

# NATIONAL Assessment Centre Services

(Ref: Jan 05)

MM/18/06296

Date In: 16/08/2008 19:33	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/00/49754	SAS e-filing		
Veh No: SGT 9594U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/08/2008 20:00	i-Motor Claim Form	MM/1007540-001	16/08/2008 19:47
OD: TP <u>Reporting Only</u>	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: SCH 8001K	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

<p>MM/18/05/97</p> <p><b>Claimant's Particulars:-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments:-</b></p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<b>Invoice Preparation Checklist</b>		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:-			
<b>OD*</b>				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
<b>TP (N11): TP (Non INC) against INC \$20</b>				
9) N12: Idac Mobile \$0				
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	16/08/2018 19:33
Date Of Accident	15/08/2018 20:00
Exact Location Of Accident	ALONG LORONG 24 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9594U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROBERT CAR SERVICES
Co Reg No	53344345L
Email Address	ROBERTSIMLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96583271
Alternative Phone No	OFFICE-96583271

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083528237-01
Cover Note Number	

### Driver

Name of Driver	SIM LUM HUAT
NRIC No	S1034170A
Date Of Birth	20/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1971
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96583271
Fax Number	
Contact Number	OTHERS-96583271
Email Address	ROBERTSIMLH@GMAIL.COM

Address	BLK 49 TELOK BLANGAH DRIVE #02-01
Postcode	100049
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	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	SLH8001K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

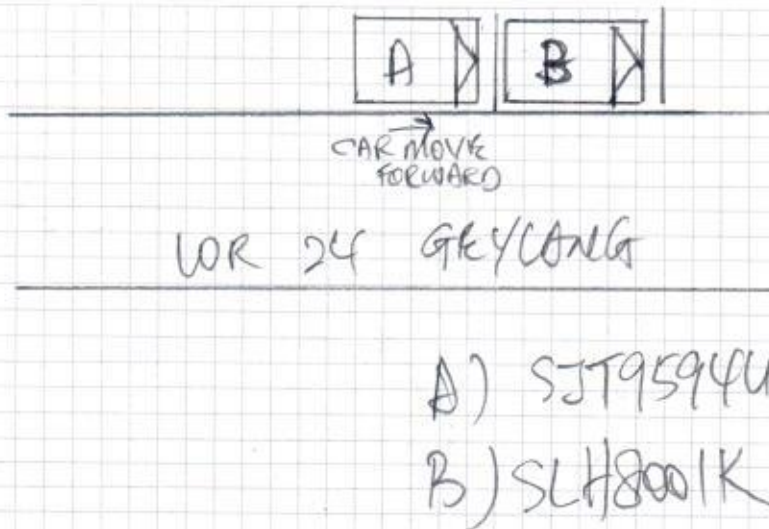


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



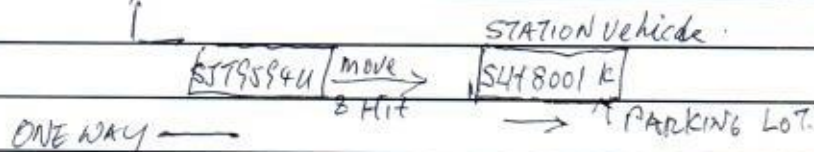
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 15/8/18, 8PM at night I park at Lorong 24 Geylang Rd. Suddenly my car move to in front of other vehicle SLH8001K and slightly hit the vehicle back. I give my particulars to him IC No. & Driving Licence and phone Number. He said will call today 16/8/18 in the morning to settle. Waited so long & call Income office. She ask me to make a report.



## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:



*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 16/8/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Claim Handling

Accident MT/1007540

Policy No.	5083528237-01	Vehicle No.	SJT9594U	GST Registration No.	
Certificate No.					
Policyholder Name	ROBERT CAR SERVICES			Policyholder NRIC	53344245L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96583271	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
<b>Accident Details</b>					
Report Date	16/08/2018 19:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/08/2018	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LORONG 24 GEYLANG				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 49 #02-01	Address 2	TELOK BLANGAH DRIVE	Address 3	BLANGAH COURT
Address 4	SINGAPORE 100049	Address Type	Singapore address	Post Code	100049
Unit No.	02-01	Related Policy Number	5083528237-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/05/1949
Unnamed driver Name	SIM LIM HUAT	Driver NRIC	S1034170A	Driving Experience	47
Register Date of Driver License	09/07/1971	Driver Age	69	Contact No.(Home)	
Contact No.(Mobile)	96583271	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 49 #02-01	Address 2	TELOK BLANGAH DRIVE	Address 3	BLANGAH COURT
Address 4	SINGAPORE 100049	Address Type	Foreign address	Post Code	100049
Unit No.	02-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJT9594U	Driver Insurer Company	NTUC
<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 **New**

Claim Type *	OD-MX	Insured Name	ROBERT CAR SERVICES	Insured NRIC	53344
Contact No.(Mobile)	96583271	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SJT9594U	TP Vehicle Number	SLH801
Claim Description	SJT9594U / SLH801K ON 15 Aug 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Banket No.		Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes				
Date Registered	15/08/2018 19:46	Claim Close Date		Date Received	16/08/
Report Taken By	RDSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1007540	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/08/2018 19:47
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47		Photos	Normal
		Description	Photos 2018-8-16

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:47	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	Photos	Normal	Photos 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	SAS	Normal	SAS 2018-8-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Aug 2018 19:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-16
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
		Display in New Window	Scan and uploading	

## ACCIDENT STATEMENT

ACCIDENT DATE: 15/8/2018 (DD/MM/YYYY), TIME: 8:00 PM (HH:MM)

LOCATION: LORONG 24 BAYANS

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: LADON SJT9594U  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5083528237-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: comprehensive  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 8:00 PM  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: SIM LUM HUA T (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1034170 A CONTACT: 96583271  
c) ADDRESS: 81k 49, #03-01 TELUK BLAIRGIR DRIVE  
S-100049

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

#### DRIVER

- a) NAME: Robert 7 CAR SKULICK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 20/05/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/07/1979

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CO-OWNER

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: SLH 8001K MODEL: BMW

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: \_\_\_\_\_


Email = robertsimlh@gmail.com

VIDEO =

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1034170A



Name  
**SIM LUM HUAT**





**沈南发**  
Race  
**CHINESE**  
Date of Birth  
**20-05-1949** Sex  
**M**  
Country of Birth  
**SINGAPORE**

S1034170A

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1034170A**  
Name  
**SIM LUM HUAT**

Birth Date: **20 May 1949**  
Issue Date: **12 Sep 2003**

000823661D

0850288



NRIC No. **S1034170A**



Blood Group: **A+** Date of issue: **24-03-1993**

Address  
**APT BLK 49 TELOK BLANGAH DRIVE  
#02-01  
SINGAPORE 0410**

**YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Valid From	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	13 Jul 1970	13 Jul 1970
Class 2A	Motorcycles between 201 cc and 400 cc	13 Jul 1970	13 Jul 1970
Class 2	Motorcycles exceeding 400 cc	13 Jul 1970	09 Jul 1971
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms		

Licence No: **S1034170A**



NP-25A

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5083528237-01		
The Policyholder	: ROBERT CAR SERVICES BLK 49 #02-01 TELOK BLANGAH DRIVE BLANGAH COURT SINGAPORE 100049		
Period of Insurance	: 11 Nov 2017 To 10 Nov 2018		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,661.98		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: N/A		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA ALTIS	Capacity	: 1600cc
Registration Number	: SJT9594U	Registration Year	: 2009
Chassis Number	: MR053ZEE106156637	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 10%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

**Memo A** : The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

**Endorsement Operative** : N/A

Agency	: S & M ALLIANCE PTE LTD (00000614373)
Date of Issue	: 06 Nov 2017 15:53 hrs
Reprint	: 06 Nov 2017 15:53 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Text size + -

0% 25% 50% 75% 100%

## Transfer Of Vehicle Ownership (Acknowledgement)

### Vehicle Details

Vehicle No.:	SJT9594U	Vehicle Scheme:	Normal
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Vehicle Make:	TOYOTA	Engine No.:	3ZZ4937630
Chassis No.:	MR053ZEE106156637	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1598 cc	Maximum Laden Weight:	1630 kg
Unladen Weight:	1195 kg	Secondary Colour:	-
Primary Colour:	Silver	Maximum Power Output:	80.0 kW (107 bhp)
IU Label No.:	1123348864	Original Registration Date:	11 Nov 2009
First Registration Date:	11 Nov 2009	Open Market Value:	\$17,853.00
Manufacturing Year:	2009	Minimum PARF Benefit:	\$8,926.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$17,853.00
No. of Transfer:	2		

### Owner Particulars

Owner Name: ROBERT CAR SERVICES

Owner ID Type: Business

Owner ID: 53344345L

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 49

Registered Street Name: TELOK BLANGAH DRIVE

Registered Unit No.: # 02 - 01

Registered Building Name: -

Registered Postal Code: 100049

COE No./Expiry Date: 2008050101002147Z / 10 Nov 2019

COE Bid Category: A - Car (1600cc & below)

QP Paid: \$15,600.00

### Transaction Details

Business Transaction Ref. No.: 20160915111024075862

Business Transaction Date: 15 Sep 2016

Business Transaction Time: 11:10:24

### Message

Vehicle has been successfully transferred to ROBERT CAR SERVICES (53344345L).

Please note that \$11.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.