

14.02.2019

**AXA Insurance**  
8 Shenton Way  
#24-01 AXA Tower  
S(068811)

**Attn: Motor Claims Department**

Dear Sirs,

**ACCIDENT INVOLVING VEHICLE: SJP9237Y & GBB8057A on 28.09.2018**

We are the authorized repair workshop for the owner of motor vehicle no: SJP9237Y which was involved in the captioned accident with your insured vehicle: GBB8057A. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

01) Market Value	\$ 15,000.00
02) Less Scrap Value	\$ 9,705.00
	<u>\$ 5,295.00</u>
GST 7%	\$ 370.65
Sub Total	\$ 5,665.65
Towing Fees 2x@\$150/time	\$ 300.00
Loss of use 20 days @ \$80/day	\$ 1,600.00
Grand Total	<u>\$ 7,565.65</u>

We enclosed herewith the following documents to support the claims:-

- a) Tax Invoice
- b) GIA report

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

**Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.**

Thank you  
Yours faithfully

  
Shaun Toh - 97432262

**YEW TEE AUTOMOBILE TECH PTE LTD**

HQ: BLK 6 WOODLANDS ROAD 399-F YEW TEE IND EST S(678006)

BR: SYNERGY@KB, 25 KAKI BUKIT ROAD 4 #01-61 S(417800)

BR: MEGA@WOODLANDS, 39 WOODLANDS CLOSE #01-12 S(737856)

GST Reg No. 200311009C

Singapore

67653373 67023113

INFO@YEWTEEGROUP.COM

WWW.YEWTEEGROUP.COM

Company Registration No. 200311009C

**ADDRESS**

AXA INSURANCE SINGAPORE

PTE LTD

AXA INSURANCE SINGAPORE

PTE LTD

**TP TAX INVOICE MC1901016****DATE 14/02/2019****VEHICLE NO.**

SJP9237Y

ACTIVITY	QTY	RATE	TAX	AMOUNT
Market Value	1	15,000.00	7% SR	15,000.00
Less Scrap Value	1	-9,705.00	7% SR	-9,705.00
Towing fee	2	150.00	Out of Scope	300.00
Loss Of Use	20	80.00	Out of Scope	1,600.00

Cheque should be crossed & made payable to "YEW TEE AUTOMOBILE TECH PTE LTD" and strictly send to our HQ address.

SUBTOTAL 7,195.00  
GST TOTAL 370.65

**TOTAL SGD 7,565.65**

Accepted By

Accepted Date

ISSUED BY STAFF

E. &amp; O.E.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## Third Party Insurer Enquiry

Our Ref No: GR-18-158442

Date of Request: 12/10/2018

Your Ref No:

Online Purchase

Yew Tee Automobile Tech Pte Ltd  
Blk 6 Woodlands Road 399F,  
Yew Tee Ind Estate  
Singapore 678006

Dear Sir/Madam,

Enquiry Date 12/10/2018  
Enquiry By Toh Tze Chang  
TP Vehicle No. GBB8057A  
Accident Date 28/09/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB8057A	AXA Insurance Pte Ltd	03/03/2018-02/03/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

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6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-158442

Date of Request: 12/10/2018

Your Ref No:

Online Purchase

Yew Tee Automobile Tech Pte Ltd  
Blk 6 Woodlands Road 399F,  
Yew Tee Ind Estate  
Singapore 678006

Dear Sir/Madam,

Enquiry Date: 12/10/2018  
Enquiry By: Toh Tze Chang  
TP Vehicle No: GBB8057A  
Accident Date: 28/09/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**SEARCH RESULTS**

Our Ref No: GR-18-153992  
Date of Request: 04/10/2018

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd  
Blk 6 Woodlands Road 399F,  
Yew Tee Ind Estate  
Singapore 678006

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 28/09/2018  
Place of Accident: GAMBAS AVE  
Client Vehicle No: SJP9237Y

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
GBB8057A	JUNCTION OF GAMBAS AVE & WDLDS AVE 7	28/09/2018 21:00

Thank You.

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RECORDS MANAGEMENT CENTRE

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RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580  
 Phone: +65 6224 0010 Fax: +65 6224 0030  
 Operating Hours: Monday to Friday 9am to 5pm  
 GST Registration No: M400017735
**TAX INVOICE**

Our Ref No: GR-18-154093

Date of Request: 05/10/2018

Your Ref No: Online Purchase

 Yew Tee Automobile Tech Pte Ltd  
 Blk 6 Woodlands Road 399F,  
 Yew Tee Ind Estate  
 Singapore 678006

Dear Sir/Madam,

Date of Accident: 28/09/2018

Vehicle No: GBB8057A

Place of Accident: JUNCTION OF GAMBAS AVE &amp; WDLDS AVE 7

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBB8057A	JUNCTION OF GAMBAS AVE & WDLDS AVE 7	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-153992  
Date of Request: 04/10/2018

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd  
Blk 6 Woodlands Road 399F,  
Yew Tee Ind Estate  
Singapore 678006

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 28/09/2018  
Place of Accident: GAMBAS AVE  
Client Vehicle No: SJP9237Y

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## LETTER OF AUTHORITY

To whom it may concern,

ACCIDENT INVOLVING : SJP9237Y and GBB8057A on 28/09/2018

I/We ULTIMAX LEASING PTE LTD Reg No.: 201612956R

Owner of motor vehicle no : SJP9237Y do hereby appoint M/S YEW TEE AUTOMOBILE TECH PTE LTD as my/our authorized representative to write, negotiate and settle my/our claims against the other party involved in the abovementioned accident. M/S YEW TEE AUTOMOBILE TECH PTE LTD shall have absolute discretion to settle the matter at the best terms.

I/WE also confirm and instruct that any agreed settlement sum in respect of my/our claims be paid to M/S YEW TEE AUTOMOBILE TECH PTE LTD and such payment will constitute a full and final discharge of my/our claims.

I/WE further authorize M/S YEW TEE AUTOMOBILE TECH PTE LTD to execute the discharge voucher on my/our behalf.

Signature of Owner,







**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
www.police.gov.sg

Our Ref : TP/IP/ 55725/2018  
Date : 20 November, 2018

MOHAMAD BIN ABDUL RAHMAN  
BLK 667D JURONG WEST STREET 65  
#04-131  
SINGAPORE 644667

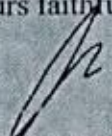
Sir/Madam

**ACCIDENT INVOLVING SJP9237Y / GBB8057A ON 28/90/2018 AT ABOUT 2054 HRS  
ALONG GAMBAS AVENUE / WOODLANDS AVENUE 7**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **GBB8057A** has committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer SYED ZAYID MUHAMMAD at telephone number 6547 6394.

Yours faithfully

  
Roslan Ahmad, Stn Insp  
For Head Investigation  
Traffic Police  
Singapore Police Force



### 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	02/10/2018 10:21
Date Of Accident	28/09/2018 08:00
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9237Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ULTIMAX LEASING PTE LTD
Co Reg No	201612956R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94865051
Alternative Phone No	OFFICE-94865051

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	HIRER USE
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

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003142-00-000
Cover Note Number	

#### Driver

Name of Driver	MOHAMAD BIN ABDUL RAHMAN
NRIC No	S1301563E
Date Of Birth	11/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94865051
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 667D JURONG WEST STREET 65#04-131
Postcode	644667
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MOHAMAD BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP9237Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP9237Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## Sketch Plan

### 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.



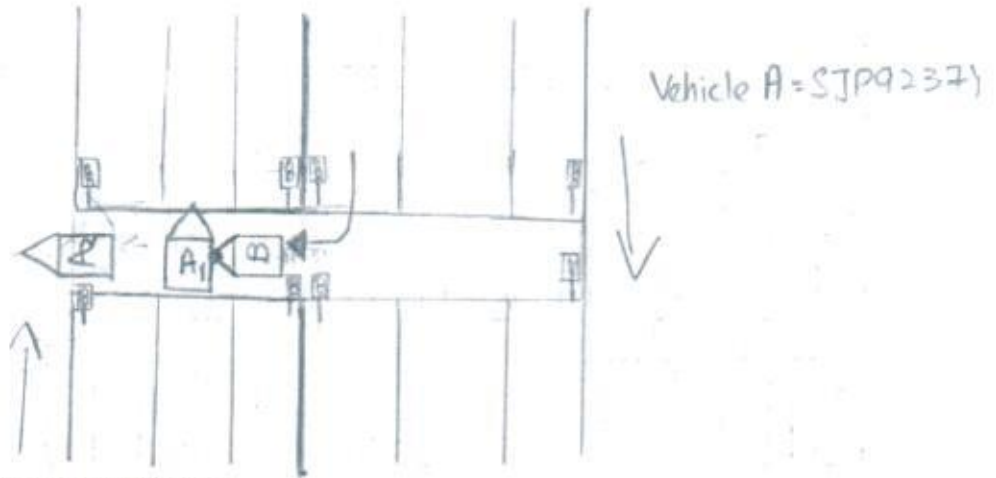
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to police report —

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180929/2080

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20180929/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 12:59		Vide Report No.:		Station Diary No.: 59	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD BIN ABDUL RAHMAN			Address: APT BLK 667D JURONG WEST STREET 65 #04-131 SINGAPORE 644667		
ID Type / ID No.: NRIC NO / S1301563E			Contact No.: Home/Office: Mobile: 94865051		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 11/07/1958	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GAMBAS AVENUE WOODLANDS CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP9237Y	Car				Seriously Damaged	1

## Details of Person Involved

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



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180929/2060

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20180929/2060

## CONTINUATION OF REPORT

Driver			
Name	MOHAMAD BIN ABDUL RAHMAN	ID No.	S1301563E
Related Vehicle	SJP9237Y (Car)	Contact No.	94865051
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 28/09/2018 at about 2000hrs, I was driving my grab bearing SJP9237Y along Gambas Ave heading towards Woodlands Crescent at the second lane from the left where the accident happened. As I was driving straight along Gambas Avenue, out of a sudden a lorry of unknown registration plate from the oncoming lane made a right turn wanting to turn into Woodlands Ave 7. As the traffic light was green, I continued to move forward however, the lorry failed to gauge his speed thus, causing his head portion of the lorry to collide into my driver side of my grab. After the collision, I was trapped in my grab thus, I did not manage to obtain the particulars of the lorry. Traffic Police and ambulance were at scene. No government property damaged. I have no in-car camera in my grab. I am unsure if there is any CCTV nearby. My passenger and myself were then conveyed to Khoo Teck Puat Hospital for medical attention. I was given 03 days of outpatient leave from 28/09/2018 - 30/09/2018.





**SINGAPORE  
POLICE FORCE**



T/20180929/2060

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180929/2060

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: J/ Sgt 2 SUHAILI BINTE HASSAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/09/2018 12:59
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number: **S1301563E**

Name: **MOHAMAD BIN ABDUL RAHMAN**

Birth Date: **11 Jul 1958**

Issue Date: **23 Jul 2003**

000578324A

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1301563E**



**MOHAMAD BIN ABDUL RAHMAN**

Place: **MALAY**

Date of Birth: **11-07-1958**

Country of Birth: **SINGAPORE**

Sex: **M**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	28 Jul 1977
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jul 1977
Class 2	Motorcycles exceeding 400 cc	28 Jul 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Apr 1980

NP 426A

License No: **S1301563E**



242732

**NRIC No: S1301563E**

Blood Group: **O+**

Date of Issue: **28-09-1994**

Address: **APT BLK 667D JURONG WEST STREET 65 #04-131 SINGAPORE 644667**

NRIC No: **S1301563E**

Date: **22/10/2011**

No: **6881674**




**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT20181573**

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: ULTIMAX LEASING PTE LTD
Insured NRIC/Passport No/ ROC	: 201612956R
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: TOYOTA WISH 1.8 AUTO
Vehicle Registration No.	: SJP9237Y
Year Of Manufacture	: 2009
Engine No.	: 1ZZ3238546
Chassis No.	: JTDER12W503002909
Engine Capacity/ Tonnage/ Seater	: 1799 cc
Hire Purchase	: NIL
Value (\$\$)	: AS PER MARKET VALUE
Period of Insurance	: FROM: 31/10/2018 TO: 15/04/2019
Excess (\$\$)	: Section I : \$1500 : Section II : \$1500 : Windscreen Excess : \$100
Great American Authorized Workshop	: YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue : 25/09/2018  
Intermediary : LCH LOCKTON PTE LTD  
Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/18