

# NATIONAL Assessment Centre Services

(Int'l & Direct)

18018026327

Date In: 23/02/2018 15:51  
 Ref No: NPA/Full/8003510/V  
 Veh No: SBX 37 V  
 D.O.A: 15/02/2018 11:35

Job description: SAS e-illing  
 Date & Time Completed: 23/02/2018 16:20  
 Done by: m10183413  
 E-mail (within 2hrs, AIO 2hrs)  
 I-Motor Claim Form  
 I-Motor W/O (within 2hrs, TP 2hrs)  
 I-Photo Uploaded  
 Assessment/Survey Report  
 Ass'l Report by Fax/Hand to Owner/Wksp

OD / Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / QW:

TP Particulars: Yell No: SG 70855 INC ( ) / Non-INC ( )  
 Owner / Drivers: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( )  
 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 / Customers 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: ( ) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time	Action

18018026327

Human Resources	Invoice Preparation Checklist	Amount	Unit
Driver/Owner:	1) AR: Accident Reporting (\$30)	\$30	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
C. Checked by (Sign-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) XT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$25	
	7) NI: (4x) DA + SMART Survey	\$160	
	8) NTUC Additional Safety		
	9) NTUC Additional Safety		
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	100) NTUC Additional Safety		

Invoice dated: 23/02/2018  
 Invoice total: \$1,000.00  
 Net Charged: \$1,000.00  
 GST Charged: \$100.00  
 Total: \$1,100.00



## 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	23/02/2018 15:51
Date Of Accident	15/02/2018 17:35
Exact Location Of Accident	CTE BEFORE EXIT OF PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX37U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96536763
Alternative Phone No	OFFICE-96536763

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	STAVIC-2.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093338938
Cover Note Number	

### Driver

Name of Driver	TOH KOON AIK (ZHUO QINYI)
NRIC No	S8534198G
Date Of Birth	11/11/1985
Occupation	INDOOR
Date Of Driving Pass	13/12/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96536763
Fax Number	
Contact Number	OTHERS-96536763
Email Address	NOEMAIL

Address	BLK 563 HOUGANG STREET 51 #12-422
Postcode	530563
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### Details of Witness 1

Name	GOH PEI SHAN
Phone Number	97667693
Email Address	GPEISHAN85@HOTMAIL.COM

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG7085S
Vehicle Make/Model/Colour	B.M.W 116i
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD FAIZAL BIN AHMAD SANY

NRIC/Passport Number	S92110411
Contact Number	91199475
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.



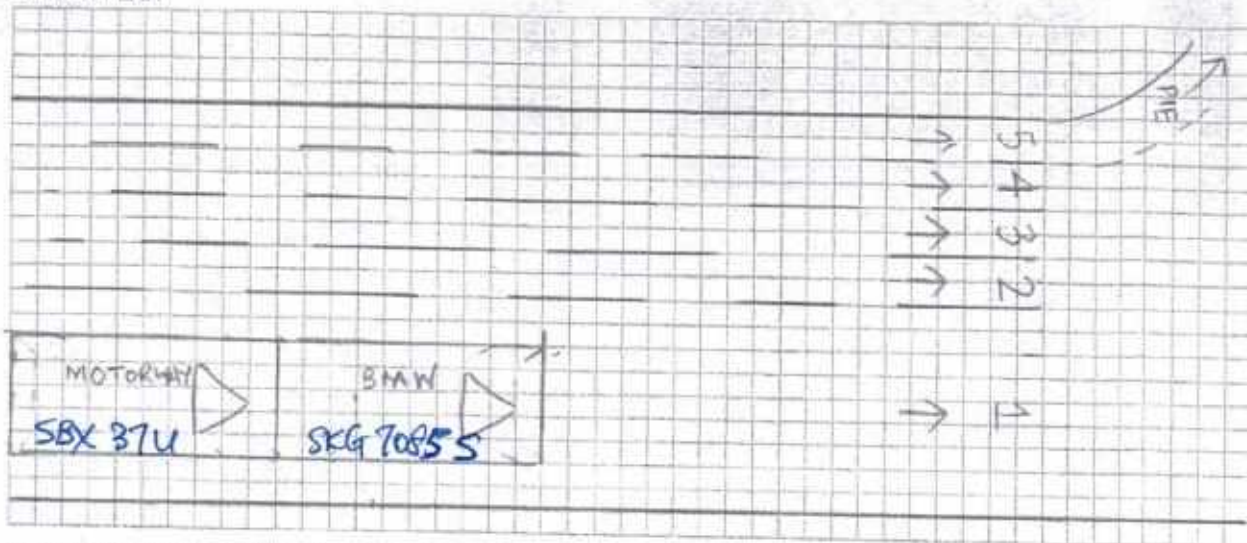
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20 FEB 2018  
1019PM

Reporting Centre Personnel's Signature  
Name: 23/02/2018  
NRIC/FIN No.: Roshan



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident took place on CTE slightly after Bradell Road, before ERP 31 on lane 1. After approaching towards PIE exit, there was a jam and the vehicles slowed down quite quickly. As such, I was caught off guard and had to quickly brake. As my baby was in the car, a gentler brake was used. As a result, my vehicle hit into the front vehicle.

## 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: 20 FEB 2018  
10 19 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/02/2018  
KOSLI W AHOB

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0983413

Policy No.	5093336938	Vehicle No.	SBX37U	GST Registration No.	
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	96536763	Contact No.(Office)	64682200	Contact No.(Home)	
Email Address		Special Remark		eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	23/02/2018 16:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	15/02/2018	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE BEFORE EXIT OF PIE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/08/1999		
GST Registration No.	199902927C	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093337471		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TOH KOON AIK (ZHOU QINYI)	Driver NRIC	S8534198G	Driving Experience	
Register Date of Driver License	12/12/2006	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 265B #07-334	Address 2	PUNGGOL WAY	Post Code	
Address 4	SINGAPORE 822265	Address Type	Foreign address		
Unit No.	07-334				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SBX37U	Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	rent@motorwaycarrentals.com	Of Vehicle Number	SBX37U	TP Vehicle Number		
Claim Description	SBX37U / SKG70855 ON 15 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	23/02/2018 16:19	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
<input type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0983413	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/02/2018 16:30		
Path *		Category *	Confidential	Urgency	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	101	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	102	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	103	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	104	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	105	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	106	•	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:20	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:19	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:18	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:18	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Feb 2018 16:18	NRIC/ Driving License	Normal	NRIC/ Driving

## 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"/>





MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-D605-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6468 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

### ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident : 15 / 02 / 2018

Time of Accident : 5:35 am / pm / noon

Exact Location of Accident : CTE before exit of PIE

#### Detail of Own vehicle - Policyholder

Name of registered Owner : Motorway Car Rentals Pte Ltd

NRIC / FIN / Passport number : 199902927C

Address : 1094 Lower Delta Road, Motorway Building (S) 169205

H/P : 64682200

Fax : 62735535

#### Vehicle Particulars

Vehicle Registration Number : 5BX3TU

Vehicle Make and Model : SSANGYONG STAVIC

Purpose was being used at time of accident : Private use / Commercial use / Hire & reward

Action to be taken for repair your vehicle : Third party claims / Own damage claims / Reporting only

#### Insurance Company

Name of Insurance Company : Liberty Insurance / Tokio Marine Insurance

Type of coverage : Comprehensive / Third Party Fire & Theft / Third party only

Policy number : 5093336938

#### Details of Own Vehicle - Driver

Name of Driver : TOH KOON AIK

NRIC / FIN / Passport number : S8534198E

Date of Birth : 11 / 11 / 1985

Occupation : DATA ANALYST

Date of driving pass : 13 / 12 / 2006

Address : BLK 265B PUNGBOL WAY #07-334 S7822265

H/P : 96536763

Email : ekisortka@hotmail.com

Relationships of the Driver with the Insured : Hire & reward

#### Information Of The Accident (Please circle)

Injuries even if slight : Yes / No

Any Material or property damaged : Yes / No

Weather conditions : Clear / Raining / Drizzling

Road surface : Wet / Dry

Was the accident reporting to the police : Yes / No

Was notice of intended prosecution given : Yes / No If Yes, against to \_\_\_\_\_

Total person in the car (3 persons)

www.motorway.com.sg



MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6468 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

Details of Other Vehicle / Property 1

Vehicle Registration Number : SK67085S

Vehicle Make and Model : BMW 116i

Name of Driver : AHMAD FAIZAL BIN AHMAD SANY

NRIC / FIN / Passport number : S92110A1I

Address : BLK 469A ADMIRALTY DRIVE #14-111, (S) 751469

H/P : 91199475

Insurance Company Name : \_\_\_\_\_

Details of Other Vehicle / Property 2

Vehicle Registration Number : \_\_\_\_\_

Vehicle Make and Model : \_\_\_\_\_

Name of Driver : \_\_\_\_\_

NRIC / FIN / Passport number : \_\_\_\_\_

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

H/P : \_\_\_\_\_

Insurance Company Name : \_\_\_\_\_

Details of Witness (If any)

Name : GOH PEI SHAN

Address : BLK 265B PUNGGOL WAY #07-334 (S) 7822265

H/P : 97667693

Email : gpcishan85@hotmail.com

Details of Injured Person 1 (If any)

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

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

Injuries sustained : \_\_\_\_\_

Injured person in which vehicle : \_\_\_\_\_

Was injured conveyed to hospital by ambulance : Yes / NO

Details of Injured Person 2 (If any)

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

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

Injuries sustained : \_\_\_\_\_

Injured person in which vehicle : \_\_\_\_\_

Was injured conveyed to hospital by ambulance : Yes / NO

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

Policyholder's signature : \_\_\_\_\_

Date and time : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Driver's signature : \_\_\_\_\_

Date and time : 20 / 02 / 2013 @ 10:17 PM

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8534198G



NAME

TOH KOON AIK  
(ZHUO QINYI)

卓 勤 益

RACE

CHINESE

Date of birth

11-11-1985

Sex

M

Country of birth

SINGAPORE

4851082



NRIC No. S8534198G



Date of issue

02-03-2013

Address

APT BLK 563 HOUGANG STREET 51  
#12-422  
SINGAPORE 530563



**UBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S 8 5 3 4 1 9 8 G**

Name:

**TOH KOON AIK  
(ZHUO QINYI)**

Birth Date: **11 Nov 1985**

Issue Date: **15 Jun 2013**



LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive 13 Dec 2006  
of the driver; and other motor vehicles  $\leq$  2500kg



Licence No: S8534198G



## 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: 5093336938

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#

: SBX37U  
: KPTV0B1ESGP114252  
: MOTORWAY CAR RENTALS PTE LTD  
: 15 Dec 2017  
: 14 Dec 2018

- (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\$1,000
EXCESS (SECTION 2)	: N/A
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	: MOTORWAY CREDIT PTE LTD
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 : MOTORWAY CREDIT PTE LTD (00000614920)  
Date of Issue : 10 Aug 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Transfer Of Vehicle Ownership (Acknowledgement)

### Vehicle Details

Vehicle No.:	SBX37U		
Vehicle Type:	N19 - Passenger (Co) Company Station Wagon (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	SSANGYONG	Vehicle Model:	STAVIC 2.2D 7AT ABS 2WD
Chassis No.:	KPTV0B1ESGP114252	Engine No.:	67296022516737
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	6
Engine Capacity:	2157 cc	Power Rating:	-
Unladen Weight:	2020 kg	Maximum Laden Weight:	2750 kg
Primary Colour:	Black	Secondary Colour:	-
IU Label No.:	-	Maximum Power Output:	130.9 kW (175 bhp)
First Registration Date:	15 Dec 2017	Original Registration Date:	15 Dec 2017
Manufacturing Year:	2016	Open Market Value:	\$25,444.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$13,811.00
No. of Transfer:	1	Actual ARF Paid:	\$27,622.00

### Owner Particulars

Owner Name: MOTORWAY CAR RENTALS PTE LTD  
Owner ID Type: Company  
Owner ID: 199902927C  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 1094  
Registered Street Name: LOWER DELTA ROAD  
Registered Unit No.: -  
Registered Building Name: MOTORWAY BUILDING  
Registered Postal Code: 169205  
COE No./Expiry Date: 2017110107000414Z / 14 Dec 2027  
COE Bid Category: E - Open - all except motorcycle  
QP Paid: \$49,000.00

### Transaction Details

Business Transaction Ref. No.: 20171215145231549974  
Business Transaction Date: 15 Dec 2017  
Business Transaction Time: 14:52:31

### Message

Vehicle has been successfully transferred to MOTORWAY CAR RENTALS PTE LTD (199902927C).  
Please note that \$11.00 will be deducted from your GIRO account.