Date In: 16/7/18-15:01 Jeb o	description	Date & Time Completed	Done	py.
	S e-filing		With Section	
	mail (within Shrs, AIC 2hrs)			
1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1otor Claim Form			
J-M	1otor W/O (Within: OD 2hr:	s, TP 4brs)		
OD : TP : Perforting Only	hoto Uploaded	1.		11
Ass	sessment/Survey Report			
TP Insurer:	't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ix:	
TP Particulars: Veh No: STD 3301 Y	INC(	)/Non-INC( )	Sec. *	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	) _	
Confirmed by : (	Date:	Time:	)	
	t. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-10	00%]	1
Year of Registration: ( ) Warrant	y: YES ( )/NO (	)		
	)/\$2,000( )	.0		
General Remarks:		Dealer State Co.	200	i i
General Kernarkas	atriothy Confidential & St	75 mm 24 dela constant		
( ) Walk-In Customer: Customer's information		notify NO Tales of Tepolicis		
( ) Total Loss Case : to e-mail Insurer URG				
Drive-In ( )/ Towed-In ( ); Invoice: YES (	( )/NO( );T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	TO THE REAL PROPERTY.	L.,
	the second section of the second section is the second section of the sect	Datescrature Combre. or	and anone	Dy
1) Apply for Transport Allowance ( )/Courtesy	Car()	Dates: Jame Complet 3d	and Albone	by
Apply for Transport Allowance ( )/ Courtesy	Car( )	Date& Jame Complet 30	AN ANDORE	by
Apply for Transport Allowance ( )/ Courtesy     QC Check / Post Repair Inspection	( )	Date& Jame Compae 343	AND	by
Apply for Transport Allowance ( )/ Courtesy	( )	Date& Jame Compte: 34	AND AND ONE	Dy
Apply for Transport Allowance ( )/ Courtesy     QC Check / Post Repair Inspection	( )	Date& Jame Compae 343	, e. v. 10 one	БУ
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )			, sq.
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	( ) ( )		SEPS CONTRACT	Dy
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( ) ( )			Dy .
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( ) ( )			Dy .
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( ) ( )			
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( ) ( )			
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	( ) ( )			
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( ) ( )		English.	MA
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902	( ) ( ) ( ) Invoice Pro	paration Checklist:	Anit (5)	Ami
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902	Invoice Pro  1) AR: Accident 2) DA: Damage	paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$8	Anit (5)	Ami
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$8 Fee \$40	Anit (5))  fit Bill  0) /545 5120	MA
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902  Taimant's Particulars:	Invoice Pre  Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 5) FT: Follow-1	paration Checklist:  tReporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey)	Anic (\$).  Anic (\$).  Anic (\$).  Anic (\$).  Anic (\$).	Am
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA180 [90]  Claimant's Particulars:  Contact No:	Involce Pre  Involce Pre  I) AR: Acciden  2) DA: Damage  I) FT: Towing  4) FT: Follow-1  For claiming  6) TR: Re-inspe	paration Checklist tReporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Anic (\$).  IFEBII  0)  7545 5120 530  \$75	Am
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA1801902  Inimant's Particulars:-	Invoice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	paration Checklist tReporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) betton + SMRT Survey	Anic (\$).  FF Bill.  0)  7545 5120 530	Am
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902  Taimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Involce Pre  Involce Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	paration Checklist:  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection + SMRT Survey onal Services.	Anic (\$).  IFEBII  0)  7545 5120 530  \$75 5160	Am
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902  Taimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Invoice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	paration Checklist:  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services	Anic (\$).  IFEBIII  0)  7545 5120  \$30  \$75 5160	Am
1) Apply for Transport Allowance ( )/ Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  NA 180 1902  Taimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Inveice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	paration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services  y Car / Tpt Allowanus Ca-ordination	Anic (\$).  IFEBII  0)  7545 5120 530  \$75 5160	Am
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NA 180 1902  Taimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):	Inveice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 betton + SMRT Survey conal Services	Amic(\$\$).  IMEBIII  0) /\$45 5120 \$30 ) \$75 5160  \$5 510 \$25 \$35	Am
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time   Actions  NA180 1902  Taimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi On' N5: Courtes N6: Repair 0 N7: Fost Re N8: DV / Co	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40  hrough Survey (Resurvey) against INC Only (wef 10 Jan 2905) ection + SMRT Survey ional Services  y Car / Tpt Allowanue Co-ordination pair Inspection  pleet Excess Coordination P (N-10 INC) against INC	Amic(\$).  Amic(\$	Ama Add
1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NA 180 1902  Taimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):	Inveice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40  hrough Survey (Resurvey) against INC Only (wef 10 Jan 2905) ection + SMRT Survey ional Services  y Car / Tpt Allowanue Co-ordination pair Inspection  pleet Excess Coordination P (N-10 INC) against INC	Amic(\$\$).  IMEBIII  0) /\$45 5120 \$30 ) \$75 5160  \$5 510 \$25 \$35	Am

the part of the fire

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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 witholding 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.	A COURT OF A TEMENT
The state of the state of the	ACCIDENT STATEMENT
Date Of Report	26/03/2018 15:01
Date Of Accident	26/03/2018 07:45
Exact Location Of Accident	ARENA COUNTRY CLUB OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP3609U
Insured/Policyholder	
Name Of Registered Owner	JP SUPPLIER PTE LTD
Co Reg No	200510116G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81577913
Alternative Phone No	OFFICE-81577913
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD

Name of Insurance Company ALLIED WORLD ASSURANCE COMPANY, LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

AVCPSB0082481701 Policy Number

Cover Note Number

#### Driver

WANG KAI Name of Driver G2977062Q Passport No/FIN 16/10/1983 Date Of Birth OUTDOOR Occupation 15/11/2017 Date Of Driving Pass

0 YEAR AND 4 MONTH Driving Experience

MALE Gender

(LOCAL) +65-98989695 Mobile Number

Fax Number

OFFICE-98989695 Contact Number

NOEMAIL EMail Address

Address

3017 BEDOK NORTH STREET 5 #03-07 GOURMET EAST KITCHEN

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

**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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD3301Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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.

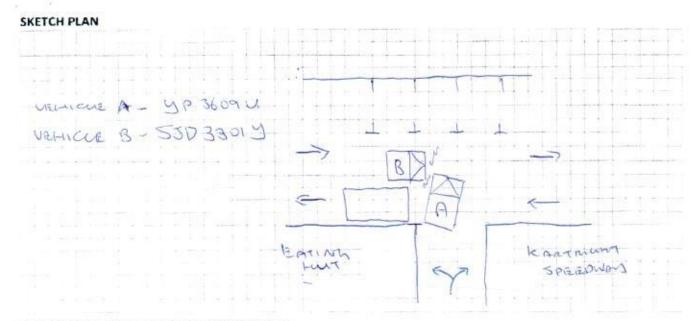
Copolier & Zyll

至智机

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

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Turnish our From the sching Between EATING HUT
AND KARTRICHT SPEEDWITH OF ARENA COUNTRY CLUB.
Title
AS THERE WAS A BIG TRUCK STOPPED INFRONT OF EATING HUT THE VISUALITY OF INCOMING WELLICLE WAS BAD, BND SO I INCH
FURNARD TO HAVE A BENTER VIEW, BUT WHEN I'M INCHINA
OUT A VAHICLE CAME AND HIT ONTO THE CRET FRONT OF
My Vancie.
ACCOUNTED From MY USUICUR AND REDUZED IT WAS
A UBUNICUE BREARING (SJD 3301 Y) THAT COCUITED
TO MY VISHICUS WHEN I AM INCHUNE OUT OF MY
USMICLE.
UNHICUZ A _ MP 3609 M
USHICLE B - 500 3301 5

# DECLARATION

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

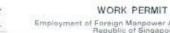
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	Sp36094 Model/Make HINO	
Date of Accident	26/03/18	
Time of Accident	07 45 HRS	
ocation of Accident	FARPARK AREA OF ARENA COUNTED CLUB	
exact purpose use during accid	dent Worker Hour	
Name of Owner	JA SUPPLIER PTR LTD	
Telephone No.	H/P: \$1377913 Home: Office: \$1577913	
NRIC	2004 101164	
Address	3017 BEDOK NORTH ST 5 #03- 07 GOURMET EAST KITCHEN S(4	
Claim type	OD THIRD PARTY REPORTING ONLY	
Insurance Company	ALLIED WORLD	
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft	
Policy No.	AUCP5B3092481701	
Name of Driver	As Above If No. WANG KAT	
1.016	G 2977062 Q. Any Passengers:   (MALE)	
Date of birth	16 007 1943	
Occupation	Outdoor / Indoor Decivery	
Driving License Pass Date	15 Nov 2017	
Gender	Male / Female	
Contact No.	H/P: 98989695 Home: Office:	
	Hyr. 13 10 10-13 Home.	
Address	Me If you Pog No	
Driver have any own vehicle	No. If yes, Reg No. Employee, If no, state	
Relationship		
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?	
Vehicle B No.	SJD 3301 9 Any Passengers:	
Name of Driver	Contact No. :	
Vehicle C No.	Any Passengers :	
Vehicle D No.	Any Passengers :	
Vehicle E no.	Any Passengers :	
Vehicle F No.	Any Passengers :	
Vehicle G No.	Any Passengers :	
Witness Name	Witness Contact :	
Accident Portion	LEFT FROM PORTION	
Camera Recorder	Yes / No	
Email Address		
PARTICULAR WORKSHOP	TOUNCAR AMOMOTIVE PLR (-11)	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	ION	
FAX NO	6741 0510	
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg	



The owner and vehicle particulars for Vehicle No. YP3609U as at 25 Jul 2016 are as follows:

1.	Name :	JP SUPPLIER PTE LTD
2.	Identification No. Type	Company
3.	Identification No.	200510116G
4.		
5.		3017 BEDOK NORTH STREET 5
J.	Registered Address	#0307
		GOURMET EAST KITCHEN
		SINGAPORE 486121
6	Mailing Address	*
6.	Vehicle No.	YP3609U
7. 8.	Tolliero 1707	25 Jul 2016
9.		25 Jul 2016
10.		25 Jul 2016
11.		B70 - Goods (Open) Refrigerated Vehicle
12.		Normal
13.	Telliere Officere	No Attachment
14.	· remonition ·	
A to hope the		
16.	(tittellinette 5	HINO
17.		HINO XZU710R-HKFMS3
18.		: 2016
19.	The state of the s	: White
20.		- Winte
21.	Passenger Capacity	: 2
22.	r more real contract	: JHHUCS3H30K017849 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.		: N04CUS28392 / -
25.		: 4009 / -
26.		: -/-
27.		: 2500
28.		
29.		: \$39,370.00
30.		: No
31.		0.4
32.		: \$0.00
33.	IU Label No.	1 -
34.		: 2016070105000176Z
35.	COE Expiry Date	: 24 Jul 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$46,434.00
38.		: \$46,434.00
39.		; \$1,969.00
40.	CO2 Emission(g/km)	ng province of the control of the c
41.	Actual CEVS Rebate Utilised	
42.	CEVS Surcharge Paid	
43.	[10] [20] [10] [10] [10] [20] [20] [20] [20] [20] [20] [20] [2	1-
44.		: 24 Jul 2036
45.	Road Tax Amount	; \$328.00
46.	Road Tax Start Date	: 25 Jul 2016
47.	Road Tax End Date	: 24 Jan 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium
		payable is that of Category C.



Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

JAPAN PORK SUPPLIER PTE. LTD.

Sector: MANUFACTURING



WANG KAL DELIVERY MAN

0 77460527

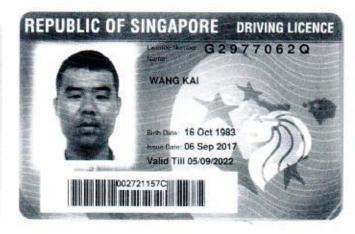


Date of Application 03-04-2017

17-04-2017 04-04-2019



L7844262



## VISIT PASS Immigration Regulations

WANG KAL



Date of Sinth Sex 16-10-1983 M

CHINESE

G2977062Q 17-04-2017

Date of Expiry 04-04-2019

MULTIPLE JOURNEY VISA ISSUED



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

EFFECTIVE DATE

CClass 2B

Motorcycles =< 200 CC Motor cars =< 3000 kg with == 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

66 Sen 2017 15 Nov 2017

S / No.9000303646

G2977962Q

NP 428A

Licence No:G2977062Q

# CERTIFICATE OF INSURANCE

MZ300/C R SB A615SD3

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE

Cov. Type: C KSKTSSB

THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCPSB0082481701

ChaNo: JHHUCS3H30K017849

Index Mark and Registration YP 3609 U

Number of Vehicle

2. Name of Policyholder

JP SUPPLIER PTE LTD

3. Effective Date of Commencement of Insurance 25 July 2017

for the purposes of the Ordinance

24 July 2018

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 and MX4, see overleaf) ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 6. Limitations as to Use\* (For certificate reference MX1, see overleaf)
- A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER :

- 1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPBED-TESTING.
- 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : OCBC BANK

Type of Cover : Comprehensive

Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Examined By