

NATIONAL Assessment Centre Services

Form 1 (April 2015)

NA/19092890

Date to: 15/07/2019 15:57	Job description	Date & Time Completed	Done by
Ref No: NA/19092890	SAS e-filing		
Veh No: SJZ 866K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 14/07/2019 16:00	I-Motor Claim Form	MT/1053492-001 15/07/2019	
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16/7/19
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJZ 866K	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: (\$)	Landing: \$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/1905258	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$60)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2015)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) NI: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:		
	Q11:		
	* N3: Courtesy Car / Tpl Allowance \$5		
	* N4: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	* N12: Idm Mobile \$0		
Cal 2/3	Invoice dated	Fee Charged	
1/1 'd	Invoice dated	Fee Charged	

07-MAY-2019 18:39

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	15/07/2019 15:57
Date Of Accident	14/07/2019 16:00
Exact Location Of Accident	JB CUSTOM TOWARDS S'PORE WOODLANDS CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8618K
Insured/Policyholder	
Name Of Registered Owner	LIM ANN KENG
NRIC No	S1185987I
Email Address	WILLIAM.AK.LIM@EXXONMOBIL.COM
Mobile Phone No	(LOCAL) +65-98206162
Alternative Phone No	OTHERS-98206162

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
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	5108409557
Cover Note Number	

Driver

Name of Driver	LIM ANN KENG
NRIC No	S1185987I
Date Of Birth	18/08/1956
Occupation	INDOOR
Date Of Driving Pass	16/02/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98206162
Fax Number	
Contact Number	OTHERS-98206162
Email Address	WILLIAM.AK.LIM@EXXONMOBIL.COM

Address	BLK 181 JELEBU ROAD #26-12
Postcode	670181
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	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)	1

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	SBB3322S
Vehicle Make/Model/Colour	LEXUS 250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

15/7/2019
1135h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

JB Custom - Zohar Bahru Towards STPOLD



B) SJZ 868K

A) SBB 3322S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was travelling back to Singapore from JB. Way to Immigration we choke a block and jam badly. I took the back way and there was 2 lane vehicles slowly moving forward. I decided was in the outer queue and decided to filter left. The vehicle on the left lane (A) moved forward so as I filter out my bumper wedge his right rear bumper. No dent nor damage to the bumper except a 1.5 cm scratch (vertical line) at the corner of his rear bumper on the right side.

Driver A came out to see and took a photo and mumble something in Hokkien which I could not hear clearly. I came out to look and did not see any visual damage except the minor scratch. Driver A went back into his car and drove off without saying anything else nor ask for my IC or driving license.

I did not report to a JB police station as the jam was bad and I am not able to turn back.

DECLARATION

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

Policyholder's Signature

Date & Time:

15/3/19 1145h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/3/19
Keei Wai Hoon

Claim Handling

Accident MY/1893443

Policy No.	3108409557	Vehicle No.	S128618K	GST Registration No.	
Certificate No.				Policyholder NRIC	S1185987I
Policyholder Name	LIM ANN KENG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98206162	Special Remarks		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	15/07/2019 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/07/2019	Time of Accident (H:MM)	16:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	28 CUSTON TOWARDS SCORE WOODLANDS CUSTON				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 181 #28-12	Address 2	SELEBU ROAD	Address 3	SINGAPORE 670181
Address 4		Address Type	Singapore address	Post Code	670181
Unit No.		Related Policy Number	0108409557		
OT Driver Info					
Driver Name	LIM ANN KENG	Driver Type	Main Driver	Driver DOB	18/08/1958
Unnamed Driver Name		Driver NRIC	S1185987I	Driving Experience	15
Register Date of Driver License	26/02/2003	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	98206162	Contact No.(Office)		Address 3	SINGAPORE 670181
Address 1	BLK 181 #28-12	Address 2	SELEBU ROAD	Post Code	670181
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	S128618K		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001

New

Claim Type *	OD-MK	Injured Name	LIM ANN KENG	Injured NRIC	S1185987I
Contact No.(Mobile)	97811263	Contact No.(Home)	67627970	Contact No.(Office)	
Email Address		OT Vehicle Number	S128618K	TP Number	SRB33225
Claim Description	S128618K / SRB33225 ON 14 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Remand No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered		Claims Close Date	15/07/2019 16:09	Calls Received	15/07/2019 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MY/1053443	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	15/07/2019 16:10		
Path *					
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Message Read		Send Message			
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:10	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:10	Photos	Normal	Photos 2019-7-15	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:10	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:10	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:10	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	SAS	Normal	SAS 2019-7-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-15

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14/07/2019) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: JB Customs - Joha Bahru

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 8618K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108409537
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volvo XC60
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal Use
 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: Lim Ann Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S11859874 CONTACT: 98206162
 c) ADDRESS: 81R-181, Teluk Road #26-12

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Same as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (18/08/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/09/1928

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

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: SBB3322S MODEL: Lexus J50
 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)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

email = william.ak.lim@exxamobile.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S11859871

For LKK/NAC Use Only



LIM ANN KENG
林安庆
CHINESE
Date of Birth: 18-08-1956 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S11859871
Name: LIM ANN KENG

For LKK/NAC Use Only

Birth Date: 18 Aug 1956
Issue Date: 26 Feb 2003




8870582



NRIC No: S11859871

For LKK/NAC Use Only

Blood Group: O+ Date of Issue: 02-02-1995

APT BLK 181 JELEBU ROAD #28-12
SINGAPORE 670181
NRIC No: S11859871 Date: 09/11/2007 No: 5858509

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Oct 1979
Class 2A	Motorcycles between 201 cc and 400 cc	19 Oct 1979
Class 2	Motorcycles exceeding 400 cc	19 Oct 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Feb 1978

For LKK/NAC Use Only

Licence No: S11859871



NP 426A

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: S108409557

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJZ8618K**
Chassis Number : YV1DZ445BB0166688
2. Name of Policyholder : LIM ANN KENG
3. Effective Date of Insurance : 27 Mar 2019
4. Expiry Date of Insurance : 26 Mar 2020
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	SS600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	SS100
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 ANN KENG
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
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 : LAU SOOK HUI (00000602580)
Date of Issue : 22 Mar 2019 16:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



2019-000008840-P

Issued On : 25 Apr 2019

VEP Registration Confirmation Slip

Thank you for registering the following vehicle.

Vehicle Details

Vehicle Type (JPJ)	Motorcar
Registration Origin	Singapore
Ownership Category	Private (Individual)
Registration Type	I am registering for my own vehicle
Vehicle No.	SJZ8618K
Chassis No.	YV1DZ445B82166698
Engine No.	B4204T6208348
Vehicle Type	PASSENGER CAR
Make	VOLVO
Model	XC60
Year of Manufacture	2010
Propellant	Petrol
Number of Axles	2
Number of Tyres	4
Person With Disability	NO
PWD Card No.	N/A
Primary Colour	BROWN
Road Tax Expiry Date	29-06-2019
Ownership Date	30-12-2010
Vehicle Registration Date	30-12-2010
ICP Number	N/A
ICP Expiry Date	N/A
Malaysian Registered Insurance	N/A
COE Number	2011010107000015G
COE Category	B
COE Expiry Date	29-12-2020
Insurance Company Name	NTUC
Insurance Policy No.	5108409557
Insurance Expiry Date	26-03-2020