

NATIONAL Assessment Centre Services. [ver 1 Jan'03] *MNA1903748*

Date In: <i>21/05/2019 13:22</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA19008918 N</i>	SAS e-filing		
Veh No: <i>SKA 4285</i>	E-mail (Mobile 2hrs, AIC 2hrs)		
D.O.A: <i>11/05/2019 13:00</i>	I-Motor Claim Form	<i>MTR045440-001</i>	<i>22/05/2019</i>
OD: TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>10/09</i>
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: Veh No: *PK 8426X* 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

MNA1903748

Comments/Particulars	Amount (\$)	Ad/Blit
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:		
Q11:		
*N5: Courtesy Car / Tpl Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (NI1); TP (N-in INC) against INC \$20		
9) NI2: Idac 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	21/05/2019 17:22
Date Of Accident	18/05/2019 13:00
Exact Location Of Accident	LUBUHRAYA PASIR GUDANG 16.3KM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4781S
Insured/Policyholder	
Name Of Registered Owner	ALDRIVER
Co Reg No	53362237M
Email Address	CYBERKAYU_X@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83216713
Alternative Phone No	OFFICE-83216713

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091323371-01
Cover Note Number	

Driver

Name of Driver	LIM CHEAH YU
NRIC No	S8858027C
Date Of Birth	12/01/1988
Occupation	INDOOR
Date Of Driving Pass	02/04/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83216713
Fax Number	
Contact Number	OTHERS-83216713
EMail Address	CYBERKAYU_X@HOTMAIL.COM

Address	BLK 221A JURONG EAST STREET 21 #07-887
Postcode	601221
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : BROTHER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM, POSTCODE: 81750, COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK8426X
Vehicle Make/Model/Colour	KAWASAKI 2-X10R

Details Of Properties

Vehicle Category	GOODS VEHICLE
Name of Driver	AIDIL RIDHWAN
NRIC/Passport Number	
Contact Number	93252291
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AIDIL RIDHWAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK8426X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

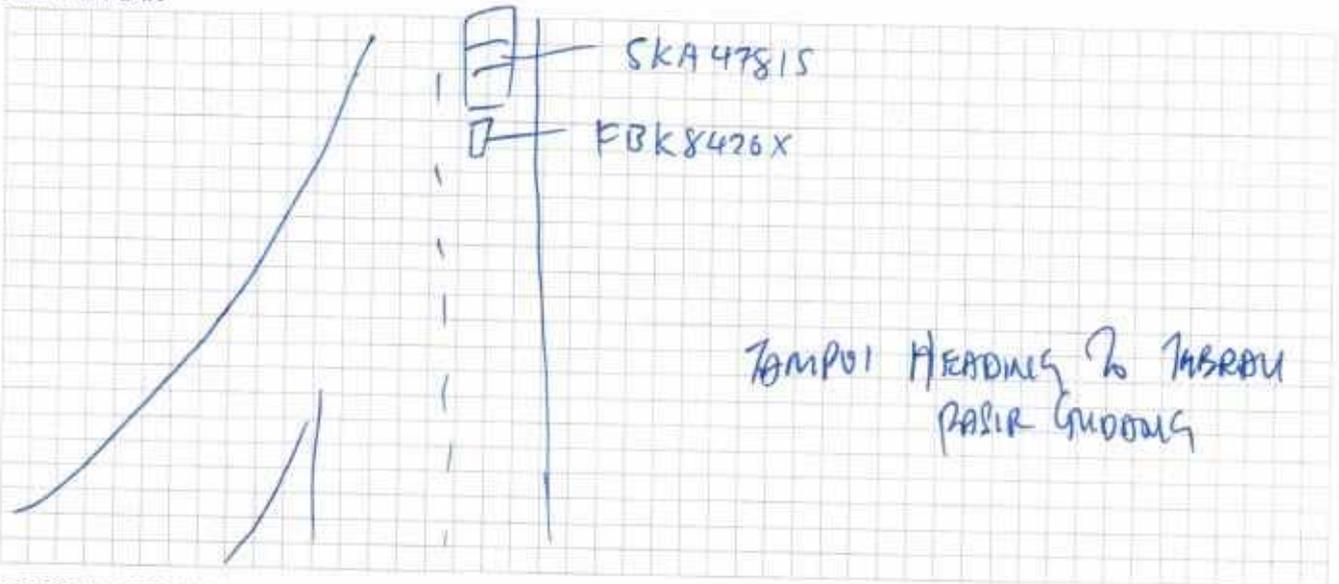


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



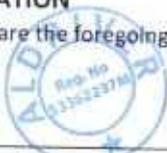
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 May 2019, 1.00pm I was driving from Tampai heading to ~~to~~ Tehran on Pasir Gudang highway. I felt ~~as if~~ a nudge on my car back (SKA 47815) and I ~~was~~ saw a rider rolling on the road with a sport bike (FBK 8426X). The rider suffered some substantial injury and being brought to Hospital.

On my side, no injury on all driver and passenger. My car had its bumper and bonnet damaged.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 16/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**CAWANGAN TRAFIK,
IBU PEJABAT POLIS DAERAH JOHOR BAHRU UTARA,
POLIS DIRAJA MALAYSIA,
JKR No. 3861, BATU 10 81300 SKUDAI,
JOHOR.
07-5571952**

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LIM CHEAH YU
No Kad Pengenalan / Pasport : K0820972R
No Repot Polis : TRAFIK JOHOR BAHRU(U)/008255/19
Tarikh @ Masa Repot Polis : 18/05/2019 @ 03:57
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R91975) SJN ABDULLAH BIN SAAT
Tempat Tugas : JOHOR, J/BAHRU UTARA
No Telefon Pejabat : No Telefon Bimbit : 013-7739181
Tarikh @ masa Perjumpaan : 18/05/2019, 1700
Pengesahan Penerimaan Repot :

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Rabu :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Khamis :
08:00 Pagi - 1:00 Tengah Hari
02:00 Petang - 03:00 Petang
Jumaat / Sabtu : Tutup
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- 1. Salinan Repot Polis
- 2. Gambar Kenderaan
- 3. Rajah Kasar Kemalangan
- 4. Keputusan Siasatan
- 5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Claim Handling

Accident HT/1045440

Policy No.	5091323271-01	Vehicle No.	SKA47815	GET Registration No.	
Certificate No.					
Policyholder Name	ALDRIVER				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Basic CLASSIC	Policyholder NRIC	S336237H
Contact No.(Mobile)	83216713	Contact No.(Office)		Leading	0
Email Address		Special Remarks		Contact No.(Home)	
CPK	+ No Yes	TDR	+ No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

Accident Details

Report Date	22/05/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Bump
Date of Accident	18/05/2019	Time of Accident In:min	13:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LEBUHRAYA PASIR GUDANG 15.3KM				

Excess

Own Damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	22/05/2019 10:06:27 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 221A #07-887	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 601221
Address 4		Address Type	Singapore address	Post Code	601221
Unit No.	07-887	Related Policy Number	5091323271-01		

QE Driver Info

Driver Name	LIM CHEAH YU	Driver Type	Main Driver	Driver DOB	17/01/1988
Uninsured driver Name		Driver NRIC	SRS5807C	Driving Experience	0
Register Date of Driver License	02/04/2013	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	83216713	Contact No.(Office)		Address 1	SINGAPORE 601221
Address 1	BLK 221A #07-887	Address 2	JURONG EAST STREET 21	Post Code	601221
Address 4		Address Type	Foreign address		
Unit No.	07-887	Driver Vehicle No.	SKA47815	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	ALDRIVER	Insured NRIC	S336237H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	84650020
Email Address		Vehicle Number	SKA47815	TP Vehicle Number	FBW426X
Claim Description	SKA47815 / FBW426X ON 18 May 2019				
Insured Liability	Not at Fault	Insured Workshop	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By		Claim Date	22/05/2019 10:08	Date Received	22/05/2019 00:00
			BOSLI WAHIB		

Attachment

Accident No.	HT/1045440	Claim No.	001
Last Disc. Received	Yes No	Upload Date	22/05/2019 10:09
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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 Size/ (KB)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE @ (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE @ (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE @ (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22	

Claim Handling(accident reporting Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:09	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-22
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 10:08	SAS	Normal	SAS 2019-5-22

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: (18/05/2019) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Lebuhraya Papir Gandang 16.8km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 47815
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5091325371
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota Vios
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Personal
- 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: A. Driver (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM CHEAH YU (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8858027C CONTACT: 83716713
- c) ADDRESS: ~~640677~~, P1K 627, Jorong west st. 65, #04-380
640677

*d) DATE OF BIRTH: (12/01/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS

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) Clear
- b) ROAD SURFACE: (DRY / WET / OTHERS) Dry
- 6. WAS ANYBODY INJURED (YES / NO)
- 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBK 8426 X MODEL: Kawasaki 2x10R
- b) DRIVER'S NAME: Aidil RIDHWAN
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 43252291

9. THIRD PARTY VEHICLE

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

WIFE
SON
BA07HHA

*No of passenger
(including driver)
(4)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

email = Cyberkayu_x@hotmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8858027C



Name
LIM CHEAH YU

林佳佑

Race
CHINESE
Date of birth
12-01-1988
Country/Place of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8858027C

Name: LIM CHEAH YU

Birth Date: 12 Jan 1988
Issue Date: 07 Apr 2018

002554979F

6058304



NRIC No. S8858027C



Date of Issue
01-11-2018

Address
APT BLK 221A JURONG EAST STREET 21
#07-887
SINGAPORE 601221

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	02 Apr 2013
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	02 Apr 2013

NP 428A



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: 5091323371

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKA47815 |
| Chassis Number | : MR053HY9305004388 |
| 2. Name of Policyholder | : ALDRIVER |
| 3. Effective Date of Insurance | : 24 May 2017 |
| 4. Expiry Date of Insurance | : 07 Jun 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHEAH YU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

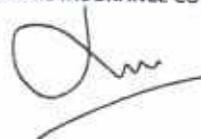
Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 24 May 2017 16:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The owner and vehicle particulars for Vehicle No. SKA4781S as at 25 May 2017 are as follows:

1.	Name	: ALDRIVER
2.	Identification No. Type	: Business
3.	Identification No.	: 53362237M
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SKA4781S
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 25 May 2017
8.	Original Registration Date	: 08 Jun 2007
9.	First Registration Date	: 08 Jun 2007
10.	Vehicle Type	: N18 - Passenger (Co) Company Car (Single Rate)
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: VIOS E AUTO
17.	Year of Manufacture	: 2007
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: MR053HY9305004388 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: 1NZX553658 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1497 / -
26.	Unladen Weight(kg)	: 1095
27.	Maximum Laden Weight(kg)	: 1505
28.	Open Market Value	: \$12,878.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 07 Jun 2017
31.	Minimum PARF Benefit	: \$7,083.00
32.	No. of Transfers	: 3
33.	IU Label No.	: 1121378368
34.	COE No.	: 2007060101002466E
35.	COE Expiry Date	: 31 May 2022
36.	COE Category	: A - Car (1600cc & below)
37.	Quota Premium/Prevailing Quota Premium	: \$25,333.00 / \$25,333.00
38.	Actual Quota Premium/PQP Paid	: \$25,333.00
39.	Actual ARF Paid	: \$14,166.00
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: The vehicle will be de-registered upon expiry of its 5-year COE on 31 May 2022. No further renewal will be allowed. The PARF eligibility of the vehicle will expire on 07 Jun 2017.