

МНУ 604/250

[illegible]

NH1801957

## 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	27/03/2018 12:23
Date Of Accident	26/03/2018 14:10
Exact Location Of Accident	ALONG COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8675E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STAR INN LIMOUSINE SERVICE
Co Reg No	53059843D
Email Address	STAR.INN.LIMOUSINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96429747
Alternative Phone No	OFFICE-83097023

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE-3.0 D DX (KDH201) (M)
Exact Purpose for which vehicle was being used at time of accident	SENDING STUDENT HOME
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086936099-01
Cover Note Number	

### Driver

Name of Driver	TOH BOCK TECK
NRIC No	S0704021J
Date Of Birth	29/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1964
Driving Experience	53 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96429747
Fax Number	
Contact Number	OTHERS-83097023
Email Address	STAR.INN.LIMOUSINE@GMAIL.COM



Address BLK 204 CLEMENTI AVENUE 6  
#12-05  
Postcode 0512  
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 - 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? 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) 6

Passenger 1  
NAME: : STUDENT  
GENDER: : FEMALE  
Passenger 2  
NAME: : STUDENT  
GENDER: : FEMALE  
Passenger 3  
NAME: : STUDENT  
GENDER: : FEMALE  
Passenger 4  
NAME: : STUDENT  
GENDER: : MALE  
Passenger 5  
NAME: : STUDENT  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name QUEENSTOWN N.P.C  
Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4719999 - FAX NO:  
Was notice of Intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC9804S  
Vehicle Make/Model/Colour VOLKSWAGEN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver IVAN WEE KIM PENG  
NRIC/Passport Number S1809018Z  
Contact Number 96355177  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2

#### DETAILS OF INJURED PERSON 1

Name NUR FATINI ASYIRAH  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? PA8675E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN SI HUI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? PA8675E  
Were seat belts worn?  
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.
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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:

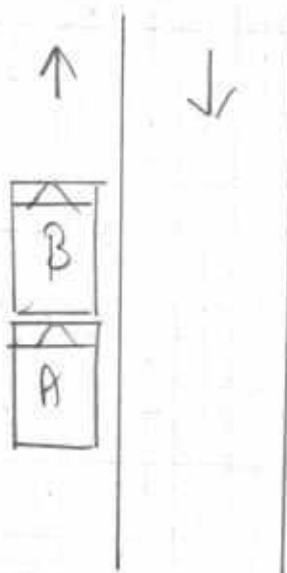
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A) PA 8675K  
B) SKC 9804S



COMMONWEALTH  
DRIVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*As referred to Police Report  
1/20180327/2046*

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*27/03/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180327/2046

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180327/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2018 12:35		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: TOH BOCK TECK			Address: APT BLK 204 CLEMENTI AVENUE 6 #12-05 SINGAPORE 120204		
ID Type / ID No.: NRIC NO / S0704021J			Contact No.: Home/Office: Mobile: 83097023		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 29/11/1946	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: BUS DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2018 14:10	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH DRIVE  Commonwealth Drive towards Commonwealth Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8675E	Bus/Coach/Mi nibus				Slightly Damaged	5
SKC9804S	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180327/2046

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20180327/2046

**CONTINUATION OF REPORT**

Driver			
Name	TOH BOCK TECK		ID No. S0704021J
Related Vehicle	NIL		Contact No. 83097023
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/03/2018 at about 1408hrs, I was driving my minibus (PA8675E) along Commonwealth Drive. At that point of time, there were 5 children inside my vehicle. I was travelling at about 20km/h on the said road towards Commonwealth Avenue.

Upon reaching the traffic light located at the said road, I did not notices that there was a vehicle (SKC9804S) which stopped at the said traffic. The said vehicle was waiting for the traffic light to turn green. As a result, my side mini bus collided to the rear of the said vehicle (SKC9804S). After the accident, I alighted my minibus (PA8675E) to make a check on the damages. I discovered that the bumper of my minibus was dented due to the impact. The rear bumper of the said vehicle (SKC9804S) was also dented. Subsequently, I went back to my minibus (PA8675E) to make a check on the condition of the children however no one complained of any pain or injuries suffered. After which, the driver of the said vehicle (SKC9804S) and I exchanged particulars before leaving the said place.

On the same day at about 1630hrs, 2 parents contacted my management (Star Inn Limousine Service) to report with regards to the injury of their daughter namely Nur Fatini Asyirah and Tan Si Hui however they did not mentioned the injury suffered. I wish to add that at the point of accident, no police or ambulance was activated.





**SINGAPORE  
POLICE FORCE**



T/20180327/2046

3 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180327/2046

**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:

D /  
Cpl PHOON KOK WAI

Signature Of Informant:

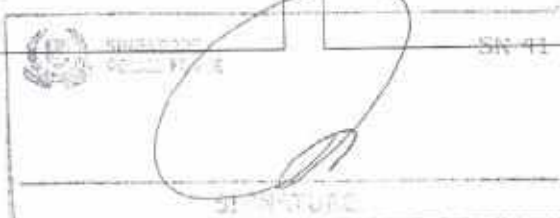
Signature Of Interpreter:  
Not applicable

Date/Time:  
27/03/2018 12:35

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP168



3/27/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

## Claim Handling

Accident MT/0987832

Policy No.	5086936099-01	Vehicle No.	PA8675E	GST Registration No.
Policyholder Name	STAR INN LIMOUSINE SERVICE			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96429747	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	27/03/2018 12:44	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	26/03/2018	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG COMMONWEALTH DRIVE			

## ▼ Benefits

## ▼ Excess

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

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/03/2018 13:05:51 Karthlyn Yuen changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 14 #07-286	Address 2	TELOK BLANGAH CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098498264	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TOH BOCK TECK	Driver NRIC	S07040211	Driver DOB
Register Date of Driver License	27/05/1964	Driver Age	71	Driving Experience
Contact No.(Mobile)	83697023	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 204 #12-05	Address 2	CLEMENTI AVENUE 6	Address 3
Address 4	SINGAPORE 120204	Address Type	Foreign address	Post Code
Unit No.	12-05			
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	PA8675E	Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	STAR INN LIMOUSINE SERVICE	Insured NRIC
Contact No.(Mobile)	92978615	Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	PA8675E	TP Vehicle Number
Claim Description	PA8675E / SKC9804S ON 26 Mar 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	27/03/2018 12:49	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987832	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2018 14:57

Path \*

Choose File No file chosen

Category \*

Confidential

Urgent

Clear

Please Select

NO

Normal

3/27/2018

Claim Handling(incident reporting Claim Task 001 OD-MX)

Choose File No file chosen

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Message Read

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Mar 2018 14:57	SAS	Normal	SA
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Mar 2018 14:57	NRIC/ Driving License	Normal	NRIC/ Drive
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Mar 2018 12:50	Photos	Normal	Phot
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Mar 2018 12:49	Photos	Normal	Phot
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## Video List

Uploaded By/Date	Folder Date	File Name		Sou
<div>Display in New Window</div> <div>Scan and uploading</div>				



# ACCIDENT STATEMENT

ACCIDENT DATE: 26.03.2018 (DD/MM/YYYY) TIME: 14:10 (HH:MM)

LOCATION: Along Commonwealth Drive

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA8675E  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5086936099-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA REGIUS ACE 3.0 DXM  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: SENDING STUDENT HOME  
 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: STAR INN LIMOUSINE SERVICE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 96429747 CONTACT: 96429747  
 c) ADDRESS: 8114 TELUK BLANJA CRES  
#07-286

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

## DRIVER

- a) NAME: Teh Boon Teck (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S07040217 CONTACT: 83097023  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: \_\_\_\_\_ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_ (YES / NO)

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

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) STUDENT

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKC980AS MODEL: Volkswagen R32  
 b) DRIVER'S NAME: IVAN WEE KIM PENG  
 c) NRIC/FIN/PASSPORT: S18090182 CONTACT: 96355177

## 9. THIRD PARTY VEHICLE

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


email = star.lnn.limousine@gmail.com

fax =

V1020

Volkswagen Golf R32

Ivan Wee Kim Peng S18090182

REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S0704021J			
Name			
TOH BOCK TECK			
卓木德			
Race			
CHINESE			
Date of Birth		Sex	
29-11-1946		M	
Country of Birth			
SINGAPORE			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0704021J

TOH BOCK TECK

Birth Date 29 Nov 1946

Issue Date 14 May 2003

1000482209H

1840225



REF. NO. S0704021J



Blood Group: O+ Date of issue: 30-03-1994

Address:  
APT BLK 204 CLEMENTI AVENUE 6  
#12-05  
SINGAPORE 0512

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:**

**Class 3** Motor Cars and Motor Trailers no weight of which unladen does not exceed 2500 kilograms.

**Valid Until:** 27 May 1968

**Licence No:** 50706021J

NP 425A

## 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** : 5086936099-01

**Cover** : Third Party, Fire & Theft

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : PA8675E                    |
| Chassis Number                                      | : KDH2010026754              |
| 2. Name of Policyholder                             | : STAR INN LIMOUSINE SERVICE |
| 3. Effective Date of Insurance                      | : 24 Dec 2017                |
| 4. Expiry Date of Insurance                         | : 23 Dec 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 12 passengers

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE LIMITED
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 : ABWIN PTE LTD (00000614234)

Date of Issue : 08 Dec 2017 14:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

24 Dec 2016

Our ref: 2412160501N052785680

STAR INN LIMOUSINE SERVICE  
APT BLK 14 TELOK BLANGAH CRESCENT  
#07-286  
SINGAPORE 090014

Dear M/S CHEW OEI PHENG

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. PA8675E**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20161224083639961206. You are the registered owner of the vehicle with effect from 24 Dec 2016.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- |                            |   |
|----------------------------|---|
| 1. Name                    | : STAR INN LIMOUSINE SERVICE  |
| 2. Identification No. Type | : Business  |
| 3. Identification No.      | : 53059843D   |
| 4. Place Of Passport Issue | : -   |
| 5. Vehicle No.             | : PA8675E   |
| 6. Vehicle Type            | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus  |
| 7. Vehicle Scheme          | : Public Service Vehicle (Others)   |
| 8. Vehicle Make            | : TOYOTA  |
| 9. Vehicle Model           | : REGIUS ACE 3.0DX M  |
| 10. Remarks                | : To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle. |

## Annex A

Transaction ref 20161224083639961206

The owner and vehicle particulars for Vehicle No. PA8675E as at 24 Dec 2016 are as follows:

1. Name	: STAR INN LIMOUSINE SERVICE
2. Identification No. Type	: Business
3. Identification No.	: 53059843D
4. Place Of Passport Issue	: -
5. Vehicle No.	: PA8675E
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 24 Dec 2016
8. Original Registration Date	: 10 Mar 2009
9. First Registration Date	: 10 Mar 2009
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: REGIUS ACE 3.0DX M
17. Year of Manufacture	: 2008
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 10
21. Chassis/Trailer Chassis No.	: KDH2010026754 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD1833216 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 1780