

# NATIONAL Assessment Centre Services

Form No. JAW-001

MA408099111

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 31/07/2018 19:32 | Job description                          | Date & Time Completed | Done by          |
| Ref No: N/A/INC/00/893914 | SAS e-filing                             |                       |                  |
| Veh No: 5515513           | E-mail (within 3hrs, AIC 2hrs)           |                       |                  |
| D.O.A: 31/07/2018 14:45   | i-Motor Claim Form                       | MT1005467-001         | 31/07/2018 19:48 |
| OD: TP 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:

SMA 8888Y

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

## Invoice Preparation Checklist

|   | Amt (\$)<br>In Bill | Amt (\$)<br>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) NI: Idac DA + SMRT Survey \$160              |                     |                      |
| 8) NTUC Additional Services:-                   |                     |                      |
| OD:   |                     |                      |
| *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 30                          |                     |                      |

Invoice dated  
Invoice dated

Fee Charged  
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             | 31/07/2018 19:32  |
| Date Of Accident           | 31/07/2018 14:45  |
| Exact Location Of Accident | SIMS WAY EXIT PIE |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGJ1551J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ERIC@UBER            |
| Co Reg No                   | 53308005C            |
| Email Address               | CYERIC81@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-94884208 |
| Alternative Phone No        | OFFICE-94884208      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | JAZZ-1.4 (A)   |
| Exact Purpose for which vehicle was being used at time of accident           | DRIVING GRAB   |
| 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   | PRIVATE HIRE   |

### 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             | 5081267553-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | JOHN MOH MING KAW     |
| NRIC No              | S2050999F             |
| Date Of Birth        | 08/05/1948            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 14/04/1970            |
| Driving Experience   | 48 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94884208  |
| Fax Number           |                       |
| Contact Number       | OTHERS-94884208       |
| Email Address        | CYERIC81@GMAIL.COM    |



|   |  |
|---|--|
| Address   | BLK 214 CHOA CHU KANG CENTRAL<br>#10-236 |
| Postcode  | 680214                                   |
| 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 - 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?   | 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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         | SMD8838Y       |
| Vehicle Make/Model/Colour           | TOYOTA HARRIER |
| Details Of Properties               |                |
| Vehicle Category                    | PRIVATE CAR    |
| Name of Driver                      | TIEW WEI YANG  |
| NRIC/Passport Number                | S7918694E      |
| Contact Number                      | 97684936       |
| 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:

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

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

SKETCH PLAN

Sims Way EX17 PIRE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Instant of my vehicle jam brake that I can't stop in time so I have hit the vehicle instant SMD88384 -

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



## Claim Handling

Accident MT/1005467

|   |   |                               |   |                        |                  |
|---|---|-------------------------------|---|------------------------|------------------|
| Policy No.                              | 5061263553-02   | Vehicle No.                   | SGJ1551J  | GST Registration No.   |                  |
| Certificate No.                         |   |                               |   | Policyholder NRIC      |                  |
| Policyholder Name                       | ERIC@UBER   | Cover Type                    | Third Party, Fire & Theft                                     | Loading                |                  |
| Product Code                            | COMMERCIAL VEHICLE INSURANCE                                  | Contact No.(Office)           |   | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     | 94884208  | Special Remark                |   | eCode                  |                  |
| Email Address                           |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason           |                  |
| KPK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 0   | Private Hire           | Yes              |
| NCD Protection                          | No  |                               |   |                        |                  |
| <b>Accident Details</b>                 |   |                               |   |                        |                  |
| Report Date                             | 31/07/2018 19:39  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collision - Head |
| Date of Accident                        | 31/07/2018  | Time of Accident hh:mm        | 14:45   | Country of Accident    | Singapore        |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                  |
| Accident Location                       | SIMS WAY EXIT PIE   |                               |   |                        |                  |
| <b>Benefits</b>                         |   |                               |   |                        |                  |
| <b>Excess</b>                           |   |                               |   |                        |                  |
| Own damage Excess                       | 0.00  | Additional Excess             |   | Windscreen Excess      | 0.00             |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   |   |                        |                  |
| Third Party Excess                      | 2,000.00  | Outside Singapore TP Excess   |   |                        |                  |
| <b>GST Registered Information</b>       |   |                               |   |                        |                  |
| GST Registered                          | No  | GST Registration Date         |   |                        |                  |
| GST Registration No.                    |   | GST Status Verified           | No  |                        |                  |
| Modification History                    |   |                               |   |                        |                  |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                  |
| Address 1                               | BLK 636 #16-358   | Address 2                     | JURONG WEST STREET 65   | Address 3              |                  |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              |                  |
| Unit No.                                | 16-358  | Related Policy Number         | 5094182434-01   |                        |                  |
| <b>OI Driver Info</b>                   |   |                               |   |                        |                  |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             |                  |
| Unnamed driver Name                     | JOHN MOH MING KAW   | Driver NRIC                   | S2850999F   | Driving Experience     |                  |
| Register Date of Driver License         | 14/04/1978  | Driver Age                    | 70  | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     |   | Contact No.(Office)           |   | Address 3              |                  |
| Address 1                               | BLK 214 #10-236   | Address 2                     | CHOA CHU KANG CENTRAL   | Post Code              |                  |
| Address 4                               |   | Address Type                  | Foreign address   |                        |                  |
| Unit No.                                | 10-236  | Driver Vehicle No.            | SGJ1551J  | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No |                               |   |                        |                  |
| <b>Declaration</b>                      |   |                               |   |                        |                  |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                  |

Modification History

Claim 001

Next

|  |                                    |                         |                                  |                     |                            |
|--|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type *                             | OD-MX                              | Insured Name            | ERIC@UBER                        | Insured NRIC        |                            |
| Contact No.(Mobile)                      |                                    | Contact No.(Home)       |                                  | Contact No.(Office) |                            |
| Email Address                            |                                    | OI Vehicle Number       | SGJ1551J                         | TP Vehicle Number   |                            |
| Claimant Type Claimant Type *            | Please Select                      | Type of Benefit *       | Please Select                    |                     |                            |
| Claimant Name *                          |                                    | Claimant NRIC *         |                                  |                     |                            |
| Claim Description                        | SGJ1551J / SMD8838Y ON 31 Jul 2018 |                         |                                  |                     | Name of Preferred Workshop |
| Preferred Workshop Contact No.           |                                    | Insured Liability *     | Fully at Fault                   |                     |                            |
| Requires Finalisation                    | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report          |                            |
| Date Registered                          | 31/07/2018 19:47                   | Claim Close Date        |                                  | Date Received       |                            |
| Report Taken By                          | ROSU WAHAB                         |                         |                                  |                     |                            |
| <input type="checkbox"/> Print AK letter |                                    |                         |                                  |                     |                            |

Save Submit

## Attachment

Accident No.

Claim No.



















MT/1005467 001

Last Doc. Received ☒ Yes ☐ No Upload Date 31/07/2018 19:48

Path \*

| Category *  | Confidential                    | Urgency |
|---|---------------------------------|---------|
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | <input type="text" value="NO"/> | Normal  |

▼ Attachment List

| Attachment  | Uploaded By/Date  | Category              | Urgency | Description                   |
|---|---|-----------------------|---------|-------------------------------|
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:48 | Photos                | Normal  | Photos 2018-7-31              |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:48 | Photos                | Normal  | Photos 2018-7-31              |
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:48 | Photos                | Normal  | Photos 2018-7-31              |
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|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:47 | Photos                | Normal  | Photos 2018-7-31              |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:47 | Photos                | Normal  | Photos 2018-7-31              |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:47 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-7- |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:47 | SAS                   | Normal  | SAS 2018-7-31                 |

▼ Video List

| Uploaded By/Date | Folder Date | File Name  | Source  |
|------------------|-------------|--|---|
|                  |             | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |

# ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/2018 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: SIM WAY. Exit P18

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ1551J  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5081267553-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA FIT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
 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: ERIC @ UBER (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S330805C CONTACT: 94884208  
 c) ADDRESS: 636 Jurong West St. 65 #16-35B  
(640636)

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

## DRIVER

- a) NAME: JOHN MON MING KAW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2050999F CONTACT: 93212278  
 c) ADDRESS: 214 CHOA CHU KANG CENTRAL  
#10-236 (680214)

\*d) DATE OF BIRTH: (08/05/1948) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) ~~DATE~~ OF DRIVING PASS: 14/04/1970

## 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)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD8838Y MODEL: TOYOTA HARRIER  
 b) DRIVER'S NAME: TIEW WEI YANG  
 c) NRIC/FIN/PASSPORT: S7918694E CONTACT: 97684936

## 9. THIRD PARTY VEHICLE

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

Email = cyeric81@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2050999F



Name  
JOHN MON MING KAW

萬明高

Race  
CHINESE

Date of Birth  
08-05-1948

Sex  
M

Country of Birth  
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2050999F

Name  
JOHN MON MING KAW

Birth Date 08 May 1948

Issue Date 23 Apr 2003




1000416174C

3159305



NPIC No. S2050999F




Sexual Group B+ Date of issue 01-06-2000

Address  
APT BLK 214 CHOA CHU KANG CENTRAL  
#10-236  
SINGAPORE 680214

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

| Class    | Description  | Pass DATE   |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc   | 12 Oct 1970 |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 12 Oct 1970 |
| Class 2  | Motorcycles exceeding 400 cc   | 12 Oct 1970 |
| Class 3  | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms                                     | 18 Apr 1970 |
| Class 4  | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms                                       | 05 Sep 1974 |
| Class 5  | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 30 Sep 1978 |

License No: S2050999F



NP 420A

## 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: 5081267553-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SGJ1551J  
Chassis Number : JHMGD185065221536
  2. Name of Policyholder : ERIC@UBER
  3. Effective Date of Insurance : 30 Jun 2018
  4. Expiry Date of Insurance : 29 Jun 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.  
(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing 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.

|                       |   |
|-----------------------|---|
| EXCESS (SECTION 1)    | : N/A   |
| EXCESS (SECTION 2)    | : S\$2,000  |
| INSURE WITH COE       | : YES   |
| 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 : AON SINGAPORE PTE LTD (00000691150)  
Date of Issue : 06 Jun 2018 16:19 hrs  
Reprint : 06 Jun 2018 16:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Transaction ref 20160630085138526336

The owner and vehicle particulars for Vehicle No. SGJ1551J as at 30 Jun 2016 are as follows:

|     |  |  |
|-----|--|--|
| 1.  | Name                                   | : ERIC@UBER  |
| 2.  | Identification No. Type                | : Business   |
| 3.  | Identification No.                     | : 53308005C  |
| 4.  | Place Of Passport Issue                | : -  |
| 5.  | Vehicle No.                            | : SGJ1551J   |
| 6.  | Previous Vehicle No.                   | : -  |
| 7.  | Effective Date of Ownership            | : 22 Jun 2016  |
| 8.  | Original Registration Date             | : 30 Jun 2006  |
| 9.  | First Registration Date                | : 30 Jun 2006  |
| 10. | Vehicle Type                           | : Z11 - Private Hire (Chauffeur) Station<br>Wagon/Jeep/Land Rover  |
| 11. | Vehicle Scheme                         | : Normal   |
| 12. | Attachment 1                           | : No Attachment  |
| 13. | Attachment 2                           | : -  |
| 14. | Attachment 3                           | : -  |
| 15. | Vehicle Make                           | : HONDA  |
| 16. | Vehicle Model                          | : JAZZ 1.4A  |
| 17. | Year of Manufacture                    | : 2006   |
| 18. | Primary Colour                         | : Yellow   |
| 19. | Secondary Colour                       | : -  |
| 20. | Passenger Capacity                     | : 4  |
| 21. | Chassis/Trailer Chassis No.            | : JHMGD18506S221536 / -  |
| 22. | Propellant                             | : Petrol   |
| 23. | Engine No./Motor No.                   | : L13A53000645 / -   |
| 24. | Engine Capacity(cc)/Power Rating(kW)   | : 1339 / -   |
| 25. | Maximum Power Output(kW/bhp)           | : 60.0 / 80  |
| 26. | Unladen Weight(kg)                     | : 1040   |
| 27. | Maximum Laden Weight(kg)               | : 1490   |
| 28. | Open Market Value                      | : \$15,363.00  |
| 29. | PARF Eligibility                       | : Forfeited  |
| 30. | PARF Eligibility Expiry Date           | : -  |
| 31. | Minimum PARF Benefit                   | : -  |
| 32. | No. of Transfers                       | : 2  |
| 33. | IU Label No.                           | : 1120265467   |
| 34. | COE No.                                | : 2006060101002249W  |
| 35. | COE Expiry Date                        | : 29 Jun 2021  |
| 36. | COE Category                           | : A - Car (1600cc & below)   |
| 37. | Quota Premium/Prevailing Quota Premium | : \$23,227.00  |
| 38. | Actual Quota Premium/PQP Paid          | : \$23,227.00  |
| 39. | Actual ARF Paid                        | : \$10,205.00  |
| 40. | CO2 Emission(g/km)                     | : -  |
| 41. | Actual CEVS Rebate Utilised            | : -  |
| 42. | CEVS Surcharge Paid                    | : -  |
| 43. | Actual Green Vehicle Rebate Utilised   | : -  |
| 44. | Vehicle Lifespan Expiry Date           | : -  |
| 45. | Nett Road Tax Amount                   | : -  |
| 46. | Road Tax Start Date                    | : -  |
| 47. | Road Tax End Date                      | : -  |
| 48. | Remarks                                | : The vehicle will be de-registered upon expiry of its 5-<br>year COE on 29 Jun 2021. No further renewal will be<br>allowed. |