

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 26/01/18         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/DA/18001650/13 | SAS e-filing                             |                       |         |
| Veh No: SLK 19945         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 25/01/18 1730      | 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 9926P  | 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:-   | 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:-        | Invoice Preparation Checklist                   | Am't (\$)<br>In Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|----------------------|-----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                      |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                       |
| Damaged Portion:                | 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:-                   |                      |                       |
|                                 | OD*   |                      |                       |
|                                 | *N5: Courtesy Car / Tpt 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                          |                      |                       |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged          |                       |
| Auditors' Comments:-            | Invoice dated                                   | Fee Charged          |                       |
| Cat. 1:                         |   |                      |                       |
| Cat. 2 / 3:                     |   |                      |                       |

## 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             | 26/01/2018 17:24          |
| Date Of Accident           | 25/01/2018 17:30          |
| Exact Location Of Accident | PIE TWDS TUAS B4 CTE EXIT |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLC1994S |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                      |
|--------------------------|----------------------|
| Name Of Registered Owner | LAU,KOK SENG         |
| NRIC No                  | S7902005B            |
| Email Address            | NOEMAIL              |
| Mobile Phone No          | (LOCAL) +65-97989978 |
| Alternative Phone No     | OTHERS-97989978      |

#### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | LEXUS       |
| Model  | RX450       |
| 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                                       | THIRD PARTY |
| Vehicle Category   | PRIVATE CAR |

#### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                             |
| Fleet Policy              | NO  |
| Policy Number             | MT/00432241                               |
| Cover Note Number         |   |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LAU,KOK SENG          |
| NRIC No              | S7902005B             |
| Date Of Birth        | 11/01/1979            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 06/07/1998            |
| Driving Experience   | 19 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97989978  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97989978       |
| EMail Address        | NOEMAIL               |

|   |                                  |
|---|----------------------------------|
| Address   | 11 ANCHORVALE CRESCENT<br>#10-02 |
| Postcode  | 544649                           |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | BOON TECK NEIGHBOURHOOD POLICE POST                                   |
| Police Station Address                    | ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-2549999 - FAX NO: 63554310                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180126/2064

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | NOT WORKING |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SHB9926P     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | TAXI         |
| Name of Driver              | LIM SOO HWEE |
| NRIC/Passport Number        | S1356161C    |
| Contact Number              | 81982768     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LAU,KOK SENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLC1994S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

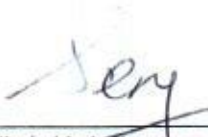
## SKETCH PLAN

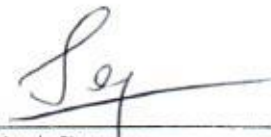
### IMPORTANT NOTICE

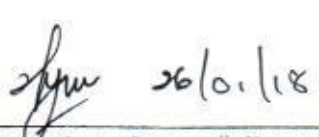
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

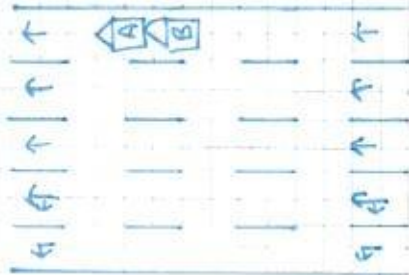
  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

P1E Toward Tinas Before CTE Exit



A-SLC 19945

B-SHB 9926P

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report no. 7/20180126/2064

**DECLARATION**

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

*Sev*  
Policyholder's Signature  
Date & Time:

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

*sfym 26/01/18*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180126/2064

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

1 of 3

Report No. T/20180126/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/01/2018 12:37

Vide Report No.:

Station Diary No.:  
9

### Informant's Particulars

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>LAU KOK SENG       |            | Address:<br>11 ANCHORVALE CRESCENT #10-02 SINGAPORE 544649 |                              |
| ID Type / ID No.:<br>NRIC NO / S7902005B |            | Contact No.:<br>Home/Office: Mobile: 97989978              |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>39 | Date of Birth:<br>11/01/1979                               | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English                                       | Institution / School Name:   |
| Occupation:<br>MARKETING EXECUTIVE       |            | Driving Licence Information:<br>Class: 2B,2A,3             | Date of Expiry:              |

### General Information of the Accident

|  |                  |                                    |   |                                    |
|--|------------------|------------------------------------|---|------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>25/01/2018 17:30 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY<br>Towards Tuas before CTE (City) Exit - lane 1 |                  |                                    |   |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h                  |                                    |
| Traffic Flow:<br>One Way   |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                                       |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

### Details of Vehicle Involved

| Vehicle No. | Type | Make    | Model                                    | Color | Condition            | No of Passenger |
|-------------|------|---------|--|-------|----------------------|-----------------|
| SHB9926P    | Taxi | RENAULT | LATITUDE<br>2.0L DCI<br>AUTO D/AB<br>4DR | Red   | Seriously<br>Damaged | 1               |
| SLC1994S    | Car  | TOYOTA  | LEXUS<br>RX450H                          | Grey  | Slightly<br>Damaged  | 0               |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



# SINGAPORE POLICE FORCE



T/20180126/2064

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20180126/2064

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                              | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SLC1994S    | DIRECT ASIA INSURANCE<br>(SINGAPORE) PTE. LTD. | MT/00432241  | 20/11/2017 | 19/11/2018  |

### Details of Person Involved

|                                   |                            |  |                                       |
|-----------------------------------|----------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No       |                            |  |                                       |
| No. of Pedestrians Injured: NIL   |                            | Use of Pedestrian Crossing: NA         |                                       |
| <b>Driver</b>                     |                            |  |                                       |
| Name                              | LIM SOO HWEE               | ID No.                                 | S1356161C                             |
| Related Vehicle                   | SHB9926P (Taxi)            | Contact No.                            | 81982768                              |
| Hospital/Clinic                   | NIL                        | Class of Driving Licence & Expiry Date | Class: NIL<br>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                              | LAU KOK SENG               | ID No.                                 | S7902005B                             |
| Related Vehicle                   | SLC1994S (Car)             | Contact No.                            | 97989978                              |
| Hospital/Clinic                   | DOCTORS INC. MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 26/01/2018                 | Date Discharge                         | 26/01/2018                            |
| No. of Days granted Medical Leave | 03                         | Degree of Injury                       | Slight                                |

### Brief Details.

On 25/01/2018 at about 1750hrs, I was driving my car SLC1994S along Pan Island Expressway (PIE) towards Tuas. Before CTE(City) Exit, the traffic was heavy and I was along Lane 1 of the expressway. Vehicles at the front start slowing down and I followed, applied my brake and slowed down. At that moment, a taxi SHB9926P came from my rear hit to my vehicle. Both vehicles came to a stop and I came out to make a check. After which we took some photos at scene and the damages to the vehicle. We also exchange particulars and I continued my journey. The taxi was subsequently towed as there was smoke coming out from the front bonnet. Damages found on my rear portion, scratches, dents and cracks. The said taxi front side is damage and the bonnet cover was open and dented. On 26/01/2018 I visited the doctor and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180126/2064

3 of 3

Report No. T/20180126/2064

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE  
310207

Tel No: 1800-2549999

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 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT

Contact No.: 65476325

 **SINGAPORE  
POLICE FORCE**  
Authentication Stamp  
NP168

**SN 062**

Signature Of Informant:

Date/Time:  
26/01/2018 12:37

Classification Of Case:

**SIGNATURE**

|                                   |   |                              |                            |              |
|-----------------------------------|---|------------------------------|----------------------------|--------------|
| <b>Vehicle No.</b>                | SLC 1994S                               |                              | Model / Make               | Lexus LX 450 |
| Date of Accident                  | 25/1/18                                 |                              |                            |              |
| Time of Accident                  | 17.30                                   | HRS                          |                            |              |
| Location of Accident              | PIE Toward Tuas Before CTE Exit         |                              |                            |              |
| Exact purpose use during accident | Private Use                             |                              |                            |              |
| <b>Name of Owner</b>              | Lau Kok Seng                            |                              |                            |              |
| Telephone No.                     | H/P : 9798 9978                         | Home :                       | Office :                   |              |
| NRIC                              | S7902005 B                              |                              |                            |              |
| Address                           | 11 Anchormole Crescent #10-02 S(544649) |                              |                            |              |
| Claim type                        | OD                                      | THIRD PARTY                  | REPORTING ONLY             |              |
| Insurance Company                 | Direct Asia                             |                              |                            |              |
| Type of Coverage                  | Comprehensive                           | Third Party                  | Third Party / Fire / Theft |              |
| Policy No.                        | MT/00432241                             |                              |                            |              |
| <b>Name of Driver</b>             | As Above If No,                         |                              |                            |              |
| NRIC                              |   |                              |                            |              |
| Date of birth                     | 11/1/1979                               |                              |                            |              |
| Occupation                        | Outdoor                                 | /                            | Indoor                     |              |
| Driving License Pass Date         | 6 Jul 1998                              |                              |                            |              |
| Gender                            | Male                                    | /                            | Female                     |              |
| Contact No.                       | H/P :                                   | Home :                       | Office :                   |              |
| Address                           |   |                              |                            |              |
| Driver have any own vehicle       | No,                                     | If yes, Reg No.              |                            |              |
| Relationship                      | Employee,                               | If no, state Owner           |                            |              |
| Weather condition                 | Clear                                   | Raining                      | Other                      |              |
| Road Surface                      | Dry                                     | Wet                          | Other                      |              |
| Any Injuries                      | No,                                     | If Yes, Who?                 |                            |              |
| Name And Contact No.              |   |                              |                            |              |
| Name And Contact No.              |   |                              |                            |              |
| Police Report                     | No,                                     | If Yes, Where? Boon Teck NPP |                            |              |
| <b>Vehicle B No.</b>              | SLB 9926P                               | Any Passengers : 1           |                            |              |
| Name of Driver                    |   |                              |                            |              |
| <b>Vehicle C No.</b>              | Any Passengers :                        |                              |                            |              |
| <b>Vehicle D No.</b>              | Any Passengers :                        |                              |                            |              |
| <b>Vehicle E no.</b>              | Any Passengers :                        |                              |                            |              |
| <b>Vehicle F No.</b>              | Any Passengers :                        |                              |                            |              |
| <b>Vehicle G No.</b>              | Any Passengers :                        |                              |                            |              |
| Witness Name                      | Witness Contact :                       |                              |                            |              |
| <b>Accident Portion</b>           | Rear Portion                            |                              |                            |              |
| <b>Camera Recorder</b>            | Yes / No Not Working                    |                              |                            |              |
| <b>Email Address</b>              | garylau7979@gmail.com                   |                              |                            |              |
|                                   |   |                              |                            |              |
| <b>PARTICULAR WORKSHOP</b>        | Twincar Automotive Pte Ltd              |                              |                            |              |
| <b>CONTACT NO.</b>                | 6842 0051 / 6744 0510                   |                              |                            |              |
| <b>CONTACT PERSON</b>             | Amos                                    |                              |                            |              |
| <b>FAX NO</b>                     | 6741 0510                               |                              |                            |              |
| <b>WORKSHOP EMAIL ADDRESS</b>     | sales@n51.com.sg                        |                              |                            |              |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7902005B



Name  
LAU KOK SENG  
(LIU GUOCHENG)  
刘国成

Race  
CHINESE

Date of birth  
11-01-1979

Sex  
M

Country of birth  
SINGAPORE

57902005B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7902005B  
Name:  
LAU KOK SENG  
(LIU GUOCHENG)

Birth Date: 11 Jan 1979  
Issue Date: 16 May 2003

000491886C

4378978



NRIC No. S7902005B



Date of issue  
30-03-2009

Address  
11 ANCHORVALE CRESCENT #10-02  
SINGAPORE 544649

NRIC No: S7902005B Date: 10/11/2017

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 16 Nov 2000 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 08 Jan 2002 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 06 Jul 1998 |

NP 4284

Licence No: S7902005B

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

**Certificate No.** : MT/00432241  
**Type of Coverage / Driver Plan** : Car Comprehensive (Value Plus Plan)  
**1) Vehicle Registration No.** : SLC1994S  
**Chassis No.** : JTJBC11A402015860  
**2) Name of Policy Holder** : LAU, KOK SENG  
**3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act** : 20/11/2017 00:00  
**4) Date/Time of Expiry of Insurance** : 19/11/2018 23:59  
**5) Persons or Classes of Persons Entitled to Drive**  
(a) The Insured  
(b) Any named person under the policy who is driving on the Insured's order or with his permission.  
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission  
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

### 6) Limitations as to use\*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.

\*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

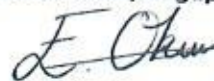
**Sum Insured** : Market Value  
**Own Damage Excess** : S\$ 1,000.00 (before any applicable GST)  
**Windscreen Excess** : S\$ 100.00 (before any applicable GST)  
**Choice of workshop** : DirectAsia approved workshops  
**Finance company / Hire Purchase** : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD  
**Main driver** : LAU, KOK SENG  
**Named driver** : None

**Important Note:** This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 16/11/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer