

# NATIONAL Assessment Centre Services.

[wef 1 Jan 09]

NA/AY18142381

Date In: 02/11/2008 16:41	Job description	Date & Time Completed	Done by
Ref No: NAB/INC/8019999/Y	SAS e-filing		
Veh No: SMO 210/D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/11/2008 02:45	I-Motor Claim Form	MT101 PMS-002	05/11/2008
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:51
	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: SJD 355 G	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 ( ) / Non-INC ( )	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/1807/136

Claimant's Particulars:	Invoice Preparation Checklist	Fee Charged	Fee Charged
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	Invoice dated	Fee Charged	Fee Charged
	Invoice dated	Fee Charged	Fee Charged

Auditors' Comments:

Ref 1:

2/2/3



## 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 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. 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	02/11/2018 16:41
Date Of Accident	01/11/2018 02:45
Exact Location Of Accident	BEFORE JUNCTION OF NORTH BRIDGE ROAD/MIDDLE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2101D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	PANGSMOTORRENTAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91608767
Alternative Phone No	OFFICE-90603299

### Vehicle Particulars

Manufacturer	BMW
Model	520i
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104142597
Cover Note Number	

### Driver

Name of Driver	EMILIO CHIEN YONG HAO
NRIC No	S9449438I
Date Of Birth	27/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91608767
Fax Number	
Contact Number	OTHERS-90603299
Email Address	PANGSMOTORRENTAL@GMAIL.COM

Address	10 UPPER SERANGOON ROAD #04-28
Postcode	534031
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?	YES
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

#### 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 POLICE REPORT T/20181101/2026

#### 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	SJD3555G
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)

#### DETAILS OF INJURED PERSON 1

Name: EMILIO CHIEN YONG HAO

Approximate Age

Injuries Sustain: SLIGHT INJURY

Injured person in which vehicle?: SMD2101D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?: NO

Address

Postcode



## 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.

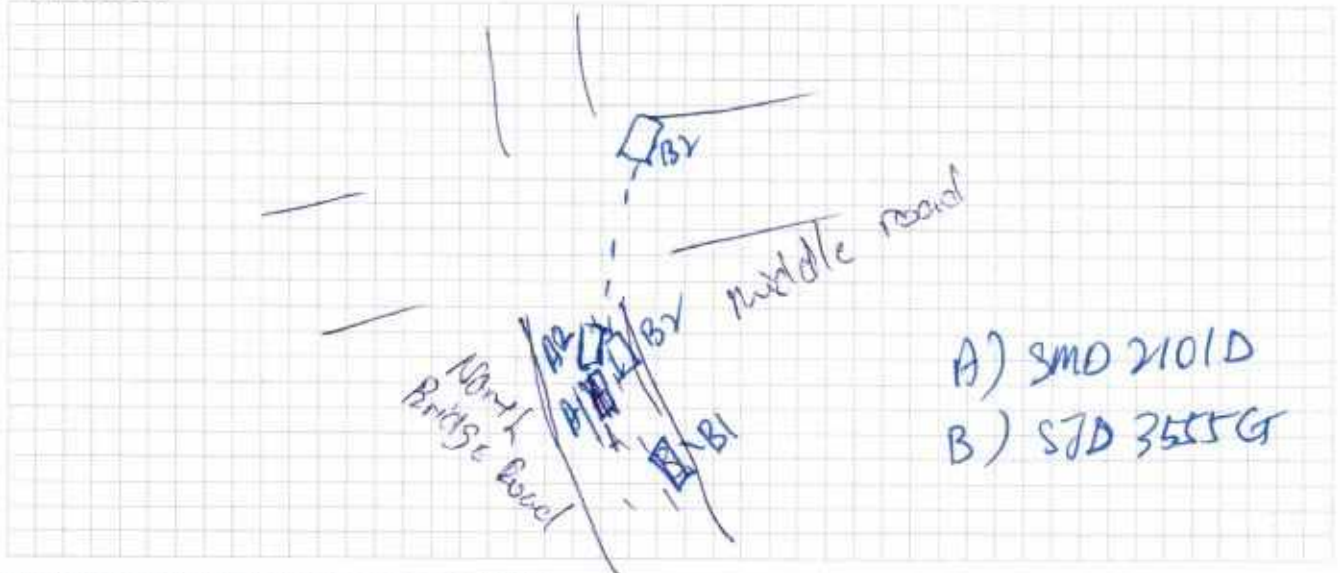
Policyholder's Signature  
Date & Time:



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

Reporting Centre Personnel's Signature  
Name: *Rosli Haniffa*  
NRIC/FIN No. *021612018*

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DS Refd to Police Report  
7/2018/10/2020

## 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: Rasli Wathoo  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181101/2026

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20181101/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/11/2018 06:47	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: EMILIO CHIEN YONG HAO	Address: 10 UPPER SERANGOON CRESCENT #04-28 SINGAPORE 534031
ID Type / ID No.: NRIC NO / S9449438I	Contact No.: Home/Office: 8733369      Mobile:
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male      Age: 23      Date of Birth: 27/12/1994	Type of Informant: Driver
Race: Chinese	Language: English      Institution / School Name:
Occupation: UNEMPLOYED	Driving Licence Information: Class: 3      Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2018 02:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 VICTORIA STREET MIDDLE ROAD Junction				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJD3555G	Car					0
SMD2101D	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181101/2026

2 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

Report No. T/20181101/2026

**CONTINUATION OF REPORT**

Driver			
Name	EMILIO CHIEN YONG HAO	ID No.	S9449438I
Related Vehicle	SMD2101D (Car)	Contact No.	8733369
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/11/2018	Date Discharge	01/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 01/11/2018 at about 0240hrs to 0300hrs I was driving my car reg no: SMD2101D along Victoria St going towards Middle Rd. I was driving on the second lane from right. As I was approaching the junction, the traffic light was green and I wanted to turn right but suddenly I lost control of my car and it skidded. A car reg no: SJD3555G which was behind my car on the right lane hit onto the front rightside of my car and steered forward. I noticed that the car went a few distance and hit an object by the side of the road which I do not know what and stopped.

I managed to turn right and drove past the junction and stopped by the left lane. That was when I take note of the number plate of the car. However no one came out of the car and about 1 min later I drove a bit further down the road and stopped my car to calm down as I was in a state of shock. I started to feel breathless and decided to drive to a hospital.

The same day I went to Mount Alveria Hospital to seek medical treatment and was given 3 days of MC. My car sustained some slight dents and scratches on the front rightside.





**SINGAPORE  
POLICE FORCE**



T/20181101/2026

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No: T/20181101/2026

**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:

A /

Sr Staff Sgt MUHAMMAD SIRAJA BIN KOYA  
ABDUL HAMEED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

01/11/2018 06:47

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

## Claim Handling

Accident MT/1018225

Policy No.	5104142597	Vehicle No.	SMO2101D	GST Registration No.	
Certificate No.					
Policyholder Name	FANG'S MOTOR RENTAL PTE. LTD.			Policyholder NRIC	201608109H
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KFK	= No = Yes	TCA	= No = Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	Not available

## ▼ Accident Details

Report Date	02/11/2018 16:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/11/2018	Time of Accident hh:mm	02:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE JUNC. OF NORTH BRIDGE RD / MIDDLE RD				

## ▼ Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/11/2018 09:49:52 Deborah Hui changed GST Registered from Yes to No 05/11/2018 09:49:52 Deborah Hui changed GST Registration No. from 201608109H to null 02/11/2018 09:49:52 Deborah Hui changed GST Registration Date from 29/03/2018 to null		

## ▼ Policyholder Mailing Address

Address 1	11 401-34 WEST COAST HIGHWAY	Address 2	SINGAPORE 117884	Address 3	
Address 4		Address Type	Singapore address	Post Code	117884
Unit No.	01-34	Related Policy Number	5104142097		

## ▼ 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		TP	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	CO-MX	Insured Name	FANG'S MOTOR RENTAL PTE. LT	Insured NRIC	201608109H
Contact No.(Mobile)	N/A	Contact No. (Home)		Contact No. (Office)	
Email Address		GT	SMO2101D	Vehicle Number	51042597
Claim Description	SMO2101D / SMO3555G ON 1 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	05/11/2018 10:51	Claim Close Date		Date Received	05/11/18
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1018225	Claim No.	002
Last Doc. Received	* Yes <input type="radio"/> No <input type="radio"/>	Upload Date	05/11/2018 10:51
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	Description	PH
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	Photos	Normal	Photos 2018-11-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	SAS	Normal	SAS 2018-11-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 10:51	NRIC/ Driving License	Normal	NRIC/ Driving license 2018-11-5

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: (01/11/2018) (DD/MM/YYYY), TIME: (02:45) (HH:MM)

LOCATION: BEFORE JUNCTION OF NORTH BRIDGE RD / MIDDLE RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 2101D  
b) INSURANCE COMPANY: N74C  
c) POLICY NUMBER: 5104142597  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 520I  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: PANG MOTOR RENTAL PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201608109H CONTACT: 91608167  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: EMILIO YONG HAO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90603299  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: ROCHOR

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJD 3555G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S94494381



Name

EMILIO CHIEN YONG HAO

钱 勇 豪

Race  
CHINESE

Date of birth  
27-12-1994

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S94494381



EMILIO CHIEN YONG HAO

Birth Date: 27 Dec 1994

Valid Date: 28 Jan 2016



002523231C



4382111

NRIC No. S94494381



Date of issue  
09-02-2009

10 UPPER SERANGOON CRESCENT #04-28  
SINGAPORE 534031

NRIC No. S94494381

Date: 06/05/2018

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  28 Jan 2016



Licence No: S94494381

NP 428A

## 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:** 5104142597

**Cover :** Third Party

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMD2101D                      |
| Chassis Number  | : WBANT12030CX30173             |
| 2. Name of Policyholder   | : PANG'S MOTOR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 16 Oct 2018                   |
| 4. Expiry Date of Insurance   | : 15 Oct 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)  
Date of Issue : 24 Sep 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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

Vehicle No.:	SMD2101D		
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	B.M.W.	Vehicle Model:	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
Chassis No.:	WBANT12030CX30173	Engine No.:	A706I472N46B20BE
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1995 cc	Power Rating:	-
Unladen Weight:	1490 kg	Maximum Laden Weight:	2030 kg
Primary Colour:	Black	Secondary Colour:	-
IU Label No.:	1123111352	Maximum Power Output:	115.0 kW (154 bhp)
First Registration Date:	09 Jul 2009	Original Registration Date:	09 Jul 2009
Manufacturing Year:	2009	Open Market Value:	\$43,706.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$21,853.00
No. of Transfer:	3	Actual ARF Paid:	\$43,706.00

**Owner Particulars**

Owner Name:	PANG'S MOTOR RENTAL PTE. LTD.
Owner ID Type:	Company
Owner ID:	201608109H
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	31
Registered Street Name:	WEST COAST HIGHWAY
Registered Unit No.:	# 01 - 34
Registered Building Name:	WEST COAST CAR MART
Registered Postal Code:	117864
COE No./Expiry Date:	2009050107000877H / 08 Jul 2019
COE Bid Category:	E - Open Category
QP Paid:	\$7,789.00

**Transaction Details**

Business Transaction Ref. No.:	20181102103700682486
Business Transaction Date:	02 Nov 2018
Business Transaction Time:	10:37:00

**Message**

Vehicle has been successfully transferred to PANG'S MOTOR RENTAL PTE. LTD. (201608109H).

Please note that \$25.00 will be deducted from your GIRO account.

OK

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