

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA49013471

Date In: 28/01/2019 20:06	Job description	Date & Time Completed	Done by
Ref No: NBA/INCL90018457	SAS e-filing		
Veh No: SKK 68915	E-mail (Update 8hrs, AIC 2hrs)		
D.O.A: 27/01/2019 20:25	I-Motor Claim Form	M71029890001	28/01/2019
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		20:23
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Vch No: — INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Dates: ( ) Times: ( )

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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

Actions: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

Client's Particulars	Invoice Item	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Cal. 1:	For claiming against INC Only (ver 10 Jan 2005)		
1 2 / 3:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (Non INC) against INC	\$20	
	N12: Idao Mobile	\$0	
	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	28/01/2019 20:06
Date Of Accident	27/01/2019 20:25
Exact Location Of Accident	BKE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6891S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KRUISE AUTO INFINITE PTE LTD
Co Reg No	201700767D
Email Address	CLKMEL@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96959566
Alternative Phone No	OFFICE-86117791

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4
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	5088045975-01
Cover Note Number	

### Driver

Name of Driver	MELVIN LEE RONG HUAH
NRIC No	S7129705E
Date Of Birth	31/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96959566
Fax Number	
Contact Number	OTHERS-86117791
Email Address	CLKMEL@OUTLOOK.COM

Address	BLK 981C BUANGKOK CRESCENT #07-19
Postcode	533981
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

## 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.

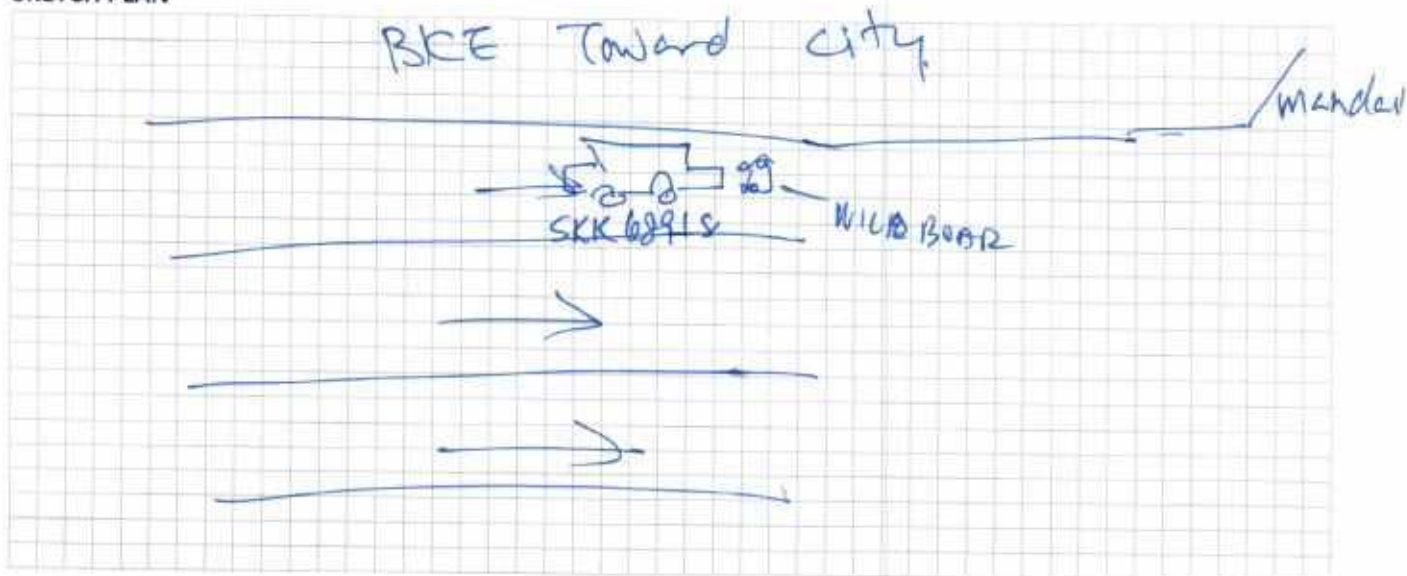
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28 Jan 2019  
1740 hrs.

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Jan 2019, I pick up a rider at Woodlands Checkpoint to Yishun around 2015 hrs. When I traveling at BKE toward city around 1.5 km of Mandai Exit there is a wild boar to dash out and I can't stop on time, knock down the wild boar.

The rider (Passenger) is fine, nothing happen to her at that point of time. After I tider my car bumper, I complete the trip to send the rider back and arrange tow truck to tow away the vehicle.

## 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: 28/01/2019

1738 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Claim Handling

Accident MT/1029890

Policy No.	508045875-01	Vehicle No.	SKK6915	GST Registration No.	2017007670
Certificate No.					
Policyholder Name	KRUISE AUTO INFINITE PTE LTD			Policyholder NRIC	2017007670
Product Code	FLEET INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96659568	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KYC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	28/01/2019 20:19	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/01/2019	Time of Accident Approx	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS CITY				

## Excess

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		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	07/01/2007
GST Registration No.	2017007670	GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-05 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408998
Address 4		Address Type	Singapore address	Post Code	408998
Unit No.	04-05	Related Policy Number	5107055326		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MELVIN LEE RONG HUAH	Driver NRIC	S7129755F	Driver DOB	31/08/1971
Register Date of Driver License	18/09/1993	Driver Age	47	Driving Experience	25
Contact No.(Mobile)	96117791	Contact No.(Office)		Contact No.(Home)	
Address 1	61A 981C #07-19	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 531981
Address 4		Address Type	Foreign address	Post Code	531981
Unit No.	07-19				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKK6915	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 

## Claim Handling

Accident MT/1029890

Policy No.	508045875-01	Vehicle No.	SKK6915	GST Registration No.	2017007670
Certificate No.					
Policyholder Name	KRUISE AUTO INFINITE PTE LTD			Policyholder NRIC	2017007670
Product Code	FLEET INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96659568	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KYC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	28/01/2019 20:19	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/01/2018	Time of Accident Approx	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS CITY				

## Excess

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		
Excess Type		Windscreen Excess	100.00		

## All Claims Excess

YIED All Claim Excess		Driver is Covered?	
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YIED OD Excess		YIED TP Excess	
Additional Excess	0.00	Driver is Covered?	
Total OD Excess Applicable		Total TP Excess Applicable	

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	07/01/2007
----------------	-----	-----------------------	------------

## Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-05 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408998
Address 4		Address Type	Singapore address	Post Code	408998
Unit No.	04-05	Related Policy Number	5107055326		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MELVIN LEE RONG HUAH	Driver NRIC	S7129755F	Driver DOB	31/08/1971
Register Date of Driver License	18/09/1993	Driver Age	47	Driving Experience	25
Contact No.(Mobile)	96117791	Contact No.(Office)		Contact No.(Home)	

Address 1 BLK 813C #07-19	Address 2 BUANGKON CRESCENT	Address 3 SINGAPORE 533981
Address 4 UNIT No.	Address Type Foreign address	Post Code 533981
Does he own a Singapore Registered car? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No. SKA68915	Driver Insurer Company NTUC

Declaration:

Breathalyzer or Blood Test Result? 0 mg Any Injury? Yes ☒ No ☐

Modification History:

Claim 001 00-MX **New**

Claim Type \*

CONTACT No. (Mobile)

Email Address

Claim Description

Preferred Workshop  
Repair No. ☒ Repair Option  
Insured Liability ☒ Not at Fault  
Preferred Workshop, Name unknown  
GIA Import  
Received

Date Registered

Report Taken By

Print AX letter

Insured Name: BRUESE AUTO INFINITE PTE LTD Insured NRIC: 201702767D  
Contact No. (Home): 80677699 Contact No. (Office): 80677699  
City: Vehicle Number: SKA68915  
Vehicle Number: SKA68915  
Name of Preferred Workshop: 28/01/2019 20:23  
Claim Date: 28/01/2019 00:00  
Date Received: 28/01/2019 00:00  
Workshop Repairer: ROSLI WAHAB  
Total Cost Repaired:

Save Submit

## Attachment

Accident No. HT1029890 Claim No. 001  
Left Doc. Received: ☒ Yes ☐ No Upload Date: 28/01/2019 20:23

Path \*

Choose File: No file chosen  
Choose File: No file chosen  
Choose File: No file chosen  
Choose File: No file chosen  
Choose File: No file chosen  
Choose File: No file chosen  
Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-28	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 20:23	SAS	Normal	SAS 2019-1-28	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 20:23	Photos	Normal	Photos 2019-1-28	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 20:23	Photos	Normal	Photos 2019-1-28	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

Send Message



# KRUISE AUTO INFINITE PTE. LTD.

Unit A/Level 2 #04-04 / #04-05 Automall Megamall Singapore 400008

T: 6547 1811

Company Register No.: 101780747D

## AUTOMOBILE LEASE AGREEMENT

Date: 21/10/2019

Lessee	MELVIN LEE BENG HUAH	NRIC No.	97040790E	Contact 1	8611 7901
Address	BLK 3011 BEANGKOK CRESCENT 007.15		S (U1982)	Contact 2	-
Company	-	UEN No.	-	Contact 1	-
Co. Address	-		-	Contact 2	-
End of License Acquisition	26 <sup>th</sup> NOVEMBER 2008	License Class	3	Date of Birth	30/08/1971

## VEHICLE DESCRIPTION

Registration No.	SKK8818	Color	GREY
Make / Model	CITROEN GRAND C4 PICASSO LXL	Chassis No.	101101 761148
Registration Date	11 <sup>th</sup> AUGUST 2011	Engine No.	VEFLA50VNC4797986

## TERMS OF RENTAL PAYMENT & PERIOD

Leasing Period	9 MONTHS	Deposit Amount	5000.00
Leasing Commencement	4 <sup>th</sup> JANUARY 2019	1st Rental Fee	\$1,500.00
End of Leasing Term	4 <sup>th</sup> OCTOBER 2019	Monthly Rental Fee	\$1,500.00
Termination Charge	FORFEITURE OF DEPOSIT	Rental Due On	EVERY 4 <sup>th</sup> OF THE MONTH
Other Remarks	<i>Ramona Lim, PMP Solutions, Security &amp; Inspection (Malaysia)</i>		

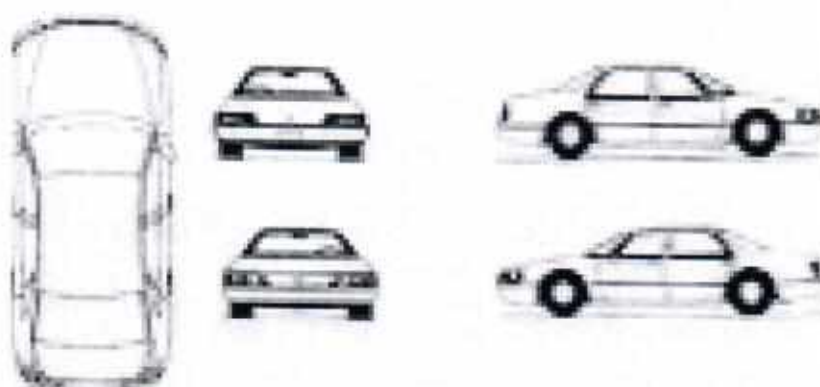
1. Payment of deposit & 1<sup>st</sup> rental fee must be CLEARED upon collection of the car from KRUISE AUTO PTE. LTD.
2. Subsequent weekly rental fee can be made by telegraphic transfer to: 1010 214 388 475-9 (with clear indication of the car registration number as remark).
3. In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already placed, there shall be no refund on the deposit collected.
4. You are obligated to pay KRUISE AUTO PTE. LTD. a late fee of 50% of the late weekly / monthly payment, and an admin charge of \$150 for each late payment which is not paid within 3 days.

## VEHICLE DELIVERY

Date of Collection	Date	Time	By
Date Due	Date	Time	By
Vehicle Returned	Date	Time	By
Late Return	Every late hour is chargeable at RM10 for each hour (afternoon and before 5:00pm) and RM15 per hour for each hour after 5:00pm up to the 1 <sup>st</sup> hour. Further delay will result in the Lessee(s) being charged for a whole day rental for that vehicle.		



# AIR CONDITION



Remarks

Engine start 20km.

CLK.MEL@gmail.com

Andrew Letten

IR No.

Insurance

210 Acknowledgment Sign

Lynd

## THEIR TERMS & CONDITIONS

Belongings	All belonging left in cars will be discarded.
Usage	You are expected to handle the car with reasonable care. Be notify us <u>IMMEDIATELY</u> should you have any issues arising with the vehicle.
Insurance	Subcontractor is responsible for the first <u>\$1,000</u> excess for collision damage to first part of <u>SKURD</u> , & also first <u>\$1,500</u> excess for collision / damage to third party's vehicle for each accident / damage
Others	Should you failed to make / clear any due payment to <u>KRUISE AUTO PTE. LTD.</u> , and result in towing of the rental / leased vehicle, charges of towing fee, replacement of keys charges, vehicle repair charges, admin fee etc, will be charged.

By signing below, you acknowledge that you have read the entire Lease before signing it, and both you and we agree to the terms, conditions and obligation of the Lease.

Signed by Lessee

S

Signed by Lessor:

S

Name / NRIC: MR. MELVIN LEE RONG HUAH (571297041)

KRUISE AUTO INFINITI PTE. LTD. REPRESENTATIVE



# **INFINITE AUTO INFINITE PTE. LTD.**

INCORPORATED IN THE REPUBLIC OF SINGAPORE  
The 40th Anniversary Souvenir for the 40th Year

Subject: 40th Anniversary Souvenir for the 40th Year

To: Mr. [Name]

This letter is to inform you that INFINITE AUTO INFINITE PTE. LTD. has been established  
and incorporated in the Republic of Singapore. The company is a public company and  
the shares of the company are listed on the Singapore Stock Exchange.

Yours faithfully,



Very Respectfully,  
[Name]  
[Title]

cc: [Name]  
[Address]



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/01/2018 (DD/MM/YYYY), TIME: 20:25 (HH:MM)

LOCATION: BKE Toward city

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK 68915  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5088065975-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CITROEN C4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 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: KRUISE AUTO ZINBAK P24d (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96959566 (Substantive)  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: MELVIN LEE KIM HUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: ST129705E CONTACT: 86117791  
 c) ADDRESS: 981C RUANGTOR CRESCENT #07-19  
SIC 533901

\* d) DATE OF BIRTH: 31/08/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18 May 1993

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental

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: \_\_\_\_\_ 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)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

email = clkmel@outlook.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7129705E



Name  
MELVIN LEE RONG HUAH

李 勇 輝

Race  
CHINESE

Date of birth  
31-08-1971

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number  
S7129705E

Name  
MELVIN LEE RONG HUAH

Birth Date  
31 Aug 1971

Issue Date  
26 Nov 2008




001678247D

4517463



NRIC No. S7129705E



Date of issue  
01-11-2011

APT BLK 981C BUANGKOK CRESCENT #07-19  
SINGAPORE 533981

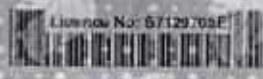
NRIC No: S7129705E Date: 01/11/2011 No: 6986352

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

PASS DATE

Class 2B	Motorcycles <= 200 cc	16 Jul 1990
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg	16 May 1993

MP 42E4



License No: S7129705E



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/01/2019 20:04"/>
Vehicle No.(For Motor)	<input type="text" value="SKK6891S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088045975-01		KRUISE AUTO INFINITE PTE LTD	201700767D	GFT	drive CLASSIC	SKK6891S	SKK6891S	01/01/2019	

## Policy Information

Policy No.	5088045975-01	Policyholder Name	KRUISE AUTO INFINITE PTE LTD	Policyholder NRIC	201700767D
Certificate No.					
Address	61 UBI AVENUE 2 #04-05 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/02/2018	Effective Date	16/02/2018 00:00	Expiry Date	15/02/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	KRUISE AUTO PTE. LTD.	Agent Tel.	65471511	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-05 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-05	Related Policy Number	5107055528		

## Insured Object: SKK68915

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	21/03/2018 00:00	Basic Information Endorsement	000001286779133	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKK8365G 08-03-2018 \$1,201.51 In view of this amendment, a refund of \$1,201.51 (inclusive of GST) will be adjusted against the outstanding premium.
2	16/04/2018 00:00	Basic Information Endorsement	000001286825614	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJF765B 14-05-2018 \$968.17 In view of this amendment, a cheque refund of \$968.17 (inclusive of GST) will be mailed to you separately.
3	16/04/2018 00:00	Basic Information Endorsement	000001286796380	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJD5204G 24-03-2018 \$1,145.79 In view of this amendment, a cheque refund of \$1,145.79 (inclusive of GST) will be mailed to you separately.
4	12/06/2018 00:00	Basic Information Endorsement	000001286837812	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGL312D 26-05-2018 \$1,101.83 2. SJF3767B 26-05-2018 \$ 926.38 In view of this amendment, a refund of \$2,028.21 (inclusive of GST) will be adjusted against the outstanding premium.
5	13/06/2018 00:00	Basic Information Endorsement	000001286965760	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGH6774K 18-12-2018 \$208.96 In view of this amendment, an additional premium of \$208.96 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
6	13/06/2018 00:00	Basic Information Endorsement	000001286838445	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm