

# NATIONAL Assessment Centre Services

(AP - Jan 05)

NA/808103

Date In: 21/09/2008 18:25	Job description	Date & Time Completed	Done by
Ref No: N/A/NA/808103/26874	SAS e-filing		
Veh No: SL 14035	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/09/2008 12:55	I-Motor Claim Form	MP 1012504-001	21/09/2008 19:05
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: N/A 2500	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%; P: 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/808103	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Clientant'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		
	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:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/m INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Cal 1:			
Cal 2 / 3:			



## 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	21/09/2018 18:25
Date Of Accident	18/07/2018 12:55
Exact Location Of Accident	ALONG TANJONG KLING ROAD NEAR HEAD ENERGY OFFICE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1403J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	201320430G
Email Address	VNATHAN2909@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90052147
Alternative Phone No	OFFICE-90052147
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101549101
Cover Note Number	
<b>Driver</b>	
Name of Driver	VAISUVANATHAN MARIMUTHU
NRIC No	S0032972Z
Date Of Birth	29/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1988
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90052147
Fax Number	
Contact Number	OTHERS-90052147
EMail Address	VNATHAN2909@GMAIL.COM

Address	BLK 122 TECK WHYE LANE #03-840
Postcode	680122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
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?	YES
Foreign Vehicle Registration Number	NBH2580 (COMMERCIAL VEHICLE)
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: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180718/2126

#### 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 Witness 1

Name	VIDAR SUNDBERG
Phone Number	91309073
Email Address	VIDAR.SUNDBERG@HEADENERGY.NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	NBH2580
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZMAN BIN DANAN
NRIC/Passport Number	660119015773
Contact Number	0127516717
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:

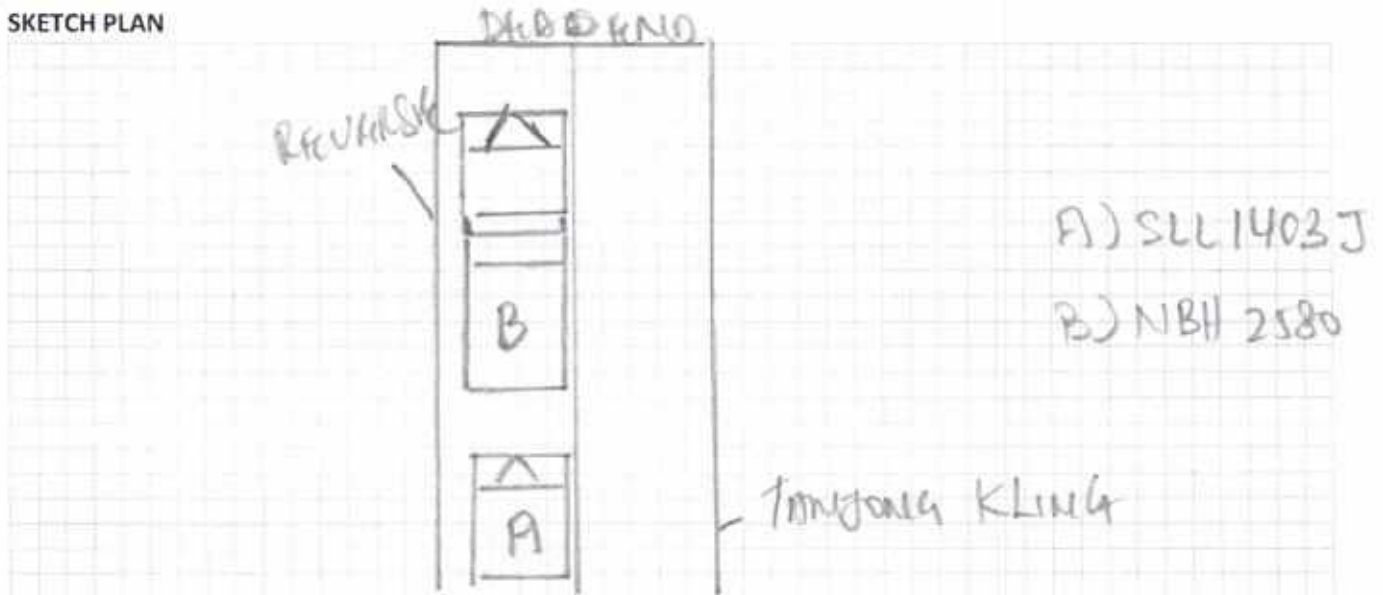
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

ms REFER to police report  
T/20180718/2128

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/20180718/2126

1 of 3

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

Report No. T/20180718/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 18:09		Vide Report No.:		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: VAISUVANATHAN MARIMUTHU			Address: APT BLK 122 TECK WHYE LANE #03-840 SINGAPORE 680122		
ID Type / ID No.: NRIC NO / S0032972Z			Contact No.: Home/Office: Mobile: 90052147		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 29/09/1950	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 18/07/2018 12:55	Type of Location: Straight Road
Location: Along Road 1 TANJONG KLING ROAD Near Head Energy Office				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
NBH2580	Trailer				No Damage	0
SLL1403J	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP6EAT	Grey	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20180718/2126

2 of 3

Report No. T/20180718/2126

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	azman Bin Danan	ID No.	660119015773
Related Vehicle	NBH2580 (Trailer)	Contact No.	0127516717
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
<b>Driver</b>			
Name	VAISUVANATHAN MARIMUTHU	ID No.	S0032972Z
Related Vehicle	SLL1403J (Car)	Contact No.	90052147
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

**Brief Details.**

On 18/07/2018 at about 1255, I was driving in V1 (SLL1403J) along Tanjong Kling on the left lane of a two way road.

While I driving straight, I observed V2 (NBH2580, T/JA2570) ahead to braked to stop. Thus I stopped behind V2 at a safe distance.

As is was a dead end ahead, V2 suddenly engaged reverse gear and drove backwards. I had applied horn after I saw V2 driving backward however was unable to avoid the accident. V2's rear bumper then collided onto my vehicle V1's front bumper. After the accident, both of us came down from our vehicle to exchange our particular. No one was observed to be injured at the time of accident. We then left the vicinity.

I am lodging this report for record purpose.





**SINGAPORE  
POLICE FORCE**



T/20180718/2126

3 of 3

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

Report No. T/20180718/2126

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

6547  
620H  
Jul 7/2018

**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:

J/

Sgt 2 SIAU JING YANG

Signature Of Interpreter:

Not applicable

SN 120

Signature:

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Signature Of Informant:

Date/Time:

18/07/2018 18:09

Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/47749/2018  
Date : 12 September 2018

VAISUVANATHAN MARIMUTHU  
BLK 122 TECK WHYE LANE  
#03-840  
SINGAPORE 680122

Dear Sir/Madam

**ROAD TRAFFIC ACCIDENT INVOLVING NBH 2580 AND SLL 1403 J ALONG TANJONG KLING  
ROAD ON 18/07/2018 AT ABOUT 12.00PM**

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of **NBH 2580** had committed an offence of **Careless Driving under Rule 29 of the Road Traffic Rules**. Action has been initiated against the driver for the said offence.

Yours faithfully

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.



**SJ MOTOR ENTERPRISE**

Company Reg. No.: 52838801X  
170 Upper Bukit Timah Road  
Bukit Timah Shopping Centre #03-50  
Singapore 588179  
Tel: 6440 3100 Fax: 64402100  
Email: sjmotor@singnet.com.sg

**SUB-CONTRACT AGREEMENT**

This SUB-CONTRACT AGREEMENT (hereinafter referred to as "The Agreement" is made on the (Date) 26/06/2018

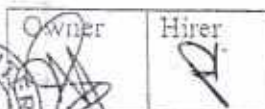
Between: SJ MOTOR ENTERPRISE  
170 Upper Bukit Timah Road,  
Bukit Timah Shopping Centre #03-50,  
Singapore 588179

Hereinafter referred to as "The Owner"

And: 1) Company's Name : \_\_\_\_\_  
Company Registration No. : \_\_\_\_\_  
Having its registered office at: \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Tel: \_\_\_\_\_ HP: \_\_\_\_\_  
Email: \_\_\_\_\_

2) Name : VAISUVANATHAN MARIMUTHU  
NRIC : S0032972Z  
Residential address at : BIK 122 TECK WHYE LANE #03-840  
8'p012 (680122)  
Tel: \_\_\_\_\_ HP: \_\_\_\_\_  
Email: \_\_\_\_\_

Hereinafter also known as "The Hirer"



Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the Terms & Conditions set out in The Agreement contained herein:

### 1. DESCRIPTION OF VEHICLE

a. Make & Model : MAZDA 3 1-5L A  
b. Registration No : SLK 1403J  
c. Chassis Number : DM6BN22A8H0142042  
d. Engine Number : P520429681

### 2. LEASE PERIOD

a. Period: 3 MONTHS  
b. Effective from: 26/06/18 to 26/08/18

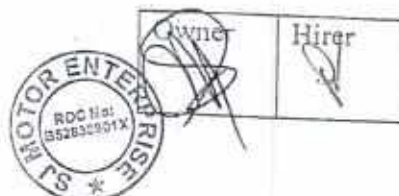
### 3. VEHICLE USAGE FEE

a. The Fee is hereby agreed between both parties at SS 430 per day/week/month. The Owner will invoice to The Hirer for the fee on a weekly basis, from Monday to Sunday (hereinafter referred to as "Billing Cycle") and the fee shall include: -

- i. Unlimited mileage;
- ii. Road Tax;
- iii. Motor Insurance Coverage (Excess Applicable);

b. Fee should be paid by The Hirer to The Owner every following Friday, following the Billing Cycle. Any earnings should be paid by The Owner to The Hirer every following Friday/Saturday, following the Billing Cycle.

c. Without prejudice to The Owner's other rights, The Hirer will be liable to pay an administrative fee of SS50.00 and a late payment interest computable at a rate of 5% per month, if the Fee and/or other payment(s) remain(s) unpaid for more than seven (7) calendar days from due date on the invoice(s). Thereafter, The Owner at its sole discretion will reserve all rights to repossess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-





## Claim Handling

Accident MT/1012504

Policy No.	5101549101	Vehicle No.	SLL14033	GST Registration No.	
Certificate No.				Policyholder NRIC	9013304300
Policyholder Name	TW PREMIUM AUTOMOBILE PTE LTD	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90052147	Special Remark		eCode	No
Email Address		TCA	+ No Yes	eCode Reason	
ETK	+ No Yes	NCD Exemption(%)	0	Private Hire	Yes
NCD Protection	No				
<b>Accident Details</b>					
Report Date	21/09/2018 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/07/2018	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TANJONG KLING ROAD NEAR HEAD ENERGY OFFICE				
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore CO Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Notification history					
<b>Policyholder Mailing Address</b>					
Address 1	210 TURF CLUB ROAD	Address 2	#101-A8 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	A8	Related Policy Number	5103577689		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/09/1950
Unnamed driver Name	VAISUVANATHAN MARIMUTHU	Driver NRIC	S0032972Z	Driving Experience	30
Register Date of Driver License	10/06/1988	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	90052147	Contact No.(Office)		Address 3	SINGAPORE 680122
Address 1	BLK 132 #03-840	Address 2	TECK WHYE LANE	Post Code	680122
Address 4		Address Type	Foreign address		
Unit No.	03-840			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLL14033		
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *	DO-MX	Insured Name	TW PREMIUM AUTOMOBILE PTE	Insured NRIC	20132
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SLL14033	Vehicle Number	NBH25
Preferred Workshop		Name of preferred workshop			
Insured Liability	Not at Fault				
Preferred Repair Option	Preferred Workshop, Name unknown	CIA report	Received		
Date Registered	21/09/2018 19:03	Claim Close Date		Date Received	21/09/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1012504	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/09/2018 19:05
Path *			
Choose File	No file chosen	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		
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAPI_R00676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAPI) on 21 Sep 2018 19:05		Photos	Normal
Description			
Photos 2018-9-21			

<https://gicclaim.income.com.sg/gcs/lcm/eclaim/registrationSave.do>



## ACCIDENT STATEMENT

ACCIDENT DATE: 18/07/2018 (DD/MM/YYYY), TIME: 12:55 (HH:MM)

LOCATION: Along Tanjong Kling

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 1403 J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5101549101  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MAZDA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: TW PREMIUM AUTOMOBILE PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: VAISUVANATHAN MARIMUTHU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S003297212 CONTACT: 90052147  
c) ADDRESS: BLK 122, TEEK WHITE LANE #03-840  
S'PORE 680122

\* d) DATE OF BIRTH: 29/9/2018 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30 Oct. 2013

### 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: TE CHUA CHU KANG NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: NBH 2580 MODEL: TRAILER  
b) DRIVER'S NAME: AZMAN BIN DANAN  
c) NRIC/FIN/PASSPORT: 660119015773 CONTACT: 0127516717

### 9. THIRD PARTY VEHICLE

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

EMAIL = vnathan2909@gmail.com

VIDEO =

WITNESS

VIDAR SUNDBERG

91309073

VIDAR.SUNDBERG@headenergy.no

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0032972Z



Name  
**VAISUVANATHAN MARIMUTHU**

Race  
**INDIAN**  
Date of birth  
**29-09-1950**  
Country/Place of birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. **S0032972Z**

Name  
**VAISUVANATHAN MARIMUTHU**

Birth Date **29 Sep 1950**  
Issue Date **30 Oct 2013**



Land Transport Authority



### VOCATIONAL LICENCE

Licence No. **S0032972Z**  
Name: **VAISUVANATHAN MARIMUTHU**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

5229203



NRIC No. **S0032972Z**



Date of issue  
**27-09-2013**

APT BLK 122 TECK WHYE LANE #03-840  
SINGAPORE 680122

NRIC No. **S0032972Z** Date: **07/12/2018 (R)**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 10 Jun 1980



Licence No: **S0032972Z**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	06/08/2018





**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: 5101549101

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLL1403J  
Chassis Number : JM68N22A8H0142042
2. Name of Policyholder : TW PREMIUM AUTOMOBILE PTE LTD
3. Effective Date of Insurance : 18 Jun 2018
4. Expiry Date of Insurance : 17 Jun 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.

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	: TECK WEI CREDIT PTE LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸有限公司  
**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A3 Singapore 287996  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)  
Date of Issue : 18 Jun 2018 17:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive