

NATIONAL Assessment Centre Services [wef 1 Jan'05] **NA119006177**

Date In: 14/1/19-16/18	Job description	Date & Time Completed	Done by
Ref No: NA119006177	SAS e-filing		
Veh No: SVF5330R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/1/19-06:45	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: JHC796B 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 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

NA1900387	Invoice Preparation Checklist	Amt (\$)	Amt (\$)	
		for Bill	Add. Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: 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) N1: Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Damaged Portion:	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Dat. 1:				
Dat. 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	14/01/2019 16:18
Date Of Accident	12/01/2019 06:45
Exact Location Of Accident	PIE TWDS TPE/SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF5330R
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994343
Cover Note Number	
Driver	
Name of Driver	LOH PEK HAN
NRIC No	S9322746H
Date Of Birth	27/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97627982
Fax Number	
Contact Number	OFFICE-97627982
Email Address	NOEMAIL

Address BLK 62 CHAI CHEE ROAD
#03-824
Postcode 460062
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 CHAIN COLLISION
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 3
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) 2
Passenger 1
NAME: : TAN SHIEN SIANG DERICK
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190112/2077.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC796B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ4600J
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 LOH PEK HAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLF5330R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN SHIEN SIANG DERICK
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLF5330R
Were seat belts worn? YES
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 revoke 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:

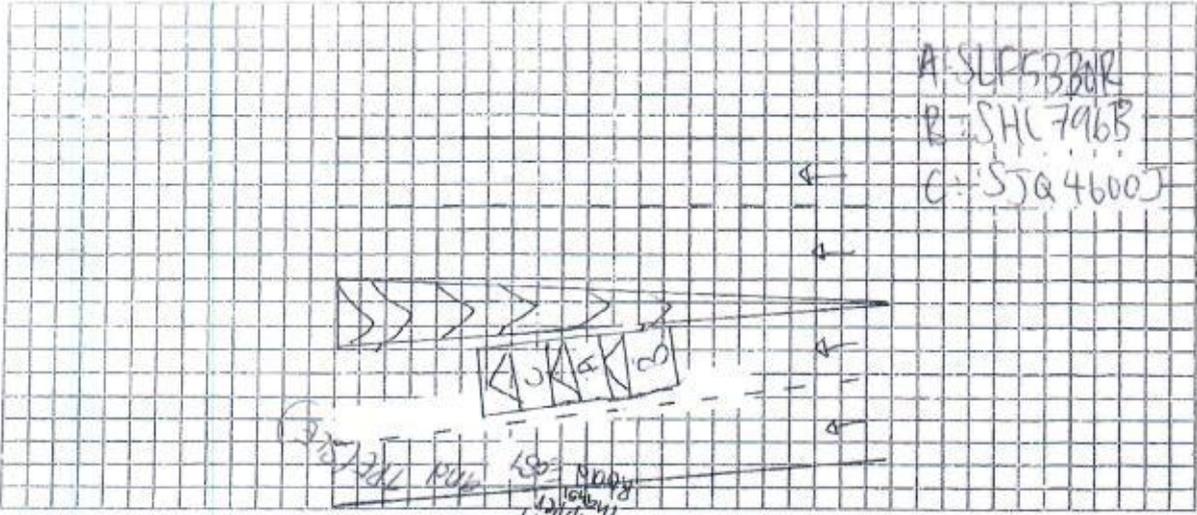
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

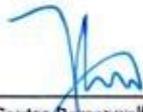
refer to police report

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	12/11/2019	(DD/MM/YY)
Time of accident	6:45 AM	(HH:MM)
Exact location of accident	PIE before TPE slip road	

DETAILS OF VEHICLE

Vehicle registration number	SLF5330 R		
Vehicle make and model	Nissan Sylphy		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	AIG		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	ConnectCar	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	Loh Pek Han	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9322746H		
Contact	97627982		
Address	51K 62 Chai Chee road #03-824 S(460062)		
Email address			
Date of birth	27/6/1993		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	12/12/2013		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insurer's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1

Name	LOH PEE HAN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	TAN SHIEN SIANG PERICK
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SJA 4600J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 2	
Vehicle registration number	SHC 796B
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	TAN SHIEN SIANG, DENCE	
Injuries sustained	NECK & BACK	
Which vehicle person in?	SLF 5330R	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name	Loh Pek Han	
Injuries sustained	NECK & BACK	
Which vehicle person in?	SLF 5330R	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1201901132077
Report No. 1201901132077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/01/2019 14:33

Video Report No.:

Station Diary No.
40

Informant's Particulars

Name of Informant: LOH PEK HAN		Address: APT BLK 62 CHAI CHEE ROAD #03-824 SINGAPORE 460062	
ID Type / ID No.:		Contact No.:	
NRIC NO / S9322746H		Home/Office: Mobile: 97627982	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 27/08/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2019 06:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards TPE/SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: chain collision on the same lane				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	MARKS	Model	Color	Condition	No. of Passenge
SHC796B	Car				Slightly Damaged	0
JQ4600J	Car				Slightly Damaged	0
LF5330R	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



1/20190112/2077

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Report No: 1/20190112/2077

Police Station Of
Bedok South N.P.C
20 Chai Chee
Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver				
Name	KUMAR		ID No.	NIL
Related Vehicle	SHC796B (Car)		Contact No.	97377256
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	

Name	ALVIN LIM		ID No.	NIL
Related Vehicle	SJQ4600J (Car)		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	

Driver				
Name	LOH PEK HAN		ID No.	S9322746H
Related Vehicle	SLF5330R (Car)		Contact No.	97627982
Hospital/Clinic	HEALTHLINE FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/01/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Passenger				
Name	TAN SHIEN SIANG, DERICK		ID No.	S8904389A
Related Vehicle	SLF5330R (Car)		Contact No.	87679289
Hospital/Clinic	LOW & LEE CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20190112/2077

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Report No. T/20190112/2077

CONTINUATION OF REPORT

Brief Details.

On 12/01/2019 at about 0645hrs, I was travelling in my company vehicle (SLF5330R) with a passenger inside on right lane of the margining lane along PIE towards TPE/SLE. I then noticed one vehicle in front (SJQ4600J) started to brake. Thus, I followed and applied the brake as well.

However, I felt an impact from the rear of my vehicle which then caused my vehicle to surge forward resulting to colliding onto the front vehicle (SJQ4600J). I then came out of my vehicle and discovered a vehicle (SHC796B) from the rear had collided onto my vehicle's rear portion.

Furthermore, I went to check on the other drivers if anybody required medical attention but nobody was injured. We then exchanged our particulars and left the scene.

Subsequently at about 0900hrs, I felt some discomfort at the rear left portion of my back. Thus, I went over for a medical check up located at Blk 25A Chai Chee Road and I was given three days of medical certificate.

Furthermore, my passenger later informed me that he had went for a medical checkup as well and was given 3 days of medical certificate as he felt some discomfort at his chest area.

I wish to state that the vehicle I drove had an in-built camera in front and it managed to record the accident footage.



**SINGAPORE
POLICE FORCE**



T/20190112/2077

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469046
Tel No: 1800-2448999

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Report No. T/20190112/2077

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:
G /
Sgt 2 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
12/01/2019 14:33

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt. MOHAMAD ZULFAZDLI BIN
ABDULLAH

Classification Of Case:

Contact No: 68176904
Authentication Stamp
NP188
SINGAPORE POLICE FORCE
SIGNATURE

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9322746H



Name
LOH PEK HAN

盧柏瀚

Race
CHINESE

Date of birth
27-06-1993 M

Country of birth
SINGAPORE

S9322746H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving License No. S9322746H

Name
LOH PEK HAN

Birth Date: 27 Jun 1993

Issue Date: 17 Oct 2012



002115421D



4240814

NTIC No. S9322746H



Date of issue
27-06-2008

Address
APT BLK 62 CHAI CHEE ROAD
#03-B24
SINGAPORE 460062

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	17 Oct 2012
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	17 Oct 2012
Class 1	MOTORCYCLES EXCEEDING 400 CC	17 Oct 2012
Class 7	MOTOR CARS AND MOTORS TRACTORS THE WEIGHT OF WHICH EXCEEDS 2000 KGS BUT NOT EXCEED 3500 KGS GROSS	17 Oct 2012

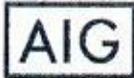
S9322746H

S / No. 9000224563

NP 428A



License No: S9322746H



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

MZ 400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$2000.00 (Sect 1 & 2)
CERTIFICATE NO.	SLF5330R	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994343		
1) VEHICLE REGISTRATION NO.		SUM INSURED	YES
2) NAME OF INSURED		INSURING WITH COE/PARF	YES
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLF5330R	
4) DATE OF EXPIRY OF INSURANCE		CONNECT4CAR PTE LTD	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		04 December 2018	
		03 December 2019	
<p>Any person who is driving on the insured's order or with their permission. S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore. An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore. Accident repair has to be carried out at AIG appointed list of workshop only.</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of insured 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>			
<p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.</p>			
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	SINGAPURA FINANCE LTD		
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 29 Nov 2018

504641-000
Assure Insurance Agency Pte Ltd
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Singapore 200029

AIG Asia Pacific Insurance Pte. Ltd.



ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC