

NATION 11 Assessment Centre Services

Date In: 10/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006572/13	SAS e-filing		
Veh No: SLF8346B	E-mail (within 8hrs, Aft 2hrs)		
DDCA: 08/04/18 1450	i-Motor Claim Form NT/0989726		
OD: 10 (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:)

TP Particulars:	Veh No: SDK93B	INC () / Non-INC ()
Owner / Driver ()		Tel: ()
Policy No. ()	Period ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()

Insured/Driver Liability () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1802194	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30)		
	2) DA : Damage Assessment (\$100); INC (\$30)		
	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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*		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: TP (N11) : TP (N-on INC) against INC \$20		
Contact No:	9) N12: Idac Mobile 10		
Damaged Portion:	Invoice dated	Fee Charged	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-			
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	10/04/2018 11:35
Date Of Accident	08/04/2018 14:50
Exact Location Of Accident	PIE TWDS TUAS B4 ADAM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8346B
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086951265-01
Cover Note Number	

Driver

Name of Driver	MOHAMED SAHARI BIN OTHMAN
NRIC No	S6842710Z
Date Of Birth	31/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98982141
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 107 BEDOK NORTH RD #02-2246
Postcode	460107
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180409/2128

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDK93B
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)

DETAILS OF INJURED PERSON 1

Name MOHAMED SAHARI BIN OTHMAN

Approximate Age

Injuries Sustain

BACK & SHOULDER

Injured person in which vehicle?

SLF8346B

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:

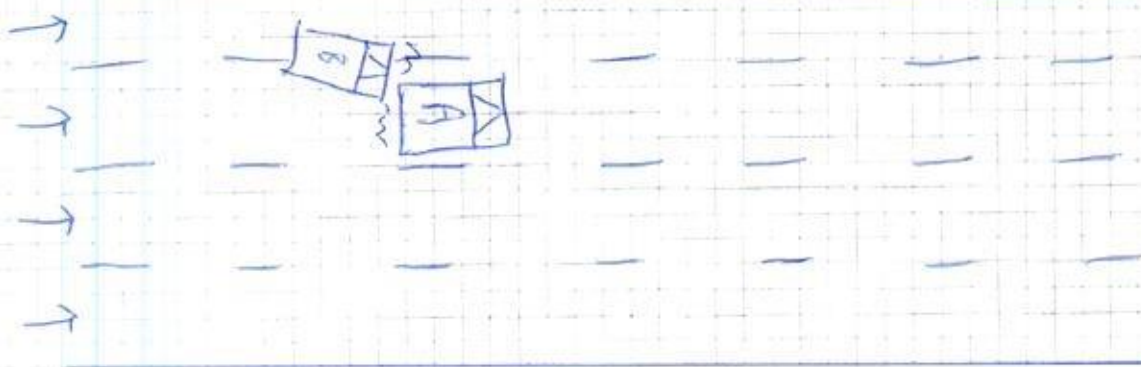
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PKE TOWARDS TUAS BEFORE ADAM ROAD EXIT

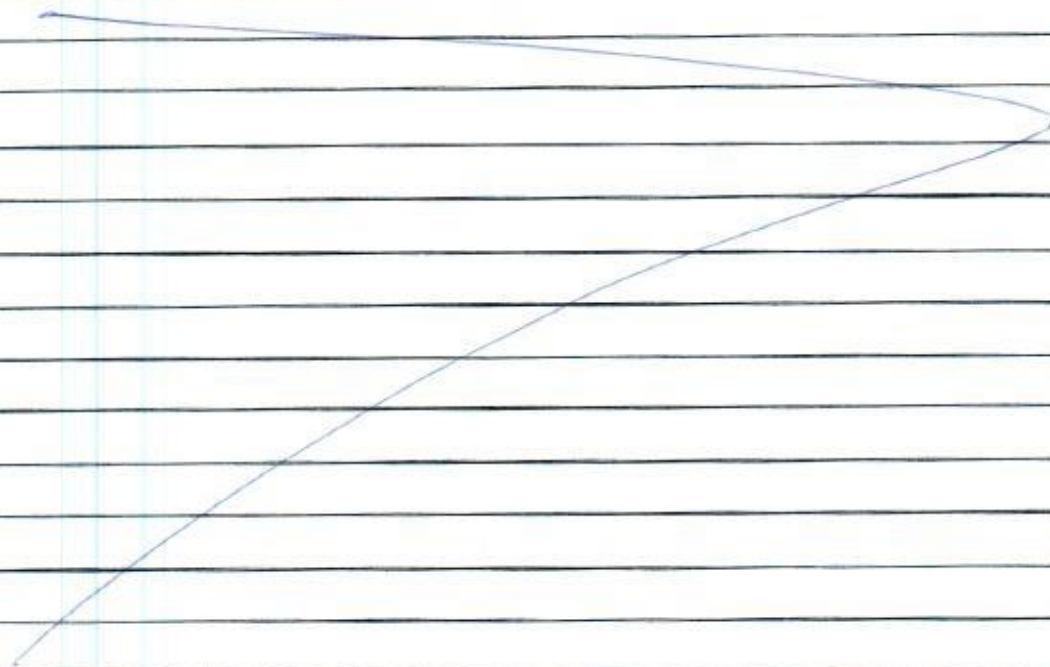
A - SLF 8346 B

B - SDK 93 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. NO. T/20180409/2128 *[Signature]*



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:

[Signature] 10/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180409/2128

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180409/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 15:44	Vide Report No.:	Station Diary No.: 110
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Informant's Particulars

Name of Informant: MOHAMED SAHARI BIN OTHMAN			Address: APT BLK 107 BEDOK NORTH ROAD #02-2246 SINGAPORE 460107	
ID Type / ID No.: NRIC NO / S6842710Z			Contact No.: Home/Office:	Mobile: 98982141
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 31/10/1968	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2018 14:50	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Accident occurred along PIE after Steven Road exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SDK93B	Car					0
SLF8346B	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180409/2128

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Report No. T/20180409/2128

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Brief Details.

On 08/04/2018 at about 1447hrs, I was driving my silver colour Toyota Altis bearing registration no: SLF 8346B along PIE towards Jurong. Near Steven road exit, I was cruising along lane 3 when I felt an impact from the rear. I stopped my car and went down to make a check. I discovered a champagne colour land rover bearing registration no: SDK 93B collided into the rear of my car. The accident caused a serious dent at my car rear bumper. I then exchange particulars with the driver

Tang Foon Yang

S1328052E

Hp: 97651408

SDK 93B

I speak to the driver and she admitted that her view was block. Afterwhich we left the accident scene. I then felt pain at the back and shoulder area. I seek medical treatment at Mt Alvernia hospital and was given 5days of MC. There is a camera installed in my car.



**SINGAPORE
POLICE FORCE**



T/20180409/2128

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180409/2128

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 CHI WEI SIANG, DESMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

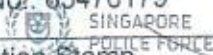
TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No: 65476179

Authentication Stamp

NP168



SN-168

Signature Of Informant:

Date/Time:

09/04/2018 15:44

Classification Of Case:

SIGNATURE

Vehicle No.	SLF 8346 B	Model / Make	TOYOTA ALTIS
Date of Accident	08/04/18		
Time of Accident	02:47 PM	HRS	
Location of Accident	PIE Towards TUAL before Adam Ent.		
Exact purpose use during accident	Commercial use		
Name of Owner	SHEN-HAN LIMO SERVICES		
Telephone No.	H/P: 98575910	Home :	Office :
NRIC	5351573 C		
Address	A3 SPRINGSIDE WALK ST86628.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NINC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5086951265-01		
Name of Driver	As Above If No, MOHAMED SAHARI BIN OTHMAN		
NRIC	S6842710 Z	Any Passengers :	1 (FEMALE)
Date of birth	31/10/1968		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	20/02/1989		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9898 2141	Home :	Office :
Address	A21 BLK 107 REDON NORTH ROAD #02-2246		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, If Yes, Who? MOHAMED SAHARI BIN OTHMAN		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where? TOA PAYOH N.P.L		
Vehicle B No.	SDK 938	Any Passengers :	NIL
Name of Driver	TANG FOON YANG	Contact No. :	9765 1708
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	For Portion		
Camera Recorder	Yes/ No		
Email Address	MCUA777@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes /	<u>No</u>
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S6842710Z**

Name: **MOHAMED SAHARI BIN OTHMAN**

Birth Date: **31 Oct 1968**

Issue Date: **29 Jan 2003**

000162635F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6842710Z**

Name: **MOHAMED SAHARI BIN OTHMAN**

محمد ساهري بن عثمان

Race: **MALAY**

Date of Birth: **31-10-1968**

Sex: **M**

Country of Birth: **SINGAPORE**

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Feb 1989
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Jul 1990
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	27 Sep 1990



NP 428A

1449702

NRIC No: **S6842710Z**

Blood Group: **O+**

Date of issue: **20-11-1993**

APT BLK 107 BEDOK NORTH ROAD #02-2246
SINGAPORE 460107

NRIC No: **S6842710Z** Date: **27-07-2006** No: **5439169**

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: 5086951265-01

Cover : drivo CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLF8346B |
| Chassis Number | : MR053ZEC107138913 |
| 2. Name of Policyholder | : SHIN-HAN LIMO SERVICES |
| 3. Effective Date of Insurance | : 12 Jan 2018 |
| 4. Expiry Date of Insurance | : 11 Jan 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
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	: 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 : HOBBS INSURANCE AGENCY (00000572363)
Date of Issue : 11 Oct 2017 10:00 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 5328/5329

02 MAY 2017

MR. MOHAMED SAHARI B OTHMAN
107 BEDOK NORTH ROAD
#02-2246
SINGAPORE 460107

Our ref LTA/VT/APP/A201708933
Your ref
DID Fax

Dear Sir/Mdm

APPLICATION FOR PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE (PDVL)

Please refer to your application for a Private Hire Car Driver's Vocational Licence (PDVL), which we received on **23/03/2017**.

2. We are pleased to inform you that you have met our preliminary requirements for a PDVL and may proceed to register for the PDVL training course. **This approval to attend the PDVL training course is valid until 30 June 2018 during which time you may continue to provide chauffeured services after 1 July 2017 until the outcome of your PDVL application is known.** You are advised to keep this letter in your vehicle at all times as proof of your eligibility to provide chauffeured services.

3. You may register for the PDVL training course at;

Singapore Taxi Academy (STA)
The Herencia
46 Kim Yam Road
#04-15
Singapore 239351
Tel: 6472 7351

Or visit their website at www.taxi.org.sg for more details.

4. Please note that you are required to produce proof of your ability to speak, read and understand English¹ when enrolling for the course at STA². You are also required to complete the attached medical examination form (with chest X-ray results) duly endorsed and certified by a registered medical practitioner. The medical examination form must be submitted:

- a) when enrolling for the course at STA³, or
- b) to LTA by 30 June 2017, whichever is earlier.

5. Upon the passing of your PDVL course and test and all other requirements, you will receive a separate notification letter informing you of your PDVL collection date.

¹ Either a copy of your educational certificate showing at least a D7 pass in English for the GCE "O" or "N" Level examinations, or a Level 3 pass in Conversational English under the Workplace Literacy programme.

² If you are not able to submit the above-mentioned types of proof to STA when enrolling for your course, you will be refused from successfully enrolling for the course.

³ If you are not able to submit the medical examination form at the point of enrolment for your course, you will be required to submit it to STA at the point of taking the PDVL competency test.

6. Please note that you will be subject to rules and legislation applicable to the providers of chauffeured services, including without limitation, the Road Traffic Act, the Road Traffic (Public Service Vehicles) Rules, the Road Traffic (Public Service Vehicles) (Vocational Licences and Conduct of Drivers, Conductors, Trishaw Riders and Passengers) Rules, and applicable legislation on vocational licence demerit points.

7. During the period up to the time you receive your PDVL, LTA may reject or cancel your PDVL application and revoke this approval, by written notice to you if:

- a. you do not qualify for, or are assessed to be unsuitable to be granted, a PDVL pursuant to any legislation applicable to providers of chauffeured services;
- b. any of the information in your application form is false or inaccurate;
- c. you have failed to submit the medical examination form in accordance with paragraph 4 above; or
- d. you have not completed the PDVL training course and passed the competency test by 30 June 2018.

8. Upon such rejection or cancellation, you will have to immediately stop providing chauffeured services until such time when you have obtained a valid PDVL.

Yours sincerely



ALLISON TAN (MS)
MANAGER
VOCATIONAL LICENCE SERVICES
TAXI & VOCATIONAL LICENCE SERVICES DIVISION

Claim Handling

The premium on this policy has not been collected.

Accident MT/0989726

Policy No.	5086951265-01	Vehicle No.	SLF8346B	GST Registration No.	
Policyholder Name	SHIN-HAN LIMO SERVICES			Policyholder NRIC	53315973C
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98575910	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	10/04/2018 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	08/04/2018	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS TUAS B4 ADAM EXIT				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5097882815		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/10/1968
Unnamed driver Name	MOHAMED SAHARI BIN OTHMA	Driver NRIC	S6842710Z	Driving Experience	29
Register Date of Driver License	20/02/1989	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	98982141	Contact No.(Office)	0	Address 3	SINGAPORE 460107
Address 1	BLK 107	Address 2	BEDOK NORTH ROAD	Post Code	460107
Address 4		Address Type	Singapore address		
Unit No.	#02-2246				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHIN-HAN LIMO SERVICES	Insured NRIC	53315973C
Contact No.(Mobile)	98575910	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLF8346B	TP Vehicle Number	SDK93B
Claim Description	SLF8346B / SDK93B ON 8 Apr 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	10/04/2018 00:00
Date Registered	10/04/2018 12:29	Claim Close Date		Total Loss but Repaired	
Report Taken By	KOSLINDA	Workshop Repairer			
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0989726	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

4/10/2018

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

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:29	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:29	SAS	Normal	SAS 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:29	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:29	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:29	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 12:28	Photos	Normal	Photos 2018-4-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
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