

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA 1900538**

Date In: 15/1/19 - 09:47	Job description	Date & Time Completed	Done by
Ref No: NA 10161920908724	SAS e-filing		
Veh No: 5N69270	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/19 - 23:10	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 <u>Fax / Hand</u> to Owner/Wksp		

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

TP Particulars: () Veh No: **5055156C** 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

NA 1900432

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idao Mobile 30

Invoice dated Fee Charged
Invoice dated Fee Charged

Ant (\$)
1st Bill
Ant (\$)
Add Bill

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	15/01/2019 09:47
Date Of Accident	11/01/2019 23:10
Exact Location Of Accident	PENSHURST PL TWDS CHARTWELL DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN6927U
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 CVT SPORTS GLX 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	REPORTING ONLY
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	999994655/100858278
Cover Note Number	
Driver	
Name of Driver	KENDRICK GAO RUI HAN
NRIC No	S8573798H
Date Of Birth	10/01/1985
Occupation	INDOOR
Date Of Driving Pass	11/09/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98628188
Fax Number	
Contact Number	OFFICE-98628188
Email Address	NOEMAIL

Address	BLK 13 YORK HILL #04-06
Postcode	162013
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	COLLISION - MAJOR/MINOR RD
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?	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 SAW HWA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190112/2120.

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	SBS5156C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 KENDRICK GAO RUI HAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN6927U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN SAW HWA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN6927U

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 **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.

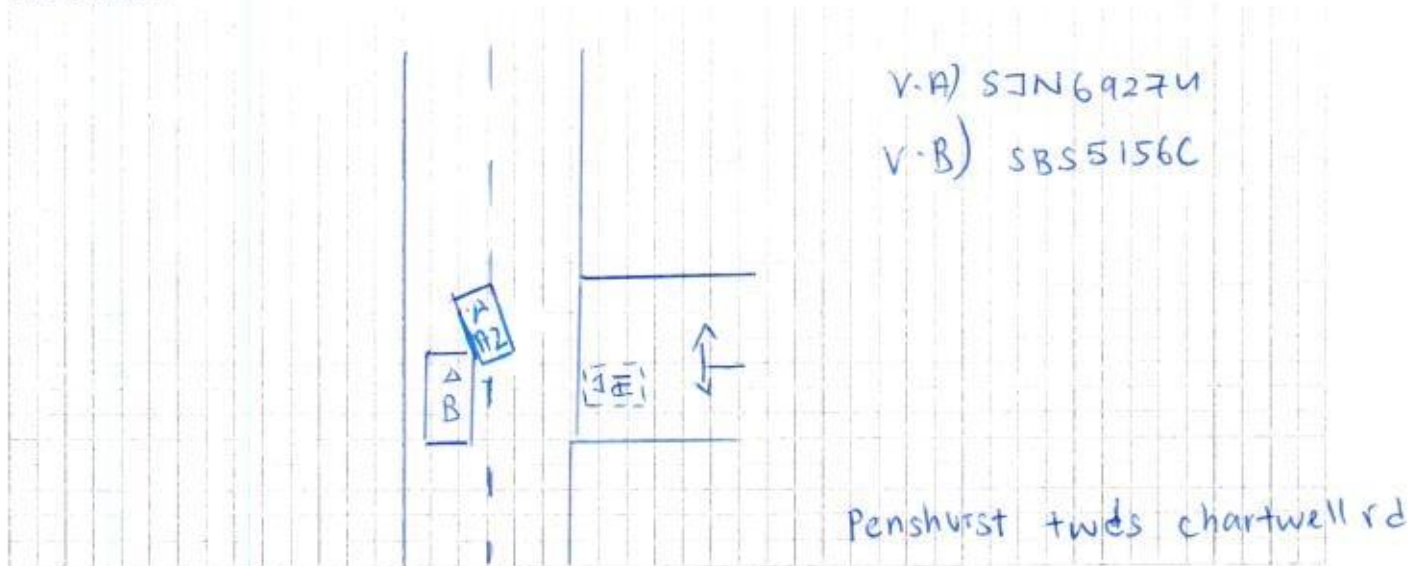
Maric & Partners Pte Ltd
Co Reg No: 20701N
9 Tagore Road #03-04
Singapore 787472

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

On the stated date and time, I vehicle 'A' was travelling
on the stated venue. I was travelling straight in my lane
and stopped behind the stop line. I've checked road is
clear on both side and ensure there is no on-coming
vehicle before I proceed to turn right. Upon turning, suddenly
vehicle 'B' came at a very fast speed, I've tried
to avoid, however vehicle 'B' front right collided
against my vehicle rear left portion. No one is
injured. at the point of time.

Passenger: Pool's (Female)

DECLARATION

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

Maric & Partners Pte Ltd

Co Reg No: 101N

9 Tagore Road

Policyholder's Signature: [Signature]

Date & Time: 1/12/2019

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 01 / 2019) (DD/MM/YYYY), TIME: (23 : 10) (HH:MM)
LOCATION: Penshurst twds chartwell rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN6927U
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 99994655/100858278
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Lancer
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Marc & Partners Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2015 20701N CONTACT: _____
c) ADDRESS: A Tayore lane #03-04

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kendrick hao Rui Han (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8573798H CONTACT: 9862 8188
c) ADDRESS: 13 York Hill #04-08
S162013

- *d) DATE OF BIRTH: (10 / 01 / 1985) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 12.7

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

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: SB55156C MODEL: BUS
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 passengers
(Including driver)
(02)
1 km/hr.

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

11K
11K Industrial park 2
11K 25, 51 Ubi Ave
S(408 933)

Email = REPORTING@
TOPQUE5.com
fax = 6452 4584



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20190112/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2019 18:32	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant KENDRICK GAO RUI HAN			Address: APT BLK 13 YORK HILL #04-06 SINGAPORE 162013	
ID Type / ID No. NRIC NO / S8573798H			Contact No.:	Mobile: 98628188
Nationality: SINGAPORE CITIZEN			Email:	
Sex Male	Age: 34	Date of Birth: 10/01/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 11/01/2019 23:10	Type of Location: Straight Road
Location: Along Road 1 CHARTWELL DRIVE				
Along Chartwell Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS5156C	Bus/Coach/Mi nibus	SCANIA	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR	Multi-Colored		0



SINGAPORE POLICE FORCE

T/20190112/2120

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No: T/20190112/2120

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN6927U	Car	MITSUBISHI	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR	Black		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEE CHEAH YIN	ID No.	F8031155U
Related Vehicle	SBS5156C (Bus/Coach/Minibus)	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	KENDRICK GAO RUI HAN	ID No.	S8573798H
Related Vehicle	SJN6927U (Car)	Contact No.	98628188
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	TAN SAW HWA	ID No.	S7303206G
Related Vehicle	SJN6927U (Car)	Contact No.	92219040
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20190112/2120

CONTINUATION OF REPORT

HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL 1800-4890999Brief Details.

On 11/01/19 at about 2311hrs, I was driving my car with passenger in the rear coming out from Chartwell Drive to the main road. I already passed the stop line after checking there is no incoming car. Once I edge out to the main road, I suddenly felt a collision at the rear left side of the car which caused my car to jerk and swerve. I did not collide onto any other vehicles and came to a complete stop. I discovered that it was a SBS bus that collided into me. There were also passengers in the bus as such I took the driver particulars and his bus number before he left. I checked on my passenger who suffer some minor injuries e.g. pain on the back area. I also suffered pain on the back of my neck but there was no need for ambulance. I went to the doctor with my passenger the next day to seek medical treatment and we received 3 days MC together. My passenger also allow me to take a photocopy of her MC.



**SINGAPORE
POLICE FORCE**



T/20190112/2120

4 of 4

Report No. T/20190112/2120

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 2 MOHAMED ALI S/O MUBARAK HUSSAIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr. Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

✓

Date/Time:
12/01/2019 18:32

Classification Of Case:

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No T/20190112/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 12/01/2019 19:15	Vide Report No.: T/20190112/2120	Station Diary No.: 121
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Informant's Particulars

Name of Informant: KENDRICK GAO RUI HAN			Address: APT BLK 13 YORK HILL #04-06 SINGAPORE 162013	
ID Type / ID No.: NRIC NO / S8573798H			Contact No.: Home/Office:	Mobile: 98628188
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 10/01/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 11/01/2019 23:10	Type of Location: Straight Road
Location: Along Road 1 CHARTWELL DRIVE				
Along Chartwell Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS5156C	Bus/Coach/Minibus	SCANIA	KUB4X2 9.3L AT ABS TURBO	Multi-Colored		0
SJN6927U	Car	MITSUBISHI	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR	Black		1

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190112/21

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEE CHEAH YIN	ID No.	F8031155U
Related Vehicle	SBS5156C (Bus/Coach/Minibus)	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	KENDRICK GAO RUI HAN	ID No.	S8573798H
Related Vehicle	SJN6927U (Car)	Contact No.	98628188
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	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	Slight
Passenger			
Name	TAN SAW HWA	ID No.	S8573798H
Related Vehicle	SJN6927U (Car)	Contact No.	92219040
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	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	Slight

Brief Details.

I am making amendments vide the previous report T/20190112/2120.

I would like to indicate that when the collision happened, I was already driving along the main road of Chartwell Drive.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8573798H**

Name **KENDRICK GAO**

Birth Date: **10 Jan 1985**

Issue Date: **11 Sep 2012**

002104587G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8573798H**

Name **KENDRICK GAO RUI HAN**

高 瑞 汉

Race **CHINESE**

Date of birth **10-01-1985**

Sex **M**

Country/Place of birth **INDONESIA**

S8573798H




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

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE **11 Sep 2012**

NP 428A

Licence No: **S8573798H**



5228095

NRIC No **S8573798H**

Date of Issue **10-10-2013**

APT BLK 13 YORK HILL #04-08
SINGAPORE 162013

NRIC No: **S8573798H** Date: **11/02/2018**






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

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)

M2.301

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994655/100858278

OWN DAMAGE EXCESS S\$1,000.00 (1)
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

SJN6927U

MARIC & PARTNERS PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT 25 Apr 2018

4) DATE OF EXPIRY OF INSURANCE 24 Apr 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover:

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.



LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY TAI THONG LEE TRADING PTE LTD

* 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.

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).

Issued In Singapore 30 Apr 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

500656-000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX SINGAPORE 369977 ANSP-NONLIFE

Authorised Representative

ORIGINAL

SSCKSA