			1 60-1119	72 1	
NATIONAL Assessment Centre	Services.  wei	1 Javies . M	44481411	15	Done by
Date In:01 11 2018 13.27	Jeb description		Date &Time Compl	cted	Doue oi.
REINO XIBALLUGO 19911 Y	SAS c-filing				
Tree Interior	E-mail (within Blass	, AIC 2hrs)	1		110
1 6 10 00 11	I-Motor Claim I		18/01/m	100	phulud
D.O.A. 31/16/2014 00.15	I-Motor W/O (W		(P 4 hrs)	12	14.
OD - TP (Reporting Only	i-Photo Upload			3 (	1:
	Assessment/Surv				
TP Insurer:	Ass't Report by I		Owner/Wksp	- Wes	
referred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
	P.V297H	INC(	)/Non-INC(	)	
P Particulars: Yeh No: SU	1-107		Tel:		)
	iod: (	)	Cover Type: (		)
Confirmed by : (	Contract of the Contract of th	Date:	Times		)
Insured/Driver Liability: ( %) [1	Note-Est. Status (WC	O): N; 0-20	%; P: 21-79%.	P: 80-100%]	
**************************************		)/NO(	)		
Excess: (\$ ) Loading: \$1,0	00 ( )/\$2,000 (	)		1.00 2725	<del>( " : " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ; " " ;</del>
CONTRACTOR OF THE STATE OF THE	A THE RESERVE OF THE PARTY OF T		HEALTH TO WAR	\$230.00	8,
) Walk-In Customer : Customer's Info	rmation strictly Confi	idential & Str	ctly NO refer of re	palrer.	
) Total Loss Case : to e-mall Insure	er URGENTLY.	186	, · · .s		
Drive-In ( )/Towed-In ( ); Invoice		); T	wing Co: (	, , , , , , , , , , , , , , , , , , ,	. )
	AND THE PART OF A PART OF THE		Malica Carrier Carrier		Doneby
ominers (CISCADINITY 6788 66101)		ASSESSMENT TO THE PROPERTY OF	W. and M. North St. De La Contract	1	reaction and the
A telebral rest transference in a	Courtesy Car ( )				
) QC Check / Post Repair Inspection			-		
) Upload Resurvey Photo [Repair Cost > \$:	7000				
Injury:		THE RESERVE THE PERSON NAMED OF THE PERSON NAM		STATES IN	The State of the State of
Art Three & Action Co.				IKEN TO WIE TO SE	OWN.
And the second of the second o					
			•		
V*0	51		•		
	4		•		
		Heavening St.			
	-1				and (2) a rability
NOBOTION	-1	invoicelije			wingers of short b
ACCUSED WAS DESCRIBED AND DESCRIPTION OF THE PROPERTY OF THE P		A W . Anciden	t Reporting (530);	INC (\$50)	
TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PRO	-1	1) AR : Anciden 2) DA : Damage	Reporting (530); Assessment (5100);	INC (550)	
aumant's Particular (1):		1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-	t Reporting (530); Assessment (\$100); Fee Through Survey	INC (\$50) \$40/\$45 \$120 \$7)	
MPRO ROS initiates particulars is		1) AR : Accident 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) PT : Follow- Por claiming	t Reporting (530); Assessment (\$100); Fee Phrough Survey Phrough Survey (Resurve) against UNC Only (wef	INC (\$50) \$40/\$45 \$120 \$7)	
infinité Particulars : .  iver/Owner: .  ontact No:		1) AR ; Anciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-lump 7) NJ : Idau DA	t Reporting (530); Assessment (5100); Fee Phrough Survey (Resurv against INC Only (wef option + SMRT Survey	INC (\$50) \$40/\$45 \$120 \$7)	
infinité Particulars : .  iver/Owner: .  ontact No:		1) AR; Accided 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-imp 7) N1: idau DA 8) NTUC Addi	t Reporting (530); Assessment (\$100); Fee Phrough Survey Phrough Survey (Resurve) against UNC Only (wef	INC (\$50) \$40/345 \$120 97) \$30 (0 Jan 2005) \$75	
intinut s Particulars is river/Owner:  ontact No: amaged Portion:		1) AR 1 Accided 2) DA 1 Damage 3) TF 1 Towing 4) FT 1 Follow- 5) FT 1 Follow- For claiming 6) TR 1 Re-lum 7) NI 1 idae DA 8) NTUC Addi OD* *NS: Courte	tReporting (530); Assessment (5100); Fee Through Survey (Resurv against INC Only (wef cotion 4 + SMRT Survey lional Services: cy Car / Tpt Allowance	INC (\$50) \$40/\$45 \$120 97) \$30 10 Jan 2005) \$75 \$5160	Shad'b
intinut s Particulars is river/Owner:  ontact No: amaged Portion:		1) AR; Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-lamp 7) NI: Idao DA 5) NTUC Addi OR* *NS: Courto *NS: Courto	t Reporting (530); Assessment (5100); Fee Phrough Survey Phrough Survey (Resurve assist INC Only (West entire assist INC Only (West	INC (\$50) \$40/\$45 \$120 97) \$30 10 Jan 2005) \$75 \$510 \$25	ARBITE Shade
niver/Owner:  ontact No:  armaged Portion:  C Checked by (Engr-In-Charge):		1) AR ; Anciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-lum 7) N1 : Idau DA 8) NTUC Addi On* *N5: Courlo *N6: Repair *N7: Fost R	t Reporting (530); Assessment (5100); Fee Through Survey (Resurve against UNC Only (weffert) to the survey ideal of the survey	INC (\$50) \$40/\$45 \$120 97) \$30 10 Jan 2005) \$75 \$5160 \$510 \$510 \$525	ARBITE STRANGE
titiment's Particulary is river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors): Comments		1) AR 1 Accided 2) DA 1 Damage 2) DA 1 Damage 3) TF 1 Towing 4) FT 1 Follow- 5) FT 1 Follow- For claiming 6) TR 2 Re-lump 7) N1 2 Idao DA 8) NTUC Addi OD12  *N5: Courlo *N6: Rapair *N7: Foat R *N8: DV / C TP (N11) 2	tReporting (530); Assessment (5100); Fee Through Survey Through Survey (Resurve against INC Only (weffeet on the survey); Identify the survey (Insurvey); Insurvey (Insurvey); Insurvey); Insurvey (Insurvey); Insurvey (Insurvey	INC (\$50) \$40/\$45 \$120 \$y) \$30  10 Jan 2005) \$75 \$5160  \$55 \$510 \$525 \$61 \$526	MANUE SANGE
MP(807105  Infirmit's Enriculars: river/Owner: ontact No: armaged Portion:  C Checked by (Engr-In-Charge): anditors: Comments:		1) AR ; Anciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-lum 7) N1 : Idau DA 8) NTUC Addi On* *N5: Courlo *N6: Repair *N7: Fost R	tReporting (530); Assessment (5100); Fee Through Survey (Resurve against INC Only (weffer) eption + SMRT Survey lional Services:	INC (\$50) \$40/\$45 \$120 97) \$30 10 Jan 2005) \$75 \$5160 \$510 \$510 \$525	ARBITE Shade

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	01/11/2018 13:27
The North Establishment - 1990 to 1990 ft.	31/10/2018 00:15
Exact Location Of Accident	ALONG TRYWITT ROAD TOWARDS LAVENDER STREET
Country/State of Loss	SINGAPORE
与 <b>以</b> 自然自然,但是为 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YL8550S
Insured/Policyholder	
Name Of Registered Owner	SIM LEE HENG INVESTMENT P/L
Co Reg No	198105690E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82641773
Alternative Phone No	OFFICE-82641773
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

LIM WEE MING Name of Driver S6936686D NRIC No 22/10/1969 Date Of Birth OUTDOOR Occupation 05/10/2017 Date Of Driving Pass

1 YEAR AND 0 MONTHS Driving Experience

Gender

MALE

Mobile Number

Fax Number

Contact Number

OTHERS-82641773

(LOCAL) +65-82641773

EMail Address

NOEMAIL

THIRD PARTY

5062677842-04

NO

Address

BLK 116 ANG MO KIO AVENUE 4

#08-429

Postcode

560116

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO.

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

0.5

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

PLEASE REFER TO SKETCH PLAN

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

SLP4297H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.

LINE LEE TENE HORSE HILBOUT IS LI-32, JALAN KILANG BARAT (OFF JALAN SURGT MERAN)

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.

= UNUMNOAR STRAAT	4
	<del>-</del> -
B) SLP 4297 H  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	TRYWITT ROND
one 31/10/2014 AT ABOUT 2 WI	as An Tell was Da
4 WOMPHO TO TURN ON TO LAURINGER STREET	
YL 8500 & 9 CAR SCP 4297 BOTH WAS	nepulled late of I
WAS SLIGHTLY OFF LANK of my LORRY HIN 1	HIR RUBR LAFT OF
THE SOID CARE THAT ALL	
PECLARATION	
We declare the foregoing particulars are true in every respect.	/ 11 -
22, IALAN KILANG BARAT	01/11/2018
disk the transfer to the state of the state	rting Centre Bersonnel's Signature

Date & Time:

NRIC/FIN No.: KOSLI WATTOOS

#### 11/2/2018 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1018144 M200446674 GST Registration No. Bulley No. 5062677842-06 Vehicle for VLRSSOS. Certificate No. Pulicyholder NRIC 1981056900 Policyholder Name 5IM LEE HENG INVESTMENT F/L Product Code COMMERCIAL VEHICLE INSURAL Cover Type Third Party Luading Contact No (mome) Contact No.(Mobile) 82641723 Contact No.: Office? Special Remark eCode. No. 1 Email Address + No. Yes + No Yes eCode Reason TEA REE WCD Protection NCD Entitlement(%) Private Hire NO W Accident Details 02/11/2018 11:30 Accident Report Within 24 hrs Accident Type Side Swine Country of Accident Singapore Time of Accident Wrimm 00 15 Date of Accident 31/10/2018 ICM No. Reporting Centre Accident Location ALONG TRYWITT BOAD TOWARDS LAVENDER STREET w Excess Windscreen Excess 0.00 Own damage Excess 0.00 Additional Entess Unnamed Driver Excess Duteide Singapore TF Excess Third Party Excess 0.00 ♥ Benefits → GST Registered Information GST Registration Date B1/04/1994 GST Repetration No. GST Status Verified Hedification History Policyholder Mailing Address Address 3 SINGAPORE 159364 Address 1 32 SALAN KILANG BARAT Address Z KEWALRAM HOUSE Address Type Singapore appress Post Code 1199364 5094856082-01 Related Policy Number Unit No. □ Driver Info Oriver Name Unnamed Driver Driver DOB 22/10/1969 Driver NRIC 569366860 Unnamed driver Name LIM WEE MING Driving Experience Register Date of Driver Livense 05/10/2017 Driver Age 49 Contact No.(Moltile) Contact No.(Office) Contact No.(Home) ANG MO KID AVENUE # Address 3 KERUN BARU HEIGHTS Address 2 Address 1. BLK 116 #08-429 Address 4 SINGAPORE 560116 Address Type Foreign address Post Code 580116 Onit No. 08-429 Dies he own a Singapore Registered car? Driver Venicle No. VL#5505 Driver Insurer Company NTUC Yes + No Breathalyser or Blood Test Reading? Any injury? Yes - No 0 mg Modification History Claim 001 New \* Insured SIM LEE HENG INVESTMENT P/L INSURED Claim Type \* CO-MX 1981115 Contact No. (Mobile) 627001 Of Vehicle FLBSSOS Email Address 50/425 Claim Description ML85505 / SLP-4297H DN 31 Oct 2018 Preferred Workshop Spauke No. Yes Pinalization red Clability | Fully at Fault Preferred Workshop, Name u Date Received 02/11/ Date Registered 02/11/2018 12:14 ROSLI WAHAB Report Taken By Frint AK letter Savre Submit Attachment Claim No. 001 Accident No. HT/1010144 Last Doc. Received \* Yes No Upitied Date 82/11/2018 12:14 • NO Choose File No file chosen Dear Please Select Choose File No file chosen Clear Please Select \* NO Normal \* NO Choose File No file chosen Dear Please Select Normal \* ND \* | Normal +1 Choose File No file chosen Clear. Please Select Choose File No tie chosen Dear Please Select \* NO \* Nurmal . . \* 140 Choose File No file chosen Clear Please Seinct \* Normal Message Read

Category

Photos.

Urgency

Normal

Attachment

Uploaded Sy/Date

NAC\_BUNIT\_MERAH\_RIDGE76( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUNIT MERAH)) on 02 Nov 2018 12:14

Description Photos 2016-11-2

	Uploaded By/Date	Folder Date	Pile No Discriber in Name Windows		P	Source
P Video List						
1	NAC_BURIT_MERAH_B00676( NA \$ (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ( on 02 Nov 2018 12-14	SAS	Nomial	SAS 2018-11-2	
C 2	NAC_BUKIT_MERAH_HODD76( NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on UZ Nov 2018 12:14	MRIC/ Driving License	Nurrial	NRICI Driving License 2018-11-2	
	NAC_BRIKTT_MERAN_BUGG 76( NATIONAL ASSESSMENT CENTRE SERVICE S (RUNIT MERAN)) on 07 Nov 2018 12:14		Photos	Normal	Phot	ns 2019-11-2
3	NAC_MIKIT_MERAH_800676L NATIONAL ASSESSMENT CENTRE SERVICE S (BLIKIT MERAH)] on 03 New 2018 12:1*		Photos	Normal	Phot	tos 2018-11-2
1	NAC_BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH!) on 02 Nov 2018 12:14		Photos	Normal	Phot	nos 2018-11+2
	NAC_BURIT_MERAH_BOGGT&F NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 07 New JOIR 17:14		Phytos	Narrisel	Phil	me 2018-11-2
	NAC_BUKIT_MERAH_BOO676( NA 5 (BAIKIT MERAH)	NAC_BUKIT_MERAH_BOOGTG( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Nov 2018 12:14		Normal	Phot	me 5019-11-5
	NAC_BUKIT_MERAH_800676( NA S (BUKIT MERAH)	IT_MERAH_BOOK/N/ NATIONAL ASSESSMENT CENTRE SERVICE 15 (BUKIT MERAH)) on 02 Nov 2018 12:14		Normal	#hot	os 2018-11-2
	NAC_BURIT_MERAN, BOOGTO( NATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAN)) on 02 Nov 2018 12:18		Photos	Natival	Phys	na 2018-11-2
(2)	NAC_BUKIT_MERAH_800676( NA B (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on 02 New 2018 12:14	Photos	Marrial	Phot	DM 2018-11-2
3						

Display in New Window | Scan and uploading

# ACCIDENT STATEMENT

ACC	IDENT DATE: (31 10 2014)	DD/MM/YYYY), TIME:(	00: )(HH:MM)
		en last 70	
1	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) POLICY NUMBER:  d) POLICY TYPE: (COMPREHENSING)  MAKE & MODEL:  MY (Su (S)  F) TYPE: (SALOON / COUPE / MPV  g) VEHICLE CATEGORY: (PRIVATE  h) PURPOSE OF USING AT ACCIDI	/VAN / LORRY / MOTO / COMMERCIAL / MOTO ENT TIME:	DRCYCLE / OTHERS)
	I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR		
2.	INSURED / POLICY HOLDER	IT CLAIM / REPORTING	ONLY)
	A)NAME:		_(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONT	ACT: 8
	c)ADDRESS:		William Commission
5 5 6	· <u>F</u>		
M () 0	<ul> <li>CONTINUE TO 3.d IF DRIVER ALS</li> </ul>	O POLICY HOLDER	+
Also of passanga	DRIVER		
(Including driver)	a)NAME:	Chargent	_(MALE / FEMALE)
(1)	DJAKIC/FIN/FASSFORI:	CONT	ACT: 82641115
	c)ADDRESS:		
ď	*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / OUT	J(DD/MM/YYYY	7
Car.	TYEARS OF DRIVING PASS		Tr Assamblem serves an Escal
4.	WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE D	THE INSURED'S COM	1PANY? (YES / NO)
5.	a) WEATHER CONDITION: (CLEAR)	PAINING / OTHERS	ED;
	b)ROAD SURFACE: (DRY / WET / O	THERS :	
6.	WAS ANYBODY INJURED (YES / NO	))	- 0
7.	a) REPORTED TO POLICE (YES / NO	j	
	IF YES, PLEASE STATE WHICH POL	Charles and the control of the contr	47
8.	THIRD PARTY VEHICLE	CONNECTION 11 DOCUMENT	
No of passenger	a) VEHICLE NUMBER: SUP 42	MODEL	<u> </u>
Including driver)	b) DRIVER'S NAME:		
( )	c) NRIC/FIN/PASSPORT:	CONT/	ACT:
	THIRD PARTY VEHICLE		
No of passenger	d) VEHICLE NUMBER:	MODEL	5.44
Including driver)	e) DRIVER'S NAME:	STEEL CASSON	Color
, , , ,	f) NRIC/FIN/PASSPORT:	CONTA	(CT:
()	50		

email =

VIDEC

Tax 62700986

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6936686D



LIM WEE MENG

CHINESE

22-10-1969 M SINGAPORE





3741200



HRIC No. S6936686D

Date of teams 16-07-2005

APT BLK 116 ANG MO KIO AVENUE 4 #08-429 SINGAPORE 560118

NRIC No: S6936666D

Date: 10/09/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Moure care without thirth points = 3000 kg with == 7

graningers, exchative of the driver, and maker tractoryl-vibilities
without plants points = 2500 kg

Motor care = 3000 kg with == 7 passangers, exchative of the
driver, and motor fractoryl-vibilities == 2500 kg Class 3A

Class 3

Se936486D

S / No.9000302932

NF 428A

Licence No:56935686D



### Certificate of Insurance

Certifica	ate of insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	ALAYSIA)
Certificate Number: 5062677842-04	Cover : Third Party
Index mark and Registration Number of Vehicle	: YL8550S
Chassis Number	: FB511BA46753
2. Name of Policyholder	: SIM LEE HENG INVESTMENT P/L
i. Effective Date of Insurance	: 23 Nov 2017
. Expiry Date of Insurance	: 22 Nov 2018
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyhol	lder's order or with his/her permission.
the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv 6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes a	and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in co	onnection with the Policyholder's business.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or st	peed-testing.
(c) Use whilst drawing a trailer except the towing o	of any one disabled mechanically propelled vehicle.
# Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) : N/A	
EXCESS (SECTION 2) : N/A	
INSURE WITH COE : N/A	
HIRE PURCHASE COMPANY : N/A	
SUM INSURED : N/A	
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Characteristics) Agency : PRO-LINK INSURANCE AGE   Date of Issue : 31 Oct 2017 11:02 hrs	cate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  NCY (00000571869)  For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Countersigned By:	Jun-
Authorised Officer	Chief Executive