehicle scraped  
Not present at  
idac?  
(No photos)

Waiting for scraped letter?





# SINGAPORE POLICE FORCE



T/20180103/2083

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180103/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2018 14:30	Vide Report No.:	Station Diary No.: 56
--	------------------	--------------------------

<b>Informant's Particulars</b>		
Name of Informant: PEH BAN GIAP, WILLIE		Address: APT BLK 463 TAMPINES STREET 44 #06-94 SINGAPORE 520463
ID Type / ID No.: NRIC NO / S8100806Z		Contact No.: Home/Office: Mobile: 84484545
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 36	Date of Birth: 06/01/1981
Type of Informant: Employee of CTG Leasing Pte Ltd		
Race: Chinese		Language: Institution / School Name:
Occupation: SALES MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2017 02:50	Type of Location:
Location: Junction of Road 1 and Road 2 GEYLANG ROAD GUILLEMARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ2300P	Car	MITSUBISHI	Lancer EX	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2300P	NTUC Income Insurance Co-Operative Limited	5092415467	04/07/2017	20/01/2018





# SINGAPORE POLICE FORCE



T/20180103/2083

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180103/2083

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>EMPLOYEE OF CTG LEASING PTE LTD</b>			
Name	PEH BAN GIAP, WILLIE	ID No.	S8100806Z
Related Vehicle	SLQ2300P (Car)	Contact No.	84484545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD HIDIR BIN RAHMAN	ID No.	S8701978J
Related Vehicle	SLQ2300P (Car)	Contact No.	87493669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am currently working as a sales manager for CTG Leasing Pte Ltd for the past more than 1 year. The company deals with leasing vehicle to customer for private use or GRAB/Uber use.

On 26/11/2017, a customer namely Muhammad Hidir Bin Rahman came to us and rented a vehicle from us for 2 days. After renting the vehicle, the customer called us and requested to extend the usage of the car from time to time. We extended his lease and the driver paid the rental without any trouble.

On 11/12/2017, I received a call from the Traffic Police saying that the vehicle was involved in an accident. He requested for the particulars of the driver and I emailed to "Lim\_Hong\_Lee@spf.gov.sg". I do not know the details of the accident. To my understanding the vehicle is being compounded by Traffic Police.

About 2 weeks ago, I received a traffic police letter advising us to lodge a police report with regards to the accident. We do not know the details of the accident.



**SINGAPORE  
POLICE FORCE**



T/20180103/2083

3 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180103/2083

**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:

G /

Staff Sgt LOO JIA JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No:

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

03/01/2018 14:30

Classification Of Case:



## CTG LEASING AGREEMENT

The contract for service is made and effective Date: 26/11/27 1348HRS

### BETWEEN

**CTG LEASING PTE LTD, Co Reg: 201711631Z** (the "Company"), a corporation organised and existing under the laws of the Singapore, with its office BLK 9003 TAMPINES ST 93 TAMPINES INDUSTRIAL PARK A #02-160 SINGAPORE (528837)

### AND

Name: Muhammad Hidir Bin Fahman

NRIC: S8701978I.

(the "Sub - Contractor") with the address located at:

Blk 27B, Boon Lay Ave. #12-255.  
S(642227).

Contact No. HP: 87493669.

Home: \_\_\_\_\_

Email: Kidsan87@gmail.com.

### VEHICLE

The Company hereby handover to the Sub - Contractor, and the Sub - Contractor hereby takeover from The Company, the following described Motorcar (the "Vehicle")

Vehicle NO: MTSUBISHI LANCER FXD

MAKE & MODEL: SLQ 2300P

### ADDITIONAL DRIVER:

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Address: \_\_\_\_\_

[Signature]  
(Signature)

Date : 11 Dec 2017

Your Ref :

Our Ref : TP/IP/65743/2017

000072

CTG LEASING PTE LTD  
APT BLK 9003 TAMPINES STREET 93  
#02-160  
SINGAPORE 528837



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG GEYLANG ROAD JUNCTION OF GUILLEMARD ROAD ON 10 DEC  
2017 @ 2.52 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer LIM HONG LEE at his / her office number: 65476438 or the supervisor ARMAN BIN MD ALI at 65476022 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.





Our Ref: MT/CA/TP/020/0974613-001/WJ/AY

03 Jan 2018

**CERTIFICATE OF POSTING  
REMINDER**

CTG LEASING PTE. LTD.  
BLK 9003 #02-160  
TAMPINES STREET 93  
TAMPINES INDUSTRIAL PARK A  
SINGAPORE 528837

Dear Policyholder

**CLAIM NUMBER: MT/0974613-001**  
**ACCIDENT INVOLVING SLQ2300P / SHC2492P on 10 Dec 2017**

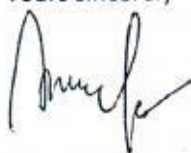
We refer to our letter of 21 Dec 2017.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Wo Jessie at 6430 7931 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance

**De-register Temp Transfer Vehicle (Confirmation)**

**Vehicle Details**

Vehicle No.:	SLQ2300P ( Temporary Transfer )
First Registration Date:	21 Jan 2008
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 2.0L MIVEC GLS 6-CVT
Chassis No.:	JMY5TCY4A8U002508
Engine No.:	4B11BB1264
IU Label No.:	1121767066
Propellant:	Petrol
Road Tax Expiry Date:	20 Jan 2018
Temporary Start Date:	20 Jan 2018
Temporary End Date:	19 Apr 2018
<b>De-registration Details</b>	
De-registration Reason:	Apply PARF
De-registration Date:	20 Jan 2018

Previous

Confirm

Cancel



Informant

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8100806Z



Name  
PEH BAN GIAP, WILLIE  
(BAI WANYE, WILLIE)  
白万业

Race  
CHINESE

Date of birth  
06-01-1981

Sex  
M

Country of birth  
SINGAPORE



4771887



NRIC No. S8100806Z



Date of issue  
17-09-2011

Address  
APT BLK 463 TAMPINES STREET 44  
#06-94  
SINGAPORE 520463

Driver

  
NRIC No. S8701978J

  
Date of issue  
06-04-2016


APT BLK 217B BOON LAY AVENUE #12-255  
SINGAPORE 642217  
S8701978J 03/08/2017


VEHICLE CATEGORIES IN THE LICENCE

Class 2B	Motorcycles <= 200 CC	17 Jul
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	16 Aug

S / No. 9000061  
Licence No: S8701978J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8701978J

  
Name  
MUHAMMAD HIDIR BIN RAHMAN

  
Race  
MALAY  
Date of birth  
11-01-1987  
Country/Place of birth  
SINGAPORE

Sex  
M  
S87019

REPUBLIC OF SINGAPORE DRIVING LI

  
Licence Number: S8701978J  
Name: MUHAMMAD HIDIR BIN RAHMAN  
Birth Date: 11 Jan 1987  
Issue Date: 17 Jul 2006

  
001432563H



## 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:** 5092415467

**Cover :** Third Party

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLQ2300P              |
| Chassis Number  | : JMYSTCY4A8U002508     |
| 2. Name of Policyholder   | : CTG LEASING PTE. LTD. |
| 3. Effective Date of Insurance  | : 04 Jul 2017           |
| 4. Expiry Date of Insurance   | : 20 Jan 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 04 Jul 2017 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092415467	CTG LEASING PTE. LTD.	201711631Z	GPC	Third Party	SLQ2300P	SLQ2300P	04/07/2017	20/01/2018



## ▼ Policy Information

Policy No.	5092415467	Policyholder Name	CTG LEASING PTE. LTD.	Policyholder NRIC	201711631Z
Address	BLK 9003 #02-160 TAMPINES STREET 93 TAMPINES INDUSTRIAL PARK A SINGAPORE 528837				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/07/2017	Effective Date	04/07/2017 00:00	Expiry Date	20/01/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 9003 #02-160	Address 2	TAMPINES STREET 93	Address 3	TAMPINES INDUSTRIAL PARK A
Address 4	SINGAPORE 528837	Address Type	Singapore address	Post Code	528837
Unit No.	02-160	Related Policy Number	5096986930		

► Insured Object: SLQ2300P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

- Exit

## Accident MT/0974613

Policy No.	5092415467	Vehicle No.	SLQ2300P	GST Registration No.	
Policyholder Name	CTG LEASING PTE. LTD.			Policyholder NRIC	201711631Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		sCode	
KFE	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

**Accident Details**

Report Date	21/12/2017 11:10	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/12/2017	Time of Accident (Human)	00:50	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	GEYLANG RD / PAYA LEBAR RD				

**Benefits**

**Excess**

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

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History: 21/12/2017 14:35:12 Karthlyn Yuen changed GST Status Verified from No to Yes			

## Policyholder Mailing Address

Address 1	BLK 9003 #02-160	Address 2	TAMPINES STREET 93	Address 3	TAMPINES INDUSTRIAL PARK A
Address 4	SINGAPORE 528837	Address Type	Singapore address	Post Code	528837
Unit No.	02-160	Related Policy Number	5096080479		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

## Claim 002 New

Claim Type *	OD-MX	Insured Name	CTG LEASING PTE. LTD.	Insured NRIC	201711631Z
Contact No.(Mobile)	96061333	Contact No.(Home)		Contact No.(Office)	+
Email Address	malvincti@gmail.com	OI Vehicle Number	SLQ2300P	TP Vehicle Number	SHC2492P
Claim Description	SLQ2300P / SHC2492P ON 10 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/01/2018 11:36	Claim Close Date		Date Received	23/01/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0974613	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2018 11:38

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

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**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
NAC_PAYA_LBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ja					



	n 2018 11:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-23	<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 11:38	SAS	Normal	SAS 2018-1-23	<a href="#">Edit</a>
 Video List	uploaded By/Date	Folder Date	File Name	 Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					