

NATIONAL Assessment Centre Services

(Ref: Jan 2005)

MAA416699905

Date In: 02/08/2018 14:37	Job description	Date & Time Completed	Done by
Ref No: N/A/NIC/001/40104	SAS e-filing		
Veh No: SLQ 5745B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 01/08/2018 18:10	i-Motor Claim Form	MAA1005711-001	02/08/2018 19:13
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: SLQ 5745B

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

NA1804874

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Ami (\$)

Ami (\$)

1st Bill

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:-		
OD:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N'n INC) against INC	\$20	
9) N12: Idac Mobile	\$30	

Invoice dated

Fee Charged

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	02/08/2018 14:37
Date Of Accident	01/08/2018 18:10
Exact Location Of Accident	ONE RAFFLES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5145B
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DOING 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-01
Cover Note Number	

Driver

Name of Driver	LEE TIAN SIONG
NRIC No	S6921051A
Date Of Birth	15/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508445
Fax Number	
Contact Number	OTHERS-94508445
Email Address	KARZTALEASING@GMAIL.COM

Address	BLK 11 YORK ROAD #12-120
Postcode	162011
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5168Y
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Claim Handling

Accident MT/1005711

Policy No.	5084904286-01	Vehicle No.	SLQ5145B	GST Registration No.	
Certificate No.					
Policyholder Name	KARZ-TA LEASING			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	94508445	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	02/08/2018 15:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/08/2018	Time of Accident Approx	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ONE RAFFLES LINK				

Benefits

Excess

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-03 CONCORDE SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	B1-03	Related Policy Number	5683195710-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE TIAN SIONG	Driver NRIC	S6921051A	Driver DOB	
Register Date of Driver License	23/04/2001	Driver Age	49	Driving Experience	
Contact No.(Mobile)	94508445	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 11 #12-120	Address 2	YORK HILL	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	12-120				
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.	SLQ5145B	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KARZ-TA LEASING	Insured NRIC	
Contact No.(Mobile)	83223232	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ5145B	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SLQ5145B / SLJ5168Y ON 1 Aug 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	02/08/2018 15:12	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.

Claim No.

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.

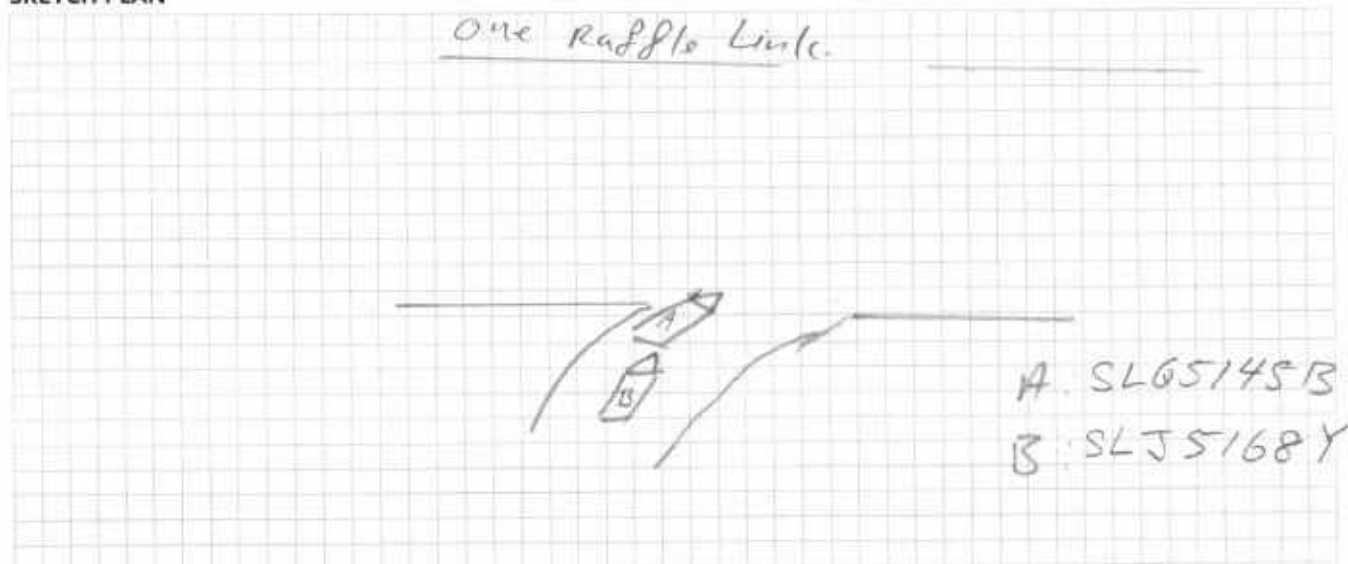


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, was to turn out from one Raffle Link.

I, stop at the give way line to wait for incoming vehicle to clear before move off.

As I was waiting I feel a bump from back of the car, so I come out to check, and saw SLJ 5168 Y Hit my Right back of my car.

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.:

MT/1005711 001

Last Doc. Received ☒ Yes ☐ No Upload Date 02/08/2018 15:13

Path *

Category *

Confidential

Urgency

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 15:13	Photos	Normal	Photos 2018-8-2
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Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Start and uploading

Claim Handling

Accident MT/1005711

Policy No.	5084904286-01	Vehicle No.	SLQ5145B	GST Registration No.	
Certificate No.				Policyholder NRIC	
Policyholder Name	KARZ-TA LEASING	Cover Type	drive CLASSIC	Loading	
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	94508445	Special Remark		eCode	
Email Address		TCA	☐ No ☒ Yes	eCode Reason	
KFK	☐ No ☒ Yes	NCD Entitlement[%]	0	Private Hire	Yes
NCD Protection	No				
Accident Details					
Report Date	02/08/2018 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/06/2018	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ONE RAFFLES LINK				
Benefits					
Excess					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	317 OUTRAM ROAD	Address 2	#B1-03 CONCORDE SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	B1-03	Related Policy Number	5083195710-02		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE TJAN SIONG	Driver NRIC	S6921051A	Driver DOB	
Register Date of Driver License	23/04/2001	Driver Age	49	Driving Experience	
Contact No.(Mobile)	94508445	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 11 #12-120	Address 2	YORK HILL	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	12-120				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLQ5145B	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KARZ-TA LEASING	Insured NRIC	
Contact No.(Mobile)	83223232	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SLQ5145B	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SLQ5145B / SLJ5168Y ON 1 Aug 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	02/08/2018 15:12	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
☐ Print AK letter					

Save Submit

Attachment



Accident No.

Claim No.

MT/1005711

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

02/08/2018 15:13

Path *

Category *

Confidential

Urgency

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Browse...	Clear	Please Select	☐ NO ☐ YES	Normal
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 15:12	SAS	Normal	SAS 2018-8-2

ACCIDENT STATEMENT

ACCIDENT DATE: 01/08/2018 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: One Raffle Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 5145B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 568490428001
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios
 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: Karsta - Leasing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 94308445
 c) ADDRESS: B 317 Outram Rd. B1-03 S(169075)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE TIAN SIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6921051A CONTACT: 94508445
 c) ADDRESS: Bik 11 York Hill #12-120
S(162011)

*d) DATE OF BIRTH: 15/06/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 Apr 2001

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

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: SLJ 5168Y MODEL: Honda Vezel
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = KarstaLeasing@gmail.com

VIDEO = NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6921051A



Name

LEE TIAN SIONG

李天祥

Race

CHINESE

Date of birth

15-06-1969

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S6921051A

LEE TIAN SIONG

Issue Date: 15 JUN 2009

Valid Until: 15 MAR 2013



4718902



NRIC No. S6921051A



Date of issue

13-05-2011

Address

APT BLK 11 YORK HILL #12-120
SINGAPORE 162011

NRIC No: S6921051A

Date: 09/11/2012

No: 7138344

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

23 Apr 2011



4718902

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: 5084904286-01

Cover : drive CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLQ5145B |
| Chassis Number | : MHFB29F3802011958 |
| 2. Name of Policyholder | : KARZ-TA LEASING |
| 3. Effective Date of Insurance | : 18 Aug 2017 |
| 4. Expiry Date of Insurance | : 17 Aug 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 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\$1,500
EXCESS (SECTION 2)	: S\$1,000
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	: UNITED OVERSEAS BANK 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 08 Aug 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

0% 25% 50% 75% 100%

Text size + -

01014K

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLQ5145B		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	VIOS 1.5E CVT
Chassis No.:	MHFB29F3802011958	Engine No.:	2NRX159108
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	79.0 kW (105 bhp)		
Unladen Weight:	1065 kg	Maximum Laden Weight:	1500 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	13 Jul 2017	Original Registration Date:	13 Jul 2017
Manufacturing Year:	2017	Open Market Value:	\$12,771.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$3,885.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$12,771.00 (100%)
Actual ARF Paid:	\$7,771.00		

Owner Particulars

Owner Name:	KARZ-TA LEASING
Owner ID Type:	Business
Owner ID:	53318368E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	317
Registered Street Name:	OUTRAM ROAD
Registered Unit No.:	# B1 - 03
Registered Building Name:	CONCORDE SHOPPING CENTRE
Registered Postal Code:	169075
COE No. / Expiry Date:	2017060101000379K / 12 Jul 2027
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$51,106.00

Transaction Details

Business Transaction Ref. No.:	20170713091929217351
Business Transaction Date:	13 Jul 2017
Business Transaction Time:	09:19:29

Message

The above vehicle has been successfully registered.

Please note that \$49,358.00 will be deducted from your GIRO account.