

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMAY18/15874

Date In: 07/09/2018 10:46	Job description	Date & Time Completed	Done by
Ref No: NPA/INC160163374	SAS e-filing		
Veh No: SLK 9048 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/09/2018 09:00	i-Motor Claim Form	MT/10/0455-001	07/09/2018 11:25
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: SMC 656M	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>NA1805726</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat. 1:</p> <p>Cat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR : Accident Reporting (\$30);</p> <p>2) DA : Damage Assessment (\$100); INC (\$80)</p> <p>3) TF : Towing Fee \$40/\$45</p> <p>4) FT : Follow-Through Survey \$120</p> <p>5) FT : Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR : Re-inspection \$75</p> <p>7) N1 : Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (N11) : TP (N11) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>	<p>Amt (\$)</p> <p>1st Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>	
	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	07/09/2018 10:16
Date Of Accident	03/09/2018 09:00
Exact Location Of Accident	ALONG MOONBEAM VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9048D
Insured/Policyholder	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Co Reg No	200713089K
Email Address	RENTAL@PRESTOEXPATMOTORING.COM
Mobile Phone No	(LOCAL) +65-91709565
Alternative Phone No	OFFICE-91709565

Vehicle Particulars

Manufacturer	HYUNDAI
Model	DM SANTA FE 2.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072113220-03
Cover Note Number	

Driver

Name of Driver	HILL CLAIRE LOUISE
Passport No/FIN	G3494671Q
Date Of Birth	22/09/1985
Occupation	INDOOR
Date Of Driving Pass	25/04/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91709565
Fax Number	
Contact Number	OTHERS-91709565
Email Address	RENTAL@PRESTOEXPATMOTORING.COM

Address	9 MOONBEAM VIEW
Postcode	277264
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	SIDE SWIPE
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

DRIVING INTO MOONBEAM VIEW AND THERE WAS A TAXI COMING UP THE ROAD SO I PULLED OVER OUT OF THE WAY AND WHEN PULLING OVER I SCRATCH THE FRONT LEFT SIDE OF MY NEIGHBOUR CAR SMC656M AS WELL AS THE SIDE OF MY CAR SLK9048D THAT ALL.

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	SMC656M
Vehicle Make/Model/Colour	BMW X3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE BEE TIN
NRIC/Passport Number	
Contact Number	97570518
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.

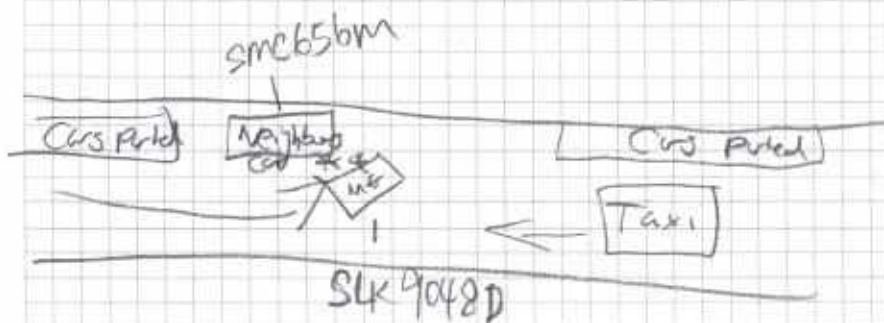

Policyholder's Signature
Date & Time: 7/9/18 11.15


Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/9/18 11.15


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

SKETCH PLAN

ALONG MOONBAM VIEWS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving into our road and there was a taxi coming up the road so I pulled over onto the way and when pulling over, scraped the front left side of my neighbour's car as well as the side of mine.

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: 7/9/18 11:15

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

9/7/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/1010455

Policy No.	5072113220-03	Vehicle No.	SLK90480	GST Registration No.	200713049K
Certificate No.				Policyholder NRIC	200713088K
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91709265	Special Remark		eCode	No
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
KFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				
Accident Details					
Report Date	07/09/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/09/2018	Time of Accident (hh:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG MOONBEAM VIEW				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	500.00		
Third Party Excess	500.00	Outside Singapore TP Excess	500.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	200713088K	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3	SINGAPORE 248371
Address 4		Address Type	Singapore address	Post Code	248371
Unit No.		Related Policy Number	5072113220-03		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/09/1985
Unnamed driver Name	HILL CLAIRE LOUISE	Driver NRIC	Q3494671Q	Driving Experience	15
Register Date of Driver Licence	25/04/2003	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	91709265	Contact No.(Office)		Address 3	SINGAPORE 277264
Address 1	9 MOONBEAM VIEW	Address 2	# HOLLAND GARDENS	Post Code	277264
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLK90480		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **NEW**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	GIA report	Received	Claim Close Date	07/09/2018 11:21	Date Received	07/09/2018
Repair Option	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Workshop, Name unknown							
Date Registered									
Report Taken By									

Print AX letter

Save Submit

Attachment

Accident No.	MT/1010455	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	07/09/2018 11:25
Path *		Category *	Confidential
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		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE		Protok	Normal
Description		Photo 2018-9-7	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:23	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:25	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:25	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:25	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:25	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:24	Photos	Normal	Photos 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:21	SAS	Normal	SAS 2018-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 11:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-7

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: 3 / 9 / 18 (DD/MM/YYYY), TIME: 09 : 00 (HH:MM)

LOCATION: MOONBEAM View

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 90481
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: PENNY KYPAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CLAIRE HILL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 503253420 CONTACT: 91709565
 c) ADDRESS: 9 MOONBEAM View 27/264

* d) DATE OF BIRTH: 22 / 07 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/04/03

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)

- 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: SMC656M MODEL: BMW X3
 b) DRIVER'S NAME: Lee Bee Tin
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97570518

9. THIRD PARTY VEHICLE

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

EMAIL = rental@prestexpatmotoring.com

VIDEO =

REPUBLIC OF SINGAPORE
FIN G3494671Q



Name
HILL CLAIRE LOUISE

Date of Birth
22-09-1985
Nationality
BRITISH

Sex
F

UK

DRIVING LICENCE



1. HILL
2. MRS CLAIRE LOUISE
3. 22.09.1985 UNITED KINGDOM
- 4a 16.06.2015 4c DVLA
- 4b 13.09.2021
- 5 HILL9659225CL9VU 34



- 8 ASERCORN HOUSE, 34 STEPHENSON CLOSE
TWYFORD, READING, RG10 9FG
- 9 AM/A/B1/B11/k/p/q

GA0043868

07-08-2018

DEPENDANT'S PASS Immigration Regulations



Download SGWorkPass
App to check status



FIN G3494671Q



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

13.

	9.	10.	11.	12.
AM	16.06.15	21.05.55	122	
A1				
A2				
A	19.01.13	21.09.55	79(3)	
B1	25.04.03	21.09.55		
B	25.04.03	21.09.55		
C1				
C				
D1				
D				
DE				
C1E				
CE				
D1E				
DE				
A/p/q	25.04.03	21.09.55	116,122	

12. 115

1. Name 2. First name 3. Date and place of birth
4a. Date of issue 4b. Date of expiry 4c. Issued by
5. Licence Number 10. Valid from 11. Valid to 12. Codes

AJ38921412

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: 5072113220-03

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK9048D**
Chassis Number : KMHSU81BSHU743265
2. Name of Policyholder : PRESTO EXPAT MOTORING SERVICES PTE. LTD.
3. Effective Date of Insurance : 25 Aug 2018
4. Expiry Date of Insurance : 24 Aug 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\$500
EXCESS (SECTION 2)	: S\$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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : INCOME - MT DEPT (00000600471)
Date of Issue : 07 Jun 2018 08:38 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

Vehicle No.:	SLK9048D	Vehicle Scheme:	Normal
Vehicle Type:	N19 - Passenger (Co) Company Station Wagon (Single Rate)	Vehicle Model:	DM SANTA FE 2.4 GLS AT 4WD
Vehicle Make:	HYUNDAI	Engine No.:	G4KJGA886492
Chassis No.:	KMH5U81BSHU743265	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	6
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	2359 cc	Maximum Laden Weight:	2510 kg
Unladen Weight:	1891 kg	Secondary Colour:	-
Primary Colour:	Silver	Maximum Power Output:	138.0 kW (185 bhp)
IU Label No.:	1127154960	Original Registration Date:	06 Feb 2017
First Registration Date:	06 Feb 2017	Open Market Value:	\$24,417.00
Manufacturing Year:	2016	Minimum PARF Benefit:	\$13,092.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$26,184.00
No. of Transfer:	1		

Owner Particulars

Owner Name: PRESTO EXPAT MOTORING SERVICES PTE LTD
Owner ID Type: Company
Owner ID: 200713089K
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 491
Registered Street Name: RIVER VALLEY ROAD
Registered Unit No.: # 01 - 04
Registered Building Name: VALLEY POINT
Registered Postal Code: 248371
COE No./Expiry Date: 2017010103001728C / 05 Feb 2027
COE Bid Category: B - Car above 1600cc or 97kW (130bhp)
QP Paid: \$51,109.00

Transaction Details

Business Transaction Ref. No.: 20180828095843929115
Business Transaction Date: 28 Aug 2018
Business Transaction Time: 09:58:43

Message

Vehicle has been successfully transferred to PRESTO EXPAT MOTORING SERVICES PTE LTD (200713089K).
Please note that \$25.00 will be deducted from your GIRO account.

OK Save as PDF