

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA118154800**

Date In: 27/11/18-17:03	Job description	Date & Time Completed	Done by
Ref No: NA118154800	SAS e-filing		
Veh No: YH 8641C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/11/18-01:45	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 3800P	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% F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iFT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	29/11/2018 17:03
Date Of Accident	27/11/2018 01:45
Exact Location Of Accident	CTE (AYE) NEAR AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8641C
Insured/Policyholder	
Name Of Registered Owner	GRAPHIC-TECH CONSTRUCTION
Co Reg No	52853331B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68441022

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004612
Cover Note Number	

Driver

Name of Driver	LIM SOW WOEI
NRIC No	S1609205C
Date Of Birth	18/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320628
Fax Number	
Contact Number	OFFICE-96320628
Email Address	NOEMAIL

Address	BLK 204A COMPASSVALE DRIVE #16-451
Postcode	541204
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	COLLISION - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : ABEDIN JOYNAL GENDER: : MALE
Passenger 2	NAME: : YU FEIXIANG GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181129/2070.

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	XD2800P
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 LIM SOW WOEI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8641C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ABEDIN JOYNAL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8641C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name YU FEIXIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8641C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.

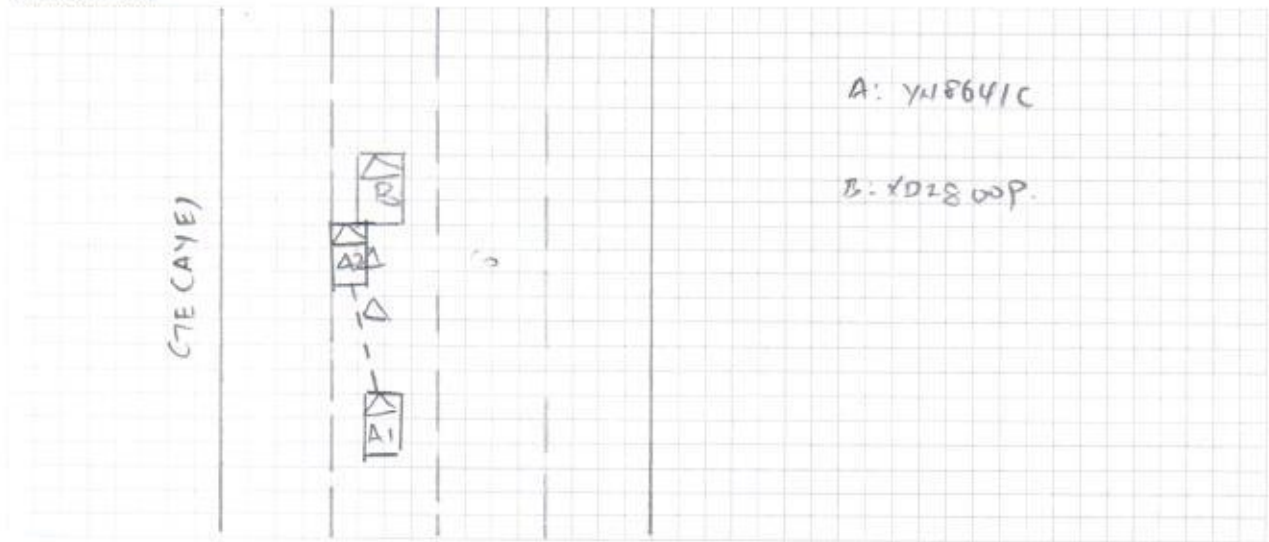


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2081129/2020.

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:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 11 / 18) (DD/MM/YYYY), TIME: (01 : 45) (HH:MM)

LOCATION: (7E CAVE) near AMK Ave J exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: X18641C
b) INSURANCE COMPANY: EA2
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
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: Graphia 7 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 684410222
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Saw Hoon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1609225C CONTACT: 96320628
c) ADDRESS: 11C 804A Computer Mile Drive #16-541 (54/204)

*d) DATE OF BIRTH: (18 / 10 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/ NO)

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD2800P 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: _____

* No of passenger
(Including driver)
(4)
3 male.

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20181129/2070

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20181129/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 14:46	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: LIM SOW WOEI			Address: APT BLK 204A COMPASSVALE DRIVE #16-451 SINGAPORE 541204	
ID Type / ID No.: NRIC NO / S1609205C			Contact No.: Home/Office: Mobile: 96320628	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 18/10/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2018 01:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE TOWARDS CITY NEAR TO ANG MO KIO AVE 5 EXIT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN8641C	Lorry				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181129/2070

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No: T/20181129/2070

CONTINUATION OF REPORT

Passenger			
Name	ABEDIN JOYNAL	ID No.	G2234794U
Related Vehicle	YN8641C (Lorry)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	27/11/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM SOW WOEI	ID No.	S1609205C
Related Vehicle	YN8641C (Lorry)	Contact No.	96320628
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	28/11/2018
No. of Days granted Medical Leave	16	Degree of Injury	Slight
Passenger			
Name	YU FEIXIANG	ID No.	G2105342U
Related Vehicle	YN8641C (Lorry)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	SAJAL ABU YOUSUF	ID No.	G2165417K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20181129/2070

Police Station Of Origin:

3 of 4

Sengkang N.P.C

Report No. T/20181129/2070

2 Sengkang Square #01-02 SINGAPORE

545025

CONTINUATION OF REPORT

Tel No: 1800-343 8999

Brief Details.

On 27/11/2018 at about 0145hrs, I was driving my lorry bearing registration number YN8641C along CTE towards City area near to Ang Mo Kio Ave 5 exit on the 3rd lane. From a distance, I saw there is a road works on my lane and I've decided to change lane when I get nearer to the aforesaid road works. Out of a sudden, I dozed off and was awoken by one of my passenger as I got too close to the road works. I am unable to stop in time and hit onto it. 2 passenger and myself are being conveyed to Sengkang General Hospital. I've sustained abrasions on both legs and was given a 16 days MC. I am unsure of my passenger's injuries.



**SINGAPORE
POLICE FORCE**



T/20181129/2070

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20181129/2070

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:
F /
Sgt 3 YE WEIJIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2018 14:46

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1609205C



Name
LIM SOW WOEI
林守偉

Race
CHINESE

Date of Birth
18-10-1963

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1609205C

Name
LIM SOW WOEI

9632
0628

Birth Date 18 Oct 1963
Issue Date 10 Feb 2003



1000242875C

A0101008



S1609205C



Blood Group B+ Date of Issue 08-05-2002

Address
APT BLK 204A COMPASSVALE DRIVE
#16-451
SINGAPORE 541204

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES


PASS DATE

Class 3	Motor cars \leq 3600 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	14 Jan 1985
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	15 Jan 2008

S1609205C

S / No. 9000075907

Licence No: S1609205C



NP 420A

EQ Insurance Company Limited
11 Marina Road, #11-01, Tower B, Marina Bay Sands Complex, Singapore 030110
Tel: 65 422 9122 / Fax: 65 422 9201 / www.eqinsurance.com.sg
Reg No: 198800001



CERTIFICATE OF INSURANCE
ROAD TRANSPORT ACT 1967 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 129 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive

Certificate No.: **DMCPHQ18-004612**

1. Index Mark and Registration Number of Vehicles

YN8641C*

Form: LCVP1
Excess:
Section 1:
YEID:
WindScreen:

Additional: \$5750.00
\$53,000.00 All Claims
\$5100.00

2. Name of Policyholder

GRAPHIC TECH CONSTRUCTION

3. Effective Date of the Commencement of Insurance for the purpose of the Act
05/06/2018

4. Date of Expiry of Insurance
04/06/2019

5. Person or Classes of persons entitled to drive*

Goods Carrying - (M2300) Authorised Driver. Any of the following:-

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (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.

(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) or any Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: Mercedes-Benz Financial Services Singapore Ltd

A000381/Chiang Wen Cheong Alex
Date of Issue: 16/07/2018 13:50

Authorised Signatory
EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.