NATIONAL Assessment Centre Services. [wef 1 Jan'09] . N9NA4L19045831

Date In: 08/04/2019 18:31	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19006/28/Y	SAS e-filing		
Veh No: GBE 1219 E	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A : 06/04/2019 06:50	I-Motor Claim Form	MT/10393/0-001	08/04/2019 18:47
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GT3247Y . 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 / Instructions [illegible] Completion by

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

2) QC Check / Post Repair Inspection ( )

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

Injury :

Def[illegible]

NA1902610

Claimant's Particulars

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

2 / 3:

Invoicing [illegible]		
1) AR: Accident Reporting ($30)		
2) DA: Damage Assessment ($100)	INC ($50) $40/$45	
3) TF: Towing Fee	$120	
4) FT: Follow-Through Survey	$30	
5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003)	$75	
6) TR: Re-Inspection	$150	
7) N1: Ideo DA + SMRT Survey		
8) NTUC Additional Services:-		
ON:	$5	
* N5: Courtesy Car / Tpt Allowance	$10	
* N6: Repair Co-ordination	$25	
* N7: Post Repair Inspection	$5	
* N8: DV / Collect Excess Coordination	$20	
TP(N11): TP (Non INC)	30	
9) N12: Ideo Mobile		
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

FOR:

10-DEC-2018 MON 08:09

MNA419045831 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 08/04/2019 18:31
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	08/04/2019 18:31
Date Of Accident	06/04/2019 06:50
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE1219E
Insured/Policyholder	
Name Of Registered Owner	NEW M-TECH ASIA PTE LTD
Co Reg No	200911124H
Email Address	AMMAN.KM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84202066
Alternative Phone No	OFFICE-84202066
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5103481728
Cover Note Number	
Driver	
Name of Driver	KARUPPIAH ADHIKUNDHAN
Passport No/FIN	G6685476R
Date Of Birth	28/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84202066
Fax Number	
Contact Number	OTHERS-84202066
EMail Address	AMMAN.KM@GMAIL.COM

Address	24 DEPOT LANE #01-09B
Postcode	109767
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	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)	2
Passenger 1	NAME: : COLLEGUE GENDER: : MALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT3247Y
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM WEI TAE
NRIC/Passport Number	S7474835Z
Contact Number	97236055
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.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

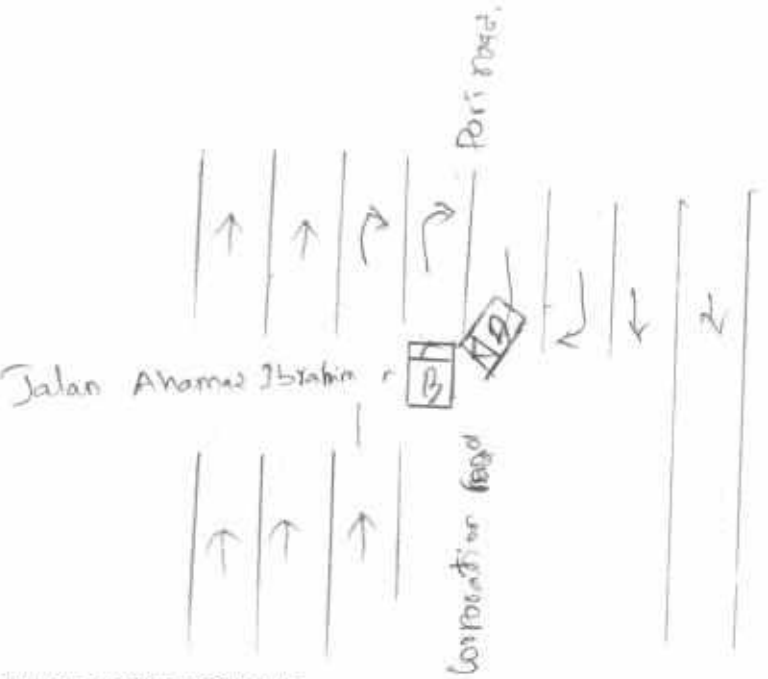
   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



A) GBE1219E
B) GT3247Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Moring i going the Work place at Corporation Road. at Moring 6.45 am. at the time Traffic lamp Green Signal. i go to right side i take AYE(CTE) This Denty coming to Corporation road He go to AYE (Thas). The time happen the ACCident.

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.:

Claim Handling

Accident MT/1039310

Policy No.	5103481728	Vehicle No.	GBE1219E	GST Registration No.	
Certificate No.					
Policyholder Name	NEW H-TECH ASIA PTE LTD			Policyholder NRIC	200911124H
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84202066	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	08/04/2019 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/04/2019	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CORPORATION ROAD				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/04/2019 18:45:58 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	24 DEPOT LANE	Address 2	#01-098	Address 3	SINGAPORE 109767
Address 4		Address Type	Singapore address	Post Code	109767
Unit No.	01-098	Related Policy Number	5103481728		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KARUPPIAH ADHIKUNCHAN	Driver NRIC	G6685476N	Driver DOB	29/05/1989
Register Date of Driver License	28/06/2017	Driver Age	29	Driving Experience	1
Contact No.(Mobile)	84202066	Contact No.(Office)		Contact No.(Home)	
Address 1	24 DEPOT LANE	Address 2	#01-098	Address 3	SINGAPORE 109767
Address 4		Address Type	Foreign address	Post Code	109767
Unit No.	01-098				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBE1219E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NEW H-TECH ASIA PTE LTD	Insured NRIC	200911124H
Contact No.(Mobile)	92958326	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBE1219E	TP Vehicle Number	GT3247Y
Claim Description	GBE1219E / GT3247Y ON 6 Apr 2019			Name of Preferred Workshop	
Preferred Workshop / Estimate No. Finalization	Yes	Insured Liability	Fully at Fault		
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	08/04/2019 18:47	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	ROSLI WAHAB				

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1039310	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/04/2019 18:47

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos		Normal	Photos 2019-4-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos		Normal	Photos 2019-4-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos		Normal	Photos 2019-4-8	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	Photos	Normal	Photos 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	SAS	Normal	SAS 2019-4-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 18:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8

Video List

Uploaded by/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 04 / 2019) (DD/MM/YYYY), TIME: (06 : 50) (HH:MM)

LOCATION: Corporation Road.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GTBE 1219E
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER: 510348172B
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: NISSAN NV 350
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Going TO 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: New M-Tech. Asia P/L. (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 84202066
   c) ADDRESS: 24 Depot road #01-9B. Singapore - 109767.

Co-worker (M)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (2)

3. DRIVER
   d) NAME: KARUPPIAH ADHIKUNDHAN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: G6682547BR CONTACT: 84202066
   c) ADDRESS: 24 Depot road #01-9B Singapore - 109767.
   *d) DATE OF BIRTH: (28 / 05 / 1989) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 28 Jun 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
   b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: GT 3247Y MODEL: Mitsubishi Fr 200
   b) DRIVER'S NAME: Lim Wei Tat
   c) NRIC/FIN/PASSPORT: S7434835Z CONTACT: 97236055

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (Including driver) (__)

email = amman.km@gmail.com

VIDEO

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
AMMAN CONSTRUCTION PTE. LTD.

Name
KARUPPIAH ADHIKUNDHAN

Work Permit No.
0 34945047

Sector
CONSTRUCTION

K1092212

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. G6685476R

KARUPPIAH ADHIKUNDHAN

Birth Date 28 May 1989
Issue Date 28 Jun 2017
Valid Till 27/06/2022

002697965E

VISIT PASS

Immigration Regulations

17 5 19

Name
KARUPPIAH ADHIKUNDHAN

Download SGWorkPass App to check status

FIN
G6685476R

Date of Birth
28-05-1989

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	27 Jun 2012
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	28 Jun 2017

Licence No:G6685476R

NP 428A

income

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 5103481728 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBE1219E**
   Chassis Number : JN1MC2E2670004343
2. Name of Policyholder : NEW M-TECH ASIA PTE LTD
3. Effective Date of Insurance : 04 Sep 2018
4. Expiry Date of Insurance : 03 Sep 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 business or profession.
   (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover:
   (a) Use for hire or reward.
   (b) Use for racing, pace-making, reliability trial or speed-testing.
   (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\# 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$600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	S$100
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	UNITED OVERSEAS BANK LIMITED
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : WTT INSURANCE AGENCIES PTE LTD (0000061493J)
Date of Issue : 31 Aug 2018 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorised Officer

Chief Executive

Text size +

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No:	GBE1219E		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	NISSAN	Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Chassis No:	JN1MC2E26Z0004343	Engine No.:	YD25365390A
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2488 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1800 kg	Maximum Laden Weight:	3300 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	04 Sep 2015	Original Registration Date	04 Sep 2015
Manufacturing Year:	2015	Open Market Value:	$23,153.00
PARF Eligibility:	No	Minimum PARF Benefit:	$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%

Owner Particulars

Owner Name:	NEW M-TECH ASIA PTE LTD
Owner ID Type:	Company
Owner ID:	200911124H
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	24
Registered Street Name:	DEPOT LANE
Registered Unit No.:	# 01 - 09B
Registered Building Name:	-
Registered Postal Code:	109767
COE No. / Expiry Date:	2015090405000606W / 03 Sep 2025 ✓
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	$42,424.00

Transaction Details

Business Transaction Ref. No.:	20150904111353234332
Business Transaction Date:	04 Sep 2015
Business Transaction Time:	11:13:53

Message

The above vehicle has been successfully registered.

Please note that $26,763.00 will be deducted from your GIRO account