

Letter Of Claim For Uninsured Loss

Insurance Company: AXA INSURANCE | LKIC Date: _____
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SCV8738B & SDY2060J
at Lor Chuan / Ang Mo Kio Ave 1 on 26.5.2018.

I am the owner of Vehicle Number SCV8738B which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SDY2060J, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$ _____
Loss of usage (S\$/day) for _____ days	\$ _____
Car rental as per invoice attached	\$ <u>470.80</u>
Search fee	\$ <u>2.00</u>
Others _____	\$ <u>2598.55</u>
Total claim amount	\$ <u>3071.35</u>

Enclosed please find copies of GIA report, invoices and certificate of insurance for your necessary review.

Kindly reply me within 14 days from the date hereof, or alternatively let me have the full and final settlement for all uninsured loss which amounted to \$ 3071.35, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely



(Owner of motor vehicle)

Name : LARRY TAN WEN G WAH
Address : 15 HUME AVE
#05-06 S(598725)
Telephone : 81397813

Third Party Direct Settlement
Letter of Authority

1. Accident involving vehicle number SCV8738B & SDY2060J at Lar Chuan / Mrs MOKIB ME I on _____.
2. I, Larry Tan Weng Wah NRIC S2557693D, owner of motor vehicle no. _____ hereby authorize my repair workshop, namely **TAN CHONG MOTOR SALES PTE LTD** to act for me with respect to the following:
- a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
 - c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses.
 - d) To sign discharge voucher on my behalf.
3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/ owner/insures of the other vehicle is concerned.
5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment:
- a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Dated this _____ (Day) of _____ (Month) _____ (Year)

Claimant Particulars

Name: LARRY TAN WENG WAH
Address: 15 HUME AVE #05-06
S(598725)

Tel No.: 81397813

Signature: _____



Authorized Workshop

Workshop: BUKIT TIMAH
Claim Officer: _____

Signature

& Co. Stamp:

TAN CHONG MOTOR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 589823
TEL: 6466-7711 FAX: 6469-7472

**DOWNTOWN TRAVEL SERVICES PTE LTD**

15 Queen Street #01-01 Tan Chong Tower
Singapore 188537
Tel (65) 63341700 Fax (65) 63364677
Co. Reg. No. 1984-03671/H

AXA INSURANCE S'PORE P L

143 CECIL STREET
#21-01 GB BLDG

S(069542)

GST Reg No. : M2-0067432-4

Tax Invoice : N104062

Inv. date...: 08-APR-2019

Print date...: 09-APR-2019

Print time...: 09:18:49

Page no.....: 1

Agreement no: N43513

Description	Amount
=====	=====
RENTAL CHARGE FROM 10-JUL-2018 TO 13-JUL-2018(SKT5123K)	440.00
	=====
TOTAL(BEFORE GST)	440.00
GST(7%)	30.80
TOTAL(AFTER GST)	470.80
	=====

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

3087383

DOWNTOWN TRAVEL SERVICES PTE LTD

Authorised Signature



Hiring Agreement

43513

Co. Reg. No. : 198403671H
GST Reg. No.: M2-0067432-4

Vehicle Number: SKT 5123 K Make & Model: Subaru Impreza Date: 10/7/2018
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: AXA INSURANCE
Address: _____

Singapore ()
Contact Person: _____ Tel: _____

1st Driver

Name: LARRY TAN WENG WAH
Address: 15 HUME AVENUE
05-06

Singapore ()
Contact No: 81397813 (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: 25.6.1962
Passport / NRIC No: S2557693D Nationality: SINGAPOREAN
Driver's Licence No: S2557693D Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Additional Driver

Name: _____
Address: _____

Singapore ()
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Mode of Payment

CASH () AMEX () MASTERCARD () VISA ()
DINERS () CHEQUE () COM. BILLING () INT. BILLING ()
CHEQ / CARD NO. _____
Expiry Date: _____

Remarks / Delivery Location

400/day \$ 110/day
SCV8738B 4 day x \$110.00
= \$ 440.00
Number of keys given: _____

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit card charge slip.

NB. Vehicle taken must be returned by appointed time and date otherwise an extra charge will be applied.

 
HIRER'S SIGNATURE DOWNTOWN TRAVEL SERVICES PTE LTD


For Official Use

INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____

Check In / Out

Date Out: 10/7/18 Time Out: 0730 Km Out: 27482
Petrol Level: E 1/4 1/2 3/4 (F)
Agreed Date of Return: _____
Date In: 13/7/18 Time In: 1600 HRS Km In: 27802
Petrol Level: E 1/4 1/2 3/4 (F)


Collision Damage Waiver

ACCEPTS
To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Non-Waiverable Excess
S\$ _____ per accident
Signature: 

DECLINES
Hirer Declines CDW
Excess S\$ _____
per accident
Signature: _____

Personal Accident Insurance

ACCEPTS
To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Signature: _____

DECLINES
Hirer Declines PAI
Signature: 

Malaysia Charge	S\$	cts
Per Day		
Per Week		
Per Month		
CDW		
PAI		
7% GST		
Total		

Per Day	S\$		
Per Week	S\$		
Per Month	S\$		
Weekend	S\$		
Rental Charges			
CDW			
PAI			
Delivery / Collection			
Others			
7% GST			
Sub Total			
Rental Extension			
CDW			
PAI			
7% GST			
Extension Charges			
Petrol			
Excess / Non-Waiverable Excess			
Others			
7% GST			
Addendum Charges			
Overall Charges			

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-087696

Date of Request: 08/06/2018

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date 08/06/2018
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SDY2060J
Accident Date 26/05/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-087696
Date of Request: 08/06/2018

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date 08/06/2018
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SDY2060J
Accident Date 26/05/2018

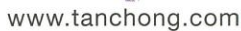
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDY2060J	AXA Insurance Pte Ltd	31/03/2018-30/03/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5

Co. Regn No : 199106231D



NAME : AXA INSURANCE PTE LTD

ADDRESS : 8 SHENTON WAY

TELEPHONE : #27-01 AXA TOWER S(068811)

MODEL : 68804741

ENGINE NO : FRLARBZJ11UEA--A--

CHASSIS NO : HRA2442432A

VEHICLE NO : SJNFEAJ11UZ012712

SCV8738B

INVOICE NO	:	W12140345
INVOICE DATE	:	28-DEC-2018
TERMS	:	CREDIT
DATE REC'D	:	06-JUL-2018
SA/SE	:	ZHR
JOB NO	:	BG1038719
MILEAGE	:	039800
YOUR REFERENCE	:	INS/IC/ZHR/0223/2

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
TWO THOUSAND FIVE HUNDRED NINETY
EIGHT AND CENTS FIFTY FIVE ONLY.

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "**Conditions**") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER



www.tanchong.com

Tan Chong Motor Pte Ltd

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5

GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2442432A
VEHICLE NO : SJNFEAJ11UZ012712
SCV8738B

INVOICE NO : W12140345
INVOICE DATE : 28-DEC-2018
TERMS : CREDIT
DATE REC'D : 06-JUL-2018
SA/SE : ZHR
JOB NO : BG1038719
MILEAGE : 039800
YOUR REFERENCE : INS/IC/ZHR/0223/2

ITEMS	JOB DESCRIPTION	Credit terms 30 days	AMOUNT
1	LABOUR REPLACE REVERSE SENSOR,DO TWICE ADJUSTMENT & FUNCTION TEST		110.00
2	RENEW REAR BUMPER,REINFORCEMENT,REAR SPONGED, & REPAIR REAR PANEL		400.00
3	S/PAINT REAR BUMPER,REAR PANEL,REAR FENDER RH		600.00
	SUBTOTAL :		1110.00
1	PARTS CLIP		3.84
	Qty:4 @ \$1.20 each (Disc:20.00% After Disc:\$3.84each)		
2	CANOE RIVET		10.40
	Qty:2 @ \$6.50 each (Disc:20.00% After Disc:\$10.40each)		
3	RETAINER-BUMPER		19.04
	Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)		
4	FASCIA-RR BUMP		573.60
	Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)		
5	FINISHER-REAR B		13.44
	Qty:1 @ \$16.80 each (Disc:20.00% After Disc:\$13.44each)		
6	BRACKET-BUMPER		28.72
	Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		
7	CLIP		17.76
	Qty:3 @ \$7.40 each (Disc:20.00% After Disc:\$17.76each)		

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS) ☒

AUTOLUTION INDUSTRIAL PTE LTD (AIPL) ☐

TC AUTOCLINIC PTE LTD (TCAC) ☐

DATE:

OWNER NAME:

M/S UNICYCLE

NRIC NO.:

ADDRESS:

15 HUME AVENUE

#05-06 HUME PARK 1

S(598725)

VEHICLE MODEL:

NISSAN QASHQAI

REGN. NO.:

SCV 8738B

CHASSIS NO.:

TYPE OF CLAIM:

OWN DAMAGE (OD) ☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC ☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC ☐

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE ☒

WINDSCREEN / GLASS (W/S) ☐

INSURANCE CO.:

NTUC INCOME INSURANCE
CLAIM AGAINST AXA INSURANCE

CLAIM NO.:

POLICY NO.:

DATE OF ACCIDENT:

26/05/2018

DATE RECEIVED:

10/07/2018

DATE COMPLETED:

13/07/2018

We / I hereby confirmed that the accident repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd and that all necessary repairs as resulted of the accident of the above vehicle have been completed to our / my satisfaction and that We / I have no futher claim whatsoever against the above Company in repect thereof. Terms and Conditions as stipulated in the overleaf applies.

We / I have taken delivery of my car after all necessary repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd on*

Note: In the event of an Own Damage Claim, your Insurance Company may under policy terms & conditions, or as standard Industrial Practice, increase the loading on your premium during Insurance Policy renewal. Your NCD [Non Claim Discount] may also be affected, subject to business policy of respective Insurance Company.

X



(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

DEPOSIT PAID BY OWNER ☐

OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

DOCUMENTS RETURNED TO
OWNER ☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

INSURANCE CO. COPY

* Delete When Necessary

O/C
DS

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	28/05/2018 12:30
Date Of Accident	26/05/2018 18:40
Exact Location Of Accident	LOR CHUAN/ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV8738B
Insured/Policyholder	
Name Of Registered Owner	UNICYCLE
Co Reg No	53360044L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81397813

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Exact Purpose for which vehicle was being used at time of accident

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	NO
Policy Number	5092234506(PREMIUM)
Cover Note Number	

Driver

Name of Driver	LARRY TAN WENG WAH
NRIC No	S2557693D
Date Of Birth	25/06/1962
Occupation	INDOOR
Date Of Driving Pass	05/08/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81397813
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 15 HUME AVE #05-06
 Postcode 598725
 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 RAINING
 Road Surface WET

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?
 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: : --
 GENDER: : FEMALE
 Passenger 2
 NAME: : --
 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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 SDY2060J
 Vehicle Make/Model/Colour LEXUS IS250
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHOO MUN FAI
 NRIC/Passport Number S1743224I
 Contact Number 96971700
 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: 28/5/2018

12 pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC BUKIT RATOK (VAC)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Photo Number: **S2557693D**
Name: **TAN WENG WAH**
Birth Date: **25 Jun 1962**
Issue Date: **02 Jun 2003**

000535071G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2557693D**

Name: **LARRY TAN WENG WAH**
Race: **鄧 榮 華**
CHINESE
Date of birth: **25-06-1962** Sex: **M**
Country of birth: **MALAYSIA**

S2557693D

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

Class 3: **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **05 Aug 1983**

Licence No: **S2557693D**

*NP 428A

4422052

Barcode

NRIC No. **S2557693D**

Fingerprint

Date of issue: **26-06-2009**

Address: **15 HUME AVENUE
#05-06
SINGAPORE 598725**

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: 5092234506

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : To Be Advised
Chassis Number : SJNFEAU11UZ012712
2. Name of Policyholder : UNICYCLE
3. Effective Date of Insurance : 28 Jun 2017
4. Expiry Date of Insurance : 27 Jun 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 social domestic and pleasure purposes and in connection with the Policyholder's or driver'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) and are not to be included under these headings.

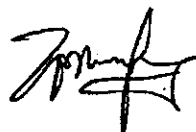
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : AA INTERNATIONAL INSURANCE AGENCY (00000572347)

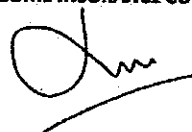
Date of Issue : 27 Jun 2017 19:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive