

NATIONAL Assessment Centre Services

Ref: JA-023

MAA 48111499

Date In: 28/08/2018 15:53	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18015670/Y	SAS e-filing		
Veh No: SQ 9012Z	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/07/2018 00:00	I-Motor Claim Form	mt11009146001	28/08/2018 16:39
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMA 7973L	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:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	28/08/2018 15:53
Date Of Accident	03/07/2018 00:00
Exact Location Of Accident	ALONG EU TONG STREET TOWARDS HILL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9012Z
Insured/Policyholder	
Name Of Registered Owner	A.R.T OF TRANSPORT & SERVICES
Co Reg No	53326247W
Email Address	ASHTYLER1423@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87777077
Alternative Phone No	OFFICE-87777077

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-2.0 SX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5100785354
Cover Note Number	

Driver

Name of Driver	ASHTON SEE YEOW LIN (XIE YANGLIN)
NRIC No	S8004991I
Date Of Birth	14/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87777077
Fax Number	
Contact Number	OTHERS-87777077
Email Address	ASHTYLER1423@GMAIL.COM

Address	BLK 10B BOON TIONG ROAD #08-535
Postcode	164010
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180827/2187

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	SMA7973L
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM WAI LEK
NRIC/Passport Number	S7525305B
Contact Number	84844872
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.
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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.



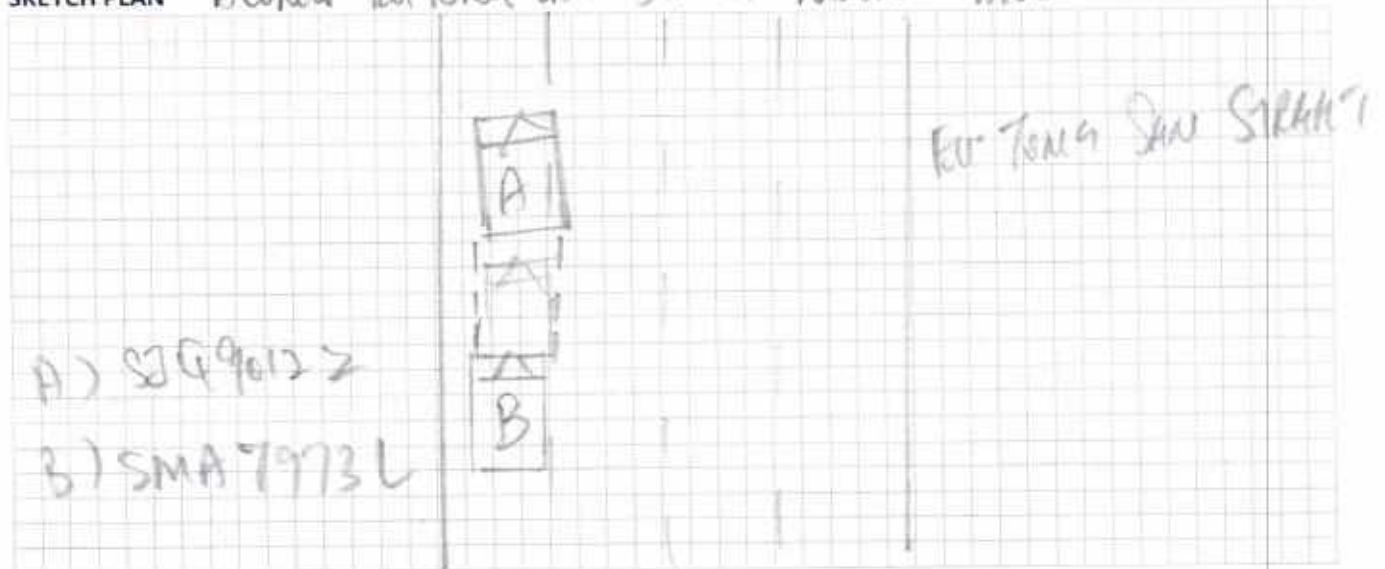
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ALONG KUTONG SAN STREET TOWARDS HILL STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/208087/2087

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.:



SINGAPORE POLICE FORCE



T/20180827/2187

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180827/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 21:39	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: ASHTON SEE YEOW LIN			Address: APT BLK 10B BOON TIONG ROAD #08-535 SINGAPORE 164010		
ID Type / ID No.: NRIC NO / S80049911			Contact No.: Home/Office: Mobile: 87777077		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 14/02/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EU TONG SEN STREET HILL STREET Eu Tong Sen Street towards Hill Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SJQ9012Z	Car				Slightly Damaged	0
SMA7973L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180827/2187

2 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180827/2187

CONTINUATION OF REPORT

Driver			
Name	ASHTON SEE YEOW LIN		ID No. S80049911
Related Vehicle	SJQ9012Z (Car)		Contact No. 87777077
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
Driver			
Name	Lam Wai Lek Kelvin		ID No. S7525305B
Related Vehicle	SMA7973L (Car)		Contact No. 84844872
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

Brief Details.

On 03/07/2018 at about 11.46pm I was driving along Havelock road towards Eu Tong Sen road when I noticed a vehicle - SMA7973L driving in front and it was change from lanes to lanes without signaling. I was trying to over take the vehicle to make my left turn to Eu Tong Seng road and the vehicle sped up upon noticing it and was driving near to my vehicle to prevent me from overtaking and almost caused me to collide into another vehicle.

I honked and signaled the driver to stop at the front to have a talk and I came to a stop at Eu Tong Seng Road, the vehicle - SMA7973L came to a stop behind me however it collided into my rear bumper slightly.

We confronted and the driver admitted that it was wrong of him for driving from lanes to lanes without signaling. We came to a private settlement without any payment and agreed to let the matter go.

I wish to state that I have the in car camera recordings that recorded the incident of the driver of SMA7973L driving along Havelock Road.

However on 12/08/2018 I received a letter from my insurance company - Income. That the said driver was claiming from me regarding the accident as stated above. I am lodging this report as advised by the insurance company and wish for traffic police to look into this matter.



**SINGAPORE
POLICE FORCE**



T/20180827/2187

3 of 3

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

Report No. T/20180827/2187

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 TEO TECK CHUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SIN 068

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

27/08/2018 21:39

Classification Of Case:

Claim Handling

Accident MT/1009146

Policy No.	S100785354	Vehicle No.	SJQ90122	GST Registration No.	
Certificate No.					
Policyholder Name	A.R.T OF TRANSPORT & SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	933262N7W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87777077	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPIC	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
Report Date	28/08/2018 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/07/2018	Time of Accident h:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BU TONG STREET TOWARDS HILL STREET				
Excess					
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 10B #06-535	Address 2	BOON TIONG ROAD	Address 3	TJONG SAH RU VIEW
Address 4	SINGAPORE 164010	Address Type	Singapore address	Post Code	164010
Unit No.	06-535	Related Policy Number	S100785354		
01 Driver Info					
Driver Name	ASHTON SEE YEOW LIN	Driver Type	Main Driver	Driver DOB	14/02/1960
Unnamed driver name		Driver NRIC	980049911	Driving Experience	15
Register Date of Driver License	16/06/2003	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	87777077	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJQ90122	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Bled Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-HX *	Insured Name	A.R.T OF TRANSPORT & SERVICES	Insured NRIC	933262N7W
Contact No.(Mobile)	87777077	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OT Vehicle Number	SJQ90122	TP Vehicle Number	SMAT9
Claim Description	SJQ90122 / SMAT97XL ON 3 Jul 2018			Name of Preferred Workshop	
Preferred Workshop	SPAINER No Finalisation	Insured Liability	Not at Fault	GA REPORT	Received
Date Registered	28/08/2018 16:38	Claim Close Date		Date Received	28/08/2018
Report Taken By	KOSLI WAHAB				
Print AX With					

Save Submit

Attachment

Accident No.	MT/1009146	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/08/2018 16:39
Page *			
Choose File	No file chosen	Category *	Normal
Choose File	No file chosen	Confidential	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39		Photos	normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:29	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:29	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:29	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:29	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 16:38	SAS	Normal	SAS 2018-8-28

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2018 (DD/MM/YYYY), TIME: 00:00 (HH:MM)

LOCATION: Su Tong Sen St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ90122
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5100785354
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Kia Cerato Forte 2.0A SX
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PHV
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: A.R.T OF TRANSPORT & SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53326247W CONTACT: 87777077
c) ADDRESS: 108 Boon Tiong Road #08-535

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ashton See Yeow Lin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80049912 CONTACT: 87777077
c) ADDRESS: 108 Boon Tiong Road #08-535 S164010

*d) DATE OF BIRTH: 14/02/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/06/03

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: SMA7973L MODEL: Toyota Noah
b) DRIVER'S NAME: LAM WAI LEE
c) NRIC/FIN/PASSPORT: S7525305B CONTACT: 84844872

9. THIRD PARTY VEHICLE

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

email = ashtyler1423@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S80049911**



Name

ASHTON SEE YEOW LIN
(XIE YANGLIN)

薛扬霖

Race
CHINESE

Date of birth
14-02-1980

Sex
M

Country/Place of birth
SINGAPORE



5674956



NRIC No. **S80049911**



Date of issue
08-11-2016

Address

APT BLK 10B BOON TIONG ROAD
#08-535
SINGAPORE 164010

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S80049911**

Name

SEE YEOW LIN
(XIE YANGLIN)

Date of Birth 14 Feb 1980

Issue Date 16 Jun 2003



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

16 Jun 2003



NP 42BA

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: 5100785354

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ9012Z**
Chassis Number : KNAFH222395064019
2. Name of Policyholder : A.R.T OF TRANSPORT & SERVICES
3. Effective Date of Insurance : 21 May 2018
4. Expiry Date of Insurance : 20 May 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.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ASHTON SEE YEOW LIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSQ LEASING PTE LTD
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 : ALFA CREDIT PTE LTD (00000613905)
Date of issue : 21 May 2018 12:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive