

NATIONAL Assessment Centre Services <small>[Ref: 1-23/03]</small> MAY 18081993																																																						
Date In: 25/06/2018 19:00		Job description:	Date & Time Completed																																																			
Ref No: NBA/LPC 0011544		SAS e-filing																																																				
Veh No: SL5 9187 J		E-mail (within 8hrs, A/C 2hrs)																																																				
D.O.A: 25/06/2018 09:05		I-Motor Claim Form																																																				
OD: (1P) 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: ()		Tel: ()	Fax: ()																																																			
TP Particulars:	Veh No: FBM 4999A	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																																																					
Chumant's Particulars:-		Invoice Preparation Checklist																																																				
Driver/Owner:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Amt (\$) 1st Bill</th> <th>Amt (\$) Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR: Accident Reporting (\$30)</td><td></td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100); INC (\$80)</td><td></td><td></td></tr> <tr><td>3) TF: Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT: Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) FT: Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td></tr> <tr><td>6) TR: Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) N1: Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td> Q1:</td><td></td><td></td></tr> <tr><td> *N3: Courtesy Car / Tpt Allowance</td><td>\$5</td><td></td></tr> <tr><td> *N6: Repair Co-ordination</td><td>\$10</td><td></td></tr> <tr><td> *N7: Post Repair Inspection</td><td>\$25</td><td></td></tr> <tr><td> *N8: DV / Collect Excess Coordination</td><td>\$5</td><td></td></tr> <tr><td>TP (N11): TP (Non INC) against INC</td><td>\$20</td><td></td></tr> <tr><td>9) N12: Idac Mobile</td><td>\$0</td><td></td></tr> </tbody> </table>			Amt (\$) 1st Bill	Amt (\$) Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100); INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: 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:-			Q1:			*N3: Courtesy Car / Tpt Allowance	\$5		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$5		TP (N11): TP (Non INC) against INC	\$20		9) N12: Idac Mobile	\$0	
	Amt (\$) 1st Bill	Amt (\$) Add Bill																																																				
1) AR: Accident Reporting (\$30)																																																						
2) DA: Damage Assessment (\$100); INC (\$80)																																																						
3) TF: Towing Fee \$40/\$45																																																						
4) FT: Follow-Through Survey \$120																																																						
5) FT: 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:-																																																						
Q1:																																																						
*N3: Courtesy Car / Tpt Allowance	\$5																																																					
*N6: Repair Co-ordination	\$10																																																					
*N7: Post Repair Inspection	\$25																																																					
*N8: DV / Collect Excess Coordination	\$5																																																					
TP (N11): TP (Non INC) against INC	\$20																																																					
9) N12: Idac Mobile	\$0																																																					
Contact No:																																																						
Damaged Portion:																																																						
QC Checked by (Engr-In-Charge):																																																						
Auditors' Comments:-																																																						
Cat. 1:	Invoice dated _____ Fee Charged _____																																																					
Cat. 2 / 3:	Invoice dated _____ Fee Charged _____																																																					

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	25/06/2018 19:00
Date Of Accident	25/06/2018 09:05
Exact Location Of Accident	ALONG AYE TOWARDS TUAS NEAR ALEXANDRA ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9187T
Insured/Policyholder	
Name Of Registered Owner	PAUL TAN SIANG LOK
NRIC No	S7724906J
Email Address	PAULSLTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88222354
Alternative Phone No	OTHERS-88222354

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	COMMUTE TO WORK
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 CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016249
Cover Note Number	

Driver

Name of Driver	PAUL TAN SIANG LOK
NRIC No	S7724906J
Date Of Birth	10/09/1977
Occupation	INDOOR
Date Of Driving Pass	22/09/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88222354
Fax Number	
Contact Number	OTHERS-88222354
Email Address	PAULSLTAN@GMAIL.COM

Address	BLK 135 SIMEI STREET 1 #11-64
Postcode	520135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180625/2078

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM4999A
Vehicle Make/Model/Colour	KTM 200
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FADZLY
NRIC/Passport Number	
Contact Number	87507303
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKG9305U

Vehicle Make/Model/Colour

MERCEDES BENZ C180

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG HWEE MIAN

NRIC/Passport Number

S8575245F

Contact Number

91846624

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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: 25/6/2018
17:40:00

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

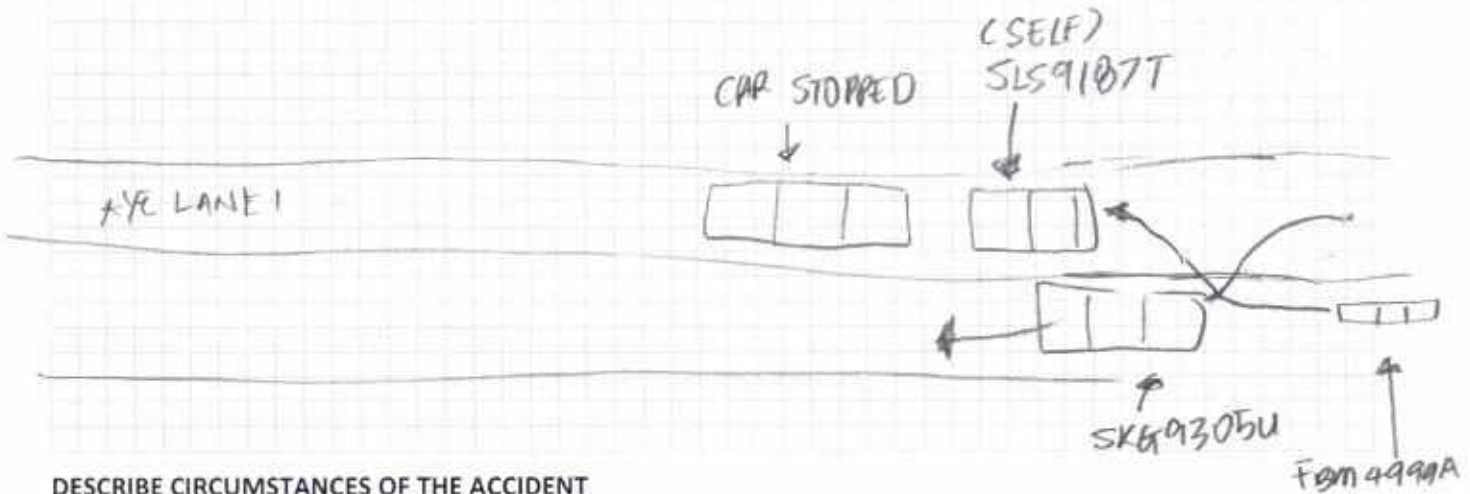
NRIC/FIN No:

25/6/2018



SKETCH PLAN

ALICE TOWARDS JUAL B/F ALIVANDRA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to Police Report
7/20180625/2078

DECLARATION

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

Policyholder's Signature
Date & Time: 25/6/2018
17:40:00

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

Reporting Centre Personnel's Signature
Name: 25/06/2018
NRIC/FIN No: [Signature]



SINGAPORE POLICE FORCE



T/20180625/2078

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 4

Report No. T/20180625/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2018 14:08	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars

Name of Informant: PAUL TAN SIANG LOK			Address: APT BLK 135 SIMEI STREET 1 #11-64 SINGAPORE 520135		
ID Type / ID No.: NRIC NO / S7724906J			Contact No.: Home/Office: 66015620 Mobile: 88222354		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 10/09/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Head of IT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 09:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY TUAS WEST ROAD Near exit Alexandra Road.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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
FBM4999A	Motorcycle			White	Slightly Damaged	0
SKG9305U	Car	MERCEDES BENZ	C 180	White	Slightly Damaged	0
SLS9187T	Car	TOYOTA	PRIUS C CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20180625/2078

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS9187T	LONPAC INSURANCE BHD.	Z17VP05016249	24/11/2017	23/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	FADZLY		ID No.	NIL
Related Vehicle	FBM4999A (Motorcycle)		Contact No.	87507303
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight
Driver				
Name	NG HWEE MIAN		ID No.	S8575245F
Related Vehicle	SKG9305U (Car)		Contact No.	91846624
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	PAUL TAN SIANG LOK		ID No.	S7724906J
Related Vehicle	SLS9187T (Car)		Contact No.	66015620
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



Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 4

Report No. T/20180625/2078

CONTINUATION OF REPORT

Brief Details.

On 25/06/2018 at about 0905hrs, I was driving my private car bearing license plate number SLS9187T, Toyota (Silver/Prius C CVT) along AYE towards Tuas near Alexandra Road on the lane 1. At that time the traffic volume was heavy and weather was drizzling. As I can see there was a private car bearing license plate number SKG9305U, Mercedes (White/C180) behind me. The said Mercedes car had overtake my vehicle by changing the lane to lane 2. I then continued driving on the same lane, suddenly I heard a loud bang from the rear of my car and I stopped immediately and I stepped out of my car to make a check. I saw there was the rider fell down to the left near to my left car bumper.

Subsequently, the Mercedes lady car driver who also stopped on the lane 2 in front about 15 meters away and she stepped out of her car to walk back to the incident location to make a check. I believed that the Mercedes car who also involved in the accident as the rider knocked onto her rear bumper first and the rider motorcycle got swerve and knocked onto my rear bumper.

I observed that the rider was conscious and sustains minor injuries on his right arm and right knee. The Mercedes lady driver who called for the ambulance to scene. After which, the ambulance and Traffic Police arrived at scene. The ambulance paramedic attended to the rider and I was advised by the traffic Police to proceed to Police station to lodge a traffic police report.

I wish to state that I have no idea whether the rider has been conveyed by the ambulance to the hospital or not as I already left the incident location. I have a build-in video camera in my car and recorded some of incident.



ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 6 / 2018 (DD/MM/YYYY), TIME: 9 : 05 (HH:MM)

LOCATION: along AYE towards Tanjong Pagar, before Alexandra Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 9187 T
b) INSURANCE COMPANY: Lompac Insurance BHD
c) POLICY NUMBER: Z17VP03016249
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Prius C
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTE TO WORK
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: PAUL TAN SIANG LOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S77249065 CONTACT: 98222354
c) ADDRESS: Blk 135 Simlai St. 4 #11-64
SL 52035

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Dr Brook (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 10 / 09 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/09/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: _____)
b) ROAD SURFACE: (DRY / WET / OTHERS: _____)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM4999A MODEL: KTM 200
b) DRIVER'S NAME: EADLY
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8750 7303

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKGT 9305 U MODEL: MERCEDES BENZ C180
e) DRIVER'S NAME: NA HWEEMIAN
f) NRIC/FIN/PASSPORT: S0575745E CONTACT: 9184 6624

Email = PAULSLTAN @ GMAIL.COM

fax =



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z17VP05016249

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA PRIUS HYBRID 1.5
- SLS9187T

2. Name of Policy Holder

PAUL TAN SIANG LOK

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

24/11/2017

4. Date of Expiry of the Insurance

23/11/2018

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

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: WLPHANG
Date Issued: 24/11/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7724906J



Name

PAUL TAN SIANG LOK

Race

CHINESE

Date of birth

10-09-1977

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7724906J

Name

PAUL TAN SIANG LOK
(PAUL CHEN SHUANGLE)

Birth Date: 10 Sep 1977

Issue Date: 05 Jan 2004



4277440

NRIC No. S7724906J



Date of issue

09-09-2008

APT BLK 135 SIMEI STREET 1 #11-84
SINGAPORE 520135

NRIC No. S7724906J

Date: 08/08/2016

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

22 Sep 1997



NP 425A