

# NATIONAL Assessment Centre Services.

[wef 1 Jan 2005] **MMAY18/5525**

Date In: <b>21/1/2018 15:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MCC021156/Y</b>	SAS e-filing		
Veh No: <b>5JM 758A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>21/1/2018 08:10</b>	I-Motor Claim Form	<b>MT/1020969-001</b>	<b>22/1/2018</b>
OD / TP: <b>Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>16:12</b>
	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: <b>PHOENIX</b>	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: ( )

Reminders:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

<b>NAB07657</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel: 1: 2 / 3:	INVOICE REGISTRATION CHIEF 1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100); INC (\$50) 3) TP: Towing Fee \$40/\$45 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) NI: Idao 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 TE (N11): TP (N-in INC) against INC \$20 9) N12: Idao Mobile \$30 Invoice dated _____ Fee Charged _____ Invoice dated _____ Fee Charged _____
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## 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	22/11/2018 15:51
Date Of Accident	21/11/2018 08:10
Exact Location Of Accident	JUNCTION OF TELOK AYER STREET AND CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7558A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYLINE AUTO CREDIT
Co Reg No	53342372D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94654514
Alternative Phone No	OFFICE-94654514
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER EX-2.0 GT-A CVT (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082690314-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAANG SN PAU KHAT SUAN
NRIC No	S2675599I
Date Of Birth	19/05/1965
Occupation	INDOOR
Date Of Driving Pass	18/11/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94654514
Fax Number	
Contact Number	OTHERS-94654514
Email Address	NOEMAIL

Address	BLK 126A KIM TIAN ROAD #09-505
Postcode	161126
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181121/2039

#### 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	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## 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.

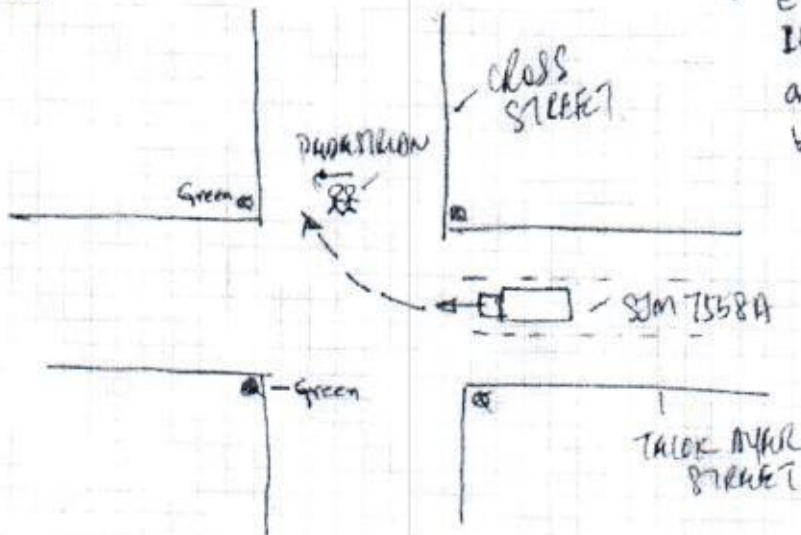
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



\* e Around 8:10 am 21/11/2018  
It was raining heavy  
and heavy traffic on both roads.  
but very few pedestrians.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO P. 110 REPORT  
7/2018/21/2039

DECLARATION

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

*X Li*  
Policyholder's Signature  
Date & Time:



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

*22/11/2018*  
Reporting Centre Personnel's Signature  
Name: *Rosli Hartono*  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181121/2039

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

1 of 3

Report No. T/20181121/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2018 12:04	Vide Report No.:	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: TAANG SN PAU KHAT SUAN			Address: APT BLK 126A KIM TIAN ROAD #09-505 SINGAPORE 161126		
ID Type / ID No.: NRIC NO / S2675599I			Contact No.: Home/Office: Mobile: 94654514		
Nationality: MYANMAR			Email:		
Sex: Male	Age: 53	Date of Birth: 19/05/1965	Type of Informant: Driver		
Race: Burmese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2018 08:10	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TELOK AYER STREET CROSS STREET Traffic Junction				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian		Anyone conveyed by ambulance: Yes		

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM7558A	Car	MITSUBISHI	Lancer	Black	No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181121/2039

2 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20181121/2039

**CONTINUATION OF REPORT**

Driver			
Name	TAANG SN PAU KHAT SUAN	ID No.	S2675599I
Related Vehicle	NIL	Contact No.	94654514
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 the above mentioned day time and place, I was driving my vehicle when I knocked in to a pedestrian. Traffic Police attended to the case vide a/20181121/0046 and I was requested to make a traffic accident report. The pedestrian was conveyed to the hospital by the ambulance.





**SINGAPORE  
POLICE FORCE**



T/20181121/2039

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

3 of 3

Report No. T/20181121/2039

**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 /

SI FOO SHAN YI SUNNY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

21/11/2018 12:04

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1020969

Policy No.	5082690314-02	Vehicle No.	SJM7558A	GST Registration No.	
Certificate No.				Policyholder NRIC	53342372D
Policyholder Name	SKYLINE AUTO CREDIT			Loading	0
Product Code	FLEET INSURANCE	Cover Type	Third Party	Contact No.(Home)	
Contact No.(Mobile)	97285587	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	No	TCA	No	Private Hire	Yes
NCD Protection	No	NCD Entitlement(%)	0		

**Accident Details**

Report Date	22/11/2018 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	21/11/2018	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OFF TELOK AYER STREET AND CROSS STREET				

**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	1,000.00	Outside Singapore TP Excess	1,000.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 194A #07-211	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SKYLINE 1 @ BUKIT BATOK
Address 4	SINGAPORE 651194	Address Type	Singapore address	Post Code	651194
Unit No.	06-540	Related Policy Number	5082690314-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/05/1965
Unnamed driver Name	TAANG SN PAU KHAT SUAN	Driver NRIC	526755991	Driving Experience	21
Register Date of Driver License	18/11/1997	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	94654514	Contact No.(Office)		Address 3	KIM TIAN GREEN
Address 1	BLK 126A #09-305	Address 2	KIM TIAN ROAD	Post Code	161126
Address 4	SINGAPORE 161126	Address Type	Foreign address		
Unit No.	09-305			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJM7558A		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SKYLINE AUTO CREDIT	Insured NRIC	53342
Contact No.(Mobile)	93858862	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJM7558A	TP Vehicle Number	PEDES
Claim Description	SJM7558A / PEDESTRIAN ON 21 Nov 2018				
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	22/11/2018 16:11	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1020969	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/11/2018 16:12

Path \*

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Message Read		Clear	Please Select	NO	Normal		

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2018-11-22	

S (BUKIT MERAH)) on 22 Nov 2018 16:12				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	Photos	Normal	Photos 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-22
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2018 16:12	SAS	Normal	SAS 2018-11-22
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
		Display in New Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / 2018) (DD/MM/YYYY), TIME: (08:10) (HH:MM)

LOCATION: Junction of Telok Ayer St / Cross Street

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 7558A  
 b) INSURANCE COMPANY: NMC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Skyline own car (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9728587  
 c) ADDRESS: \_\_\_\_\_

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

- DRIVER  
 a) NAME: THANIS SM PAU KHA7 SUON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 94654514  
 c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

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

7. c) REPORTED TO POLICE (YES/NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: Telok Ayer NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PADAHMOOR 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 = sickyum2209@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S26755991



Name  
TAANG SN PAU KHAT SUAN

Race  
BURMESE

Date of Birth  
19-05-1965

Sex  
M

Country of Birth  
MYANMAR

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S26755991  
Name  
TAANG SN PAU KHAT SUAN

Birth Date: 19 May 1965  
Issue Date: 27 Sep 2003

000867371H

8259342



S26755991



Nationality  
MYANMAR

Blood Group  
AB+

Date of issue  
09-10-1997

APT BLK 128A KIM TIAN ROAD #09-505  
SINGAPORE 161126

S26755991 23/12/2014

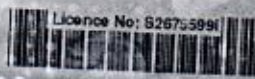
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
18 Nov 1997

NP 428A

Licence No: S26755991





# Skyline Auto Credit

210 Turf Club Road, The Grandstand @ Car Mall  
LOT C25, Singapore 287995

8066

Date of Agreement 09/11/18

## HIRER DETAIL / MAIN DRIVER DETAIL

Name: TRANH SON PHU KHAT SUAN

I/C Number: 526755993

Address: BLK 126A KUN TIAU ROAD #09-505 SINGAPORE

Contact No.: 94654514

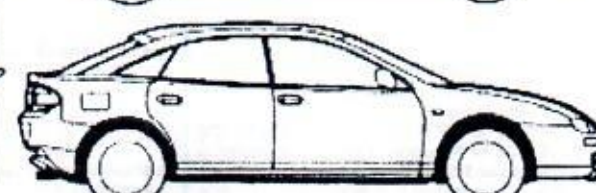
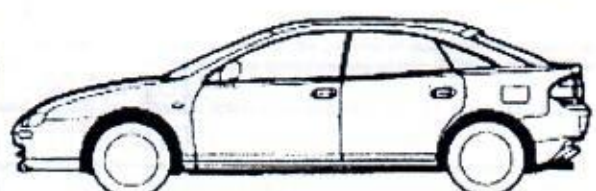
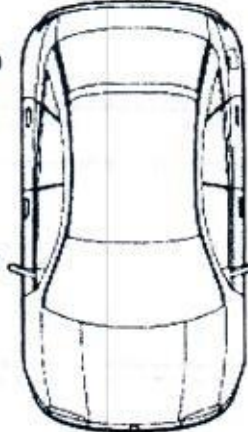
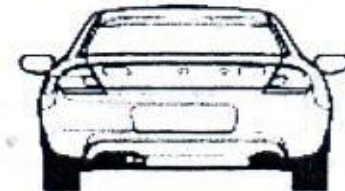
Driving License Pass Date: 18 NOV 1992

Date of Birth: 19-05-1965

REAR

TOP

LEFT



FRONT

RIGHT

D = DENT

S = SCRATCHES

C = CHIPS

R = RUST

M = MISSING

Car Information		Rate	
Engine number	<u>4B11CP1811</u>	Deposit	<u>CHANGE VEHICLE FROM S3M7558A</u>
Chassis number	<u>3MYSTCY4A9V001825</u>	Weekly Rental Rate	<u>\$280</u>
CAR PLATE	<u>S3M7558A</u>	Contract Terms	<u>09/11/18 - 10/01/19</u>
		Deposit Refund	

## RELIEF'S DRIVER DETAIL

Name: \_\_\_\_\_

I/C Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Driving License Pass Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection		Return	
Date	<u>10/11/18</u>	Date	
Time	<u>1:30PM</u>	Time	
Mileage		Mileage	
Petrol	<u>1/4</u>	Petrol	

SERVICING / MAINTENANCE: -		Insurance Excess	
1) Perfect Power Pte Ltd-1 Bukit Batok Crescent, Wcega Plaza #06-12 (S) 658064 Tel: 88111110		1st Party Accident Excess	\$1500
2) Lim Yew Teck-Ang Mo Kio Autopoint Ind. Park 2A Blk 10 #03-12 (S) 568049 Tel: 98790189		3rd Party Accident Excess	\$1500
3) Autowerke Automotive-8 Kaki Bukit Ave 8, #05-01/02 Premium Building (S) 415875 Tel: 90910000		Malaysia Accident Excess	\$5000
4) Towing Service - Gao Towing Tel: 90090092			

Rental must be transfer to Skyline Auto Credit ( OCBC Bank account 628-405599-001 ) on every SATURDAY

I hereby have read and agreed to the terms and conditions as set out on the agreement and certify that all information given is true and correct.

Hirer SignatureMain	Driver Signature	Relief Driver Signature	Company Representative



## 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:** 5082690314-01

**Cover :** Third Party

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJM7558A</b>            |
| Chassis Number  | : <b>JMYSTCY4A9U001835</b>   |
| 2. Name of Policyholder   | : <b>SKYLINE AUTO CREDIT</b> |
| 3. Effective Date of Insurance  | : <b>04 Apr 2018</b>         |
| 4. Expiry Date of Insurance   | : <b>03 Apr 2019</b>         |
| 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\$1,000
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 : IVAN INSURANCE AGENCY (00000614519)  
Date of Issue : 23 Jun 2017 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	2372D
<b>Vehicle Details</b>	
Vehicle No.:	SJM7558A
Vehicle to be Exported:	Yes
Intended De-registration Date:	30 Apr 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER EX 2.0 GT CVT ABS D/AB HID SR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	4B11CP1811
Chassis No.:	JMYSTCY4A9U001835
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$25,141.00
Original Registration Date:	15 Jan 2009
First Registration Date:	15 Jan 2009
Transfer Count:	1
Actual ARF Paid:	\$25,141.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2019
PARF Rebate Amount:	\$12,570.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Jan 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$5,701.00
COE Rebate Amount:	\$217.00
<b>Total Rebate Amount:</b>	<b>\$12,787.00</b>

The information contained herein is correct as at 10 Apr 2018

OK