

# NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

19 MAY 16 16:58:28

Date In: 26/12/2008 16:21	Job description	Date & Time Completed	Done by
Ref No: N84/MCC8023121/1	SAS e-illing		
Veh No: 210 1024	E-mail (45mins, AIC 2hrs)		
D.O.A. 25/12/2008 17:15	1-Motor Claim Form	MT/1025220001	26/12/2008
OD / TR / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:22
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JSP 5662	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 repair.

( ) 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

<p>NA808509</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>2/3:</p>	<p>Invoice/Repairation Charge</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2008)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (Nil): TP (Non INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$30</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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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 GlA 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	26/12/2018 16:21
Date Of Accident	25/12/2018 17:15
Exact Location Of Accident	JUNCTION OF RAFFLES BOULEVARD/TEMASEK AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ102H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARZ RENTAL PTE. LTD.
Co Reg No	201709215M
Email Address	JAZZY23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050374
Alternative Phone No	OFFICE-94253340

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092137388-01
Cover Note Number	

### Driver

Name of Driver	JOHN ROBERT
NRIC No	S8140584J
Date Of Birth	03/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90050374
Fax Number	
Contact Number	OTHERS-94253340
Email Address	JAZZY23@GMAIL.COM

Address	BLK 704 YISHUN AVENUE 5 #12-248
Postcode	760704
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 (including own vehicle) involved in the accident	2
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181225/2090

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSF5662
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SURIS A/L MUTHUSAMY
NRIC/Passport Number	730219015659
Contact Number	93509041
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## 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.

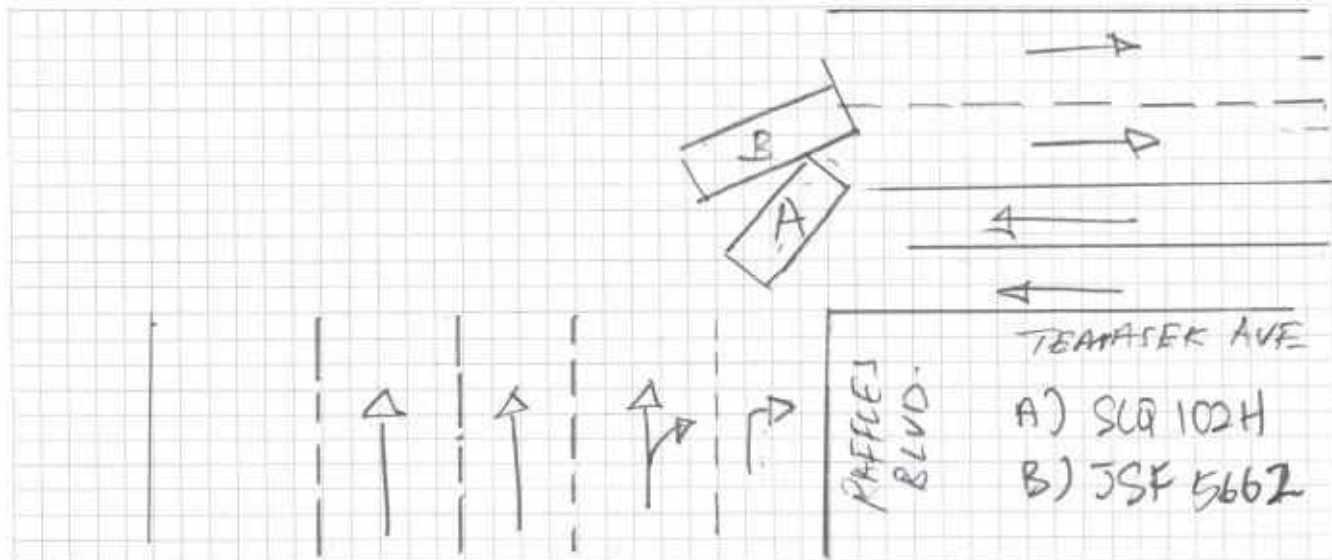
  
Policyholder's Signature  
Date & Time: 26/12/2018  
1435 HRS

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

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

924/2931

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT. T/2018/225/2090  
- VIDEO FOOTAGE. 3 PICTURES AVAILABLE

## DECLARATION

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

  
Policyholder's Signature  
Date & Time: 26/12/2018 1435

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

  
Reporting Centre Personnel's Signature  
Name: Rosal Lim  
NRIC/FIN No.: 26/12/2018





# SINGAPORE POLICE FORCE



T/20181225/2090

1 of 3

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

Report No. T/20181225/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/12/2018 20:10	Vide Report No.: A/20181225/0124	Station Diary No.: 101
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**Informant's Particulars**

Name of Informant: JOHN ROBERT			Address: APT BLK 704 YISHUN AVENUE 5 #12-248 SINGAPORE 760704	
ID Type / ID No.: NRIC NO / S8140584J			Contact No.: Home/Office: Mobile: 94253340	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 03/12/1981	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/12/2018 17:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 RAFFLES BOULEVARD TEMASEK AVENUE At traffic light junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
JSF5662	Bus/Coach/Mi nibus				Slightly Damaged	39
SLQ102H	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181225/2090

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

2 of 3

Report No. T/20181225/2090

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SURIS A/L MUTHUSAMY		ID No. 730219015659
Related Vehicle	JSF5662 (Bus/Coach/Minibus)		Contact No. 93509041
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
<b>Driver</b>			
Name	JOHN ROBERT		ID No. S8140584J
Related Vehicle	SLQ102H (Car)		Contact No. 94253340
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 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 date, time and location, as I was turning my vehicle from Raffles Boulevard into Temasek Ave towards Marina Bay Sands, a M'sian registered coach which was on the outer lane on my left, graced the left side of my vehicle. Both of us stopped our respective vehicles and I called for the Police. Nobody was injured in the accident and when the Traffic Police arrived, we were advised to lodge a Police report.

The damage to the vehicles are as follows:

SLQ102H:

1. front left side dented and badly scratched
2. Front left rim scratched
3. Left side mirror scratched

JSF5662:

1. Bottom part of the middle right portion of coach scratched





**SINGAPORE  
POLICE FORCE**



T/20181225/2090

3 of 3

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

Report No. T/20181225/2090

**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 /

Sgt 1 SAADIAH BTE HAMZAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/12/2018 20:10

Classification Of Case:

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1025220

Policy No.	5092137368-01	Vehicle No.	SLQ102H	GST Registration No.	
Certificate No.					
Policyholder Name	ORANGE CARZ RENTAL PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	2017092159H
Product Code	FLEET INSURANCE	Contact No.(Office)		Leasing	0
Contact No.(Mobile)	90050374	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	aCode	<input type="text" value="No"/>
NPA	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Endorment(%)	0	aCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	26/12/2018 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/12/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF RAFFLES BOULEVARD/TEMASEK AVENUE				
<b>Excess</b>					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	101 HILLVIEW RISE	Address 2	#24-07 KINGSFORD L HILLVIEW	Address 3	SINGAPORE 607981
Address 4		Address Type	Singapore address	Post Code	667981
Unit No.	24-07	Related Policy Number	SL0547792-01		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/12/1991
Unnamed driver Name	JOHN ROBERT	Driver NRIC	S8140584	Driving Experience	13
Register Date of Driver License	12/05/2005	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	764704
Address 4		Address Type	Foreign address		
Unit No.	12-24B				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLQ102H	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

## Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	ORANGE CARZ RENTAL PTE. LTD.	Insured NRIC	2017092159H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT	SLQ102H	TP	ISF55E
Claim Description	SLQ102H / ISF55E2 ON 25 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Refused No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	26/12/2018 17:08	Claim Close Date		Date Received	26/12/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1025220	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2018 17:22
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
			Description
			Photos 2018-12-26



S (BUKIT MERAH) on 26 Dec 2018 17:22

[illegible]

📺 Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and upload it

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 25/12/2018 ) (DD/MM/YYYY). TIME: ( 17:15 ) (HH:MM)

LOCATION: JUNCTION OF RAFFLES BLVD & TEMASEK AVE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ102H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5092137388-01  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HONDA VEZEL, 1.5A  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Sav  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 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: ORANGE CARZ PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2017 09215M CONTACT: 90050374  
 c) ADDRESS: 101 HILLVIEW RISE # 24-07 S 667981

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

### DRIVER

- a) NAME: JOHN ROBERT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: SS140584J CONTACT: 9425 3346  
 c) ADDRESS: BLK 704, YISHUN AVE 5, #12-248, S(760704)

\* d) DATE OF BIRTH: ( 13/12/1981 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/05/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Pohor Npc

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSF5662 MODEL: Bus  
 b) DRIVER'S NAME: SURIS A/L MURTHUSAMY  
 c) NRIC/FIN/PASSPORT: 73021901659 CONTACT: 93509041

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 5 FT MODEL: 4  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
(01)

\* No of passenger  
 (Including driver)  
(40)

\* No of passenger  
 (Including driver)  
(01)

Email = jazzy23@gmail.com  
 VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8140584J



Name

JOHN ROBERT

Race

INDIAN

Date of birth

03-12-1981

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE

Licence Number: S8140584J

Name: JOHN ROBERT

Birth Date: 03 Dec 1981

Issue Date: 12 May 2006

001341529G

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S8140584J

Name: JOHN ROBERT

Issue Date: 8/8/2016

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

5617169



NRIC No. S8140584J



Date of issue

13-06-2016

APT BLK 704 YISHUN AVENUE 5 #12-24B  
SINGAPORE 760704

NRIC No: S8140584J Date: 31/07/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 2 Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver) and motor tractor/vehicles ≤ 2500 kg

12 May 2006

Class 4 Heavy motor cars and motor tractors > 2500 kg

06 May 2013

S8140584J

S / No. 9000184004

NP 425A



Licence No: S8140584J

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

02 TAXI VL

Issue Date

08/08/2016



## 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:** 5092137388-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLQ102H  
Chassis Number : RU11102905
2. Name of Policyholder : ORANGE CARZ RENTAL PTE. LTD.
3. Effective Date of Insurance : 22 Jun 2018
4. Expiry Date of Insurance : 21 Jun 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 20 Jun 2018 17:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive