

# NATIONAL Assessment Centre Services

MAH/18/13508

Date In: 01/09/2018 16:21	Job description	Date & Time Completed	Done by
Ref No: MAH/18/13508/59764	SAS e-filing		
Veh No: GBL 5868 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/08/2018 17:45	i-Motor Claim Form		
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: Vch No: PROXIMITY 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


NA/1805562 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments :- For claiming against INC Only (wef 10 Jan 2005)

Cat. 1: 6) TR: Re-inspection \$75

Cat. 2 / 3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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	01/09/2018 16:21
Date Of Accident	29/08/2018 17:45
Exact Location Of Accident	SLIP ROAD OF QUEENSWAY INTO COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5868U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	VICKYONG557@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97973653
Alternative Phone No	OFFICE-97973653

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D MT ABS AIRBAG 2WD 6DR (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1740960/P01
Cover Note Number	

### Driver

Name of Driver	ONG CHOO GEOK
NRIC No	S0129408C
Date Of Birth	22/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1971
Driving Experience	46 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97973653
Fax Number	
Contact Number	OTHERS-97973653
Email Address	VICKYONG557@GMAIL.COM

Address	BLK 663A SENJA ROAD #19-157
Postcode	671633
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	COLLIDED INTO BICYCLIST
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)	2
Passenger 1	NAME: : ZHOA QINGMING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180829/2188

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	YIN CHANGHAI
NRIC/Passport Number	G5394484T
Contact Number	84034138

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.

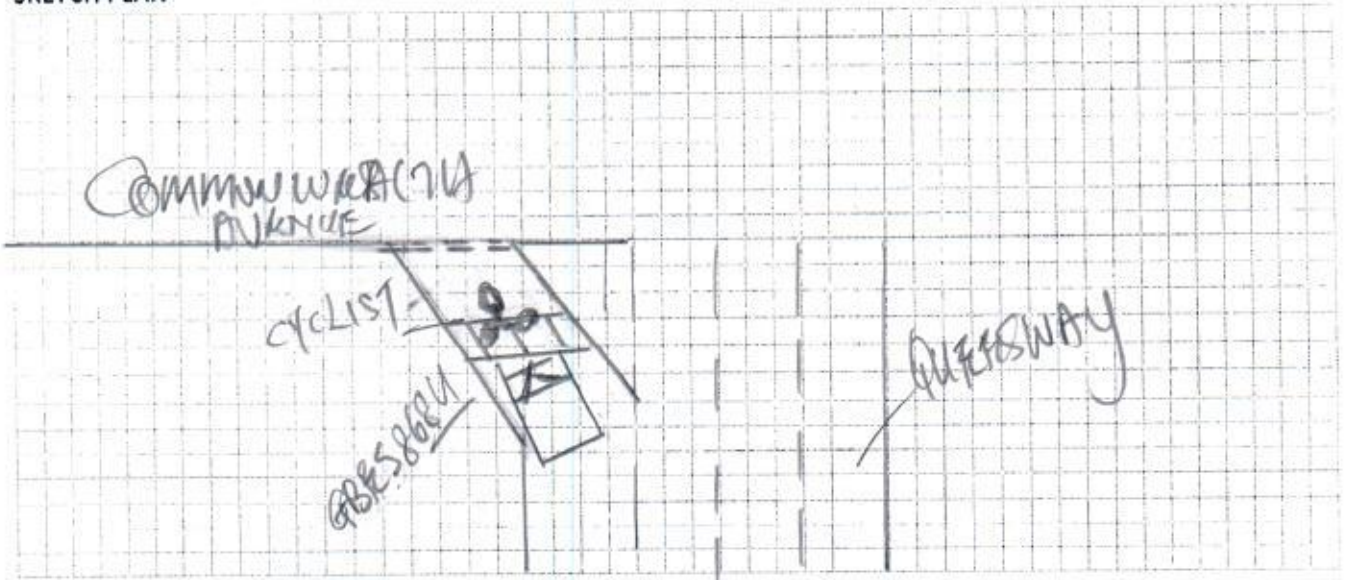


Policyholder's Signature  
Date & Time:

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

AS Refer to police report  
7/2018 0829/2018

DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature of the Policyholder

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

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





# SINGAPORE POLICE FORCE



T/20180829/2188

1 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180829/2188

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2018 23:20	Vide Report No.:	Station Diary No.: 196
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<b>Informant's Particulars</b>			
Name of Informant: ONG CHOO GEOK		Address: APT BLK 633A SENJA ROAD #19-157 SINGAPORE 671633	
ID Type / ID No.: NRIC NO / S0129408C		Contact No.: Home/Office: Mobile: 97973653	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 65	Date of Birth: 22/01/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Cleaning supervisor		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 29/08/2018 17:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMMONWEALTH AVENUE QUEENSWAY Slip Road of Queensway into Commonwealth Ave				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5868U	Van				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180829/2188

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ONG CHOO GEOK		ID No.	S0129408C
Related Vehicle	GBG5868U (Van)		Contact No.	97973653
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	
<b>Cyclist</b>				
Name	Yin Changhai		ID No.	G5394484T
Related Vehicle	NIL		Contact No.	84034138
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2018		Date Discharge	29/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

**Brief Details.**

I am the driver of GBG5868U. This vehicle is currently leased by my company - ISS Faculty Services.

On the above mentioned date, time and location, I was driving along Queensway and intended to turn into Commonwealth Avenue at the Junction Via the slip Road.

As I was driving past the slip road, suddenly, a male Chinese on a bicycle, cycled in front of me from the pedestrian crossing onto the zebra crossing heading towards the Pavement along Commonwealth Avenue, I collided into him and he fell. There was a passenger in my van at that point of time, one of my cleaner(Employee of the company), a PRC Lady, however I do not know her name.

After he fell, we alighted and assisted him. He claimed to feel pain on his back. I brought him to a clinic but the clinic did not perform any X-ray. Hence, I brought him to NUH. Where he received treatment and got 5 days MC. I also spoke to the doctor who informed that he was "ok". I paid for his medical expenses.

There is a dent on the bonnet of my van as well as a scratch. The front registration plate area was also dent.

My van has a in-car camera, the camera was recording at that point of time.





**SINGAPORE  
POLICE FORCE**



T/20180829/2188

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Report No. T/20180829/2188

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180829/2188

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

4 of 4

Report No. T/20180829/2188

**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:

D /

Sgt 3 KANG HUI MING, DON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2018 23:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 37



## ACCIDENT STATEMENT

ACCIDENT DATE: 29/08/2018 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: Slip Road of Queensway into Connaught Ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 5868 U  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: KST Auto Rental (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: ONE CHOO BOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 012940810 CONTACT: 97973653  
c) ADDRESS: BK 633A SANTA ROAD # 19-157

\*d) DATE OF BIRTH: 22/01/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1/11/1971

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

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: CLEMENTI

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CYCLIST MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: YIN CHANG HAI  
c) NRIC/FIN/PASSPORT: W/P D 75443390 CONTACT: 84034138

### 9. THIRD PARTY VEHICLE

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

Email = Vicky Ong 557 @ gmail. com

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0129408C



Name  
ONG CHOO GEOK

Race  
CHINESE

Date of Birth  
22-01-1953

Sex  
F

Country of Birth  
SINGAPORE

0030442

翁珠玉

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S0129408C

Name  
ONG CHOO GEOK

Birth Date  
22 Jan 1953

Issue Date  
08 Sep 2003



NIC No. S0129408C



Blood Group  
A+

Date of issue  
24-07-1991

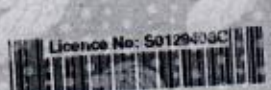
APT BLK 833A SENJA ROAD #19-157  
SINGAPORE 671833

NIC No: S0129408C Date: 08/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE  
11 Nov 1971

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



Licence No: S0129408C

NP 426A



Card Delivery Letter



ZHAO QINGMING  
ISS FACILITY SERVICES PRIVATE LIMITED  
C/O REVERES MANAGEMENT ASSOCIATES PTE LTD  
1 #03-05 ENTERPRISE ONE  
KAKI BUKIT ROAD 1  
S415934



Gxxx 3862T030718180718

26 July 2018

628

## Your new work pass card

Dear ZHAO QINGMING

We are pleased to present you with your work pass card. It serves as an important identification document and allows you to work and stay in Singapore. You may use the SGWorkPass App to read the Quick Response (QR) code printed on back of the card to check your latest pass status.

You must return the card to us once your pass is cancelled, has expired or when a new card is issued to you. If your personal particulars have changed or if you lose your card, you must request for a card replacement immediately. This is subject to MOM's approval and a replacement fee will be charged.

You should retain this letter which contains your pass information. Your employer may wish to keep a copy of this letter for reference.

Yours sincerely

Lim Teck Leong  
for Controller of Work Passes

WORK PERMIT	
Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore	
Employer	ISS FACILITY SERVICES PRIVATE LIMITED
Name	ZHAO QINGMING
Work Permit No.	0 77938273
Service	SERVICE
K0625192	

**IMPORTANT**

**This card is not transferable. You must carry it safely with you at all times.**

Ministry of Manpower Work Pass Division

For more information, visit <http://www.mom.gov.sg> or contact us at <http://www.mom.gov.sg/contact>

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 www.msig.com.sg

**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)

15-Sep-2017  
 Comprehensive

A0633 - 001

Certificate No

- |  |                           |
|--|---------------------------|
|  | : 7VCC1740960/P01         |
| 1. Index Mark and Registration Number of Vehicle                               | : GBG5868U                |
| 2. Chassis Number of Vehicle   | : VSKYBAM20Z0145807       |
| 3. Name of Policyholder  | : KST Auto Rental Pte Ltd |
| 4. Effective date of the Commencement of Insurance for the purposes of the Act | : 13 SEP 2017 00:00 AM    |
| 5. Date of Expiry of Insurance   | : 12 SEP 2018             |

6. Person or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use\*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees' business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Hire Purchase: Hong Leong Finance Limited

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorised Person

**IMPORTANT NOTICE**

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed, a

Statutory Declaration to that Effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

**FORM MZ 400 (Commercial Vehicle)**



Transaction ref 20170913094446463630

The owner and vehicle particulars for Vehicle No. GBG5868U as at 13 Sep 2017 are as follows:

1. Name	: KST AUTO RENTAL PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 200806860W
4. Place Of Passport Issue	: -
5. Registered Address	: 3021A UBI ROAD 1 #01-42 SINGAPORE 408715
6. Mailing Address	: -
7. Vehicle No.	: GBG5868U
8. Effective Date of Ownership	: 13 Sep 2017
9. Original Registration Date	: 13 Sep 2017
10. First Registration Date	: 13 Sep 2017
11. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: NISSAN
17. Vehicle Model	: NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
18. Year of Manufacture	: 2017
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: VSKYBAM20Z0145807 / -
23. Propellant/Emission Standard	: Diesel / Euro V
24. Engine No./Motor No.	: K9KC400D057331 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 1461 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 1260
28. Maximum Laden Weight(kg)	: 2000
29. Open Market Value	: \$20,119.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2017080105000356E
35. COE Expiry Date	: 12 Sep 2027
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$40,212.00
38. Actual Quota Premium/PQP Paid	: \$40,212.00
39. Actual ARF Paid	: \$1,006.00
40. CO2 Emission(g/km)	: 138.00
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: 12 Sep 2037
45. Road Tax Amount	: \$0.00
46. Road Tax Start Date	: 13 Sep 2017
47. Road Tax End Date	: 12 Mar 2018
48. Remarks	: This vehicle requires side marking. To renew the COE, the Prevailing Quota Premium payable is that of Category C.