

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 15/07/19         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CIE19012490/13 | SAS e-filing                             |                       |         |
| Veh No: GBE2764R          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| DOA: 15/07/19 1445        | i-Motor Claim Form                       |                       |         |
| OD (IP) Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

|                               |  |                       |
|-------------------------------|--|-----------------------|
| TP Particulars:               | Veh No: GBD424WY   | INC ( ) / Non-INC ( ) |
| Owner / Driver: ( )           |  | Tel: ( )              |
| Policy No: ( )                | Period: ( )  | Cover Type: ( )       |
| Confirmed by: ( )             | Date: ( )  | Time: ( )             |
| Insured/Driver Liability: ( ) | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] |                       |
| Year of Registration: ( )     | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$ )                 | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

## General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury : \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1905358

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |                      |                      |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |                      |                      |
|                                 | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|                                 | 6) TR : Re-inspection \$75                      |                      |                      |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD*   |                      |                      |
|                                 | *N5: Courtesy Car / Tpl Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                 | TP (N11) : TP (Non INC) against INC \$20        |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |                      |
| Cat. 1:                         | Invoice dated                                   | Fee Charged          |                      |
| Cat. 2 / 3:                     | 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             | 15/07/2019 18:34                           |
| Date Of Accident           | 12/07/2019 14:45                           |
| Exact Location Of Accident | MSCP OF BLK 631A PASIR RIS DR 3 AT DECK 2A |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | GBE2764R                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | M/S CLEANGRIP SOLUTIONS PTE.LTD. |
| Co Reg No                   | 200701945R                       |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-96690765                  |

### Vehicle Particulars

|  |                                  |
|--|----------------------------------|
| Manufacturer   | FIAT                             |
| Model  | DOBLO                            |
| Exact Purpose for which vehicle was being used at time of accident           | STATIONARY PARKED IN CARPARK LOT |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                               |
| If No, Please state action to be taken                                       | THIRD PARTY                      |
| Vehicle Category   | COMMERCIAL VEHICLE               |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN3023681900                              |
| Cover Note Number         |   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TAN MICHAEL WILLIAM  |
| NRIC No              | S1842724I            |
| Date Of Birth        | 20/12/1967           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 26/11/2009           |
| Driving Experience   | 9 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96690765 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 110 PASIR RIS ST 11<br>#11-613 |
| Postcode  | 510110                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OTHER - CO-OWNER                   |
| Vehicle Registration Number of Driver's Own Vehicle | -                                  |
|   | -                                  |
| Insurance Company of Driver's Own Vehicle           | -                                  |
|   | -                                  |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | INSIDE MSCP                  |
| Road Surface       | INSIDE MSCP                  |

#### 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)   | 0   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | PASIR RIS NEIGHBOURHOOD POLICE CENTRE                             |
| Police Station Address                    | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-5852999 - FAX NO: 65855261                           |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190714/2105

#### Attachment(s)

|   |               |
|---|---------------|
| Are accident photos available for attachment? | YES           |
| Was there any video captured by Car Camera?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBD4242Y           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| 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:

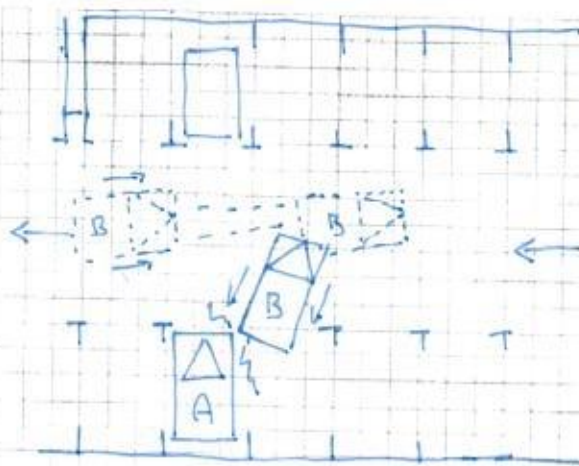
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

DECK 2A (MSCP BLK 63) APARIS RIS DR3

- GBE 2764 R

- CBD 4242 y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## DECLARATION

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



Policyholder's Signature

Date &amp; Time:

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

 15/07/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190714/2105

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20190714/2105

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>14/07/2019 23:46 | Vide Report No.: | Station Diary No.:<br>115 |
|--|------------------|---------------------------|

**Informant's Particulars**

|   |            |                              |   |  |                            |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>TAN MICHAEL WILLIAM |            |                              | Address:<br>APT BLK 110 PASIR RIS STREET 11 #11-613 SINGAPORE<br>510110 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1842724I  |            |                              | Contact No.:<br>Home/Office: Mobile: 96690765                           |  |                            |
| Nationality:<br>SINGAPORE CITIZEN         |            |                              | Email:  |  |                            |
| Sex:<br>Male                              | Age:<br>51 | Date of Birth:<br>20/12/1967 | Type of Informant:<br>Vehicle Owner                                     |  |                            |
| Race:<br>Chinese                          |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>SELF-EMPLOYED              |            |                              | Driving Licence Information:<br>Class: 3A                               |  | Date of Expiry:            |

**General Information of the Accident**

|  |                           |                                    |  |                               |
|--|---------------------------|------------------------------------|--|-------------------------------|
| Type of Accident:  | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>12/07/2019 16:50 | Type of Location:<br>Car Park |
| Location:<br>Along Road 1<br>PASIR RIS DRIVE 3<br><br>MULTI-STORY CARPARK AT BLOCK 631A PASIR RIS DRIVE 3, DECK 2A |                           |                                    |  |                               |
| Weather:<br>SHELTERED  |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                               |
| Traffic Flow:<br>Dual Carriage Way   |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                               |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle  |                           |                                    | Anyone conveyed by ambulance:<br>No        |                               |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| GBD4242Y    | Lorry |      |       |       |           | 0               |
| GBE2764R    | Van   | FIAT | DOBLO | White |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20190714/2105

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190714/2105

**CONTINUATION OF REPORT**

| Vehicle Owner                     |                     |  |                                  |
|-----------------------------------|---------------------|--|----------------------------------|
| Name                              | TAN MICHAEL WILLIAM | ID No.                                 | S1842724I                        |
| Related Vehicle                   | GBE2764R (Van)      | Contact No.                            | 96690765                         |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                 | Date Discharge                         | NIL                              |
| No. of Days granted Medical Leave | NIL                 | Degree of Injury                       | NIL                              |

**Brief Details.**

On 12/07/2019 at about 0500hrs, I parked my vehicle (GBE2764R) at the multi-story car park of Blk 631 Pasir Ris Drive 3, Deck 2A. When I parked my vehicle there, there is a vehicle on my right however I believed that it was a saloon car.

On 12/07/2019 at about 1650hrs, I went back to my vehicle and discovered that there are damages on the front right side to my vehicle. There are dents and a deep scratch on the front right side of my vehicle. I took videos and pictures of the damages. There is a lorry (GBD4242Y) parked on the right side of my vehicle and I discovered paint transfer on the rear left side of the lorry. My vehicle is white in colour hence there were white paint marks on the rear left part of the lorry. No note were placed on my windscreen.

My vehicle is installed with an in-build vehicle camera. I tried to retrieve the footage through my phone however it was taking too long. I then took out my SD card and view the footage on a computer. The supporting footage managed to capture that the lorry parked on my right (GBD4242Y) had reversed onto my vehicle and hit onto the front right side of my vehicle. After hitting onto my vehicle, the lorry proceed to adjust and parked the lorry at the lot beside my vehicle and remained there even after I had left the area.

I am currently staying at Blk 631 Pasir Ris Drive 3 #08-380.



**SINGAPORE  
POLICE FORCE**



T/20190714/2105

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20190714/2105

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt MOHAMED HAZWAN BIN MOHAMED  
YASIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
14/07/2019 23:46

Classification Of Case:

SIGNATURE

|  |   |                          |                            |
|--|---|--------------------------|----------------------------|
| <b>Vehicle No.</b>                       | G3E 2764 R                                      | <b>Model / Make</b>      | FIAT DOBIO                 |
| <b>Date of Accident</b>                  | 12/07/2019                                      |                          |                            |
| <b>Time of Accident</b>                  | 1445  | <b>HRS</b>               |                            |
| <b>Location of Accident</b>              | MSCP OF BUK 031A PASIR RIS DR 3, AT DECK 2A     |                          |                            |
| <b>Exact purpose use during accident</b> | STATIONARY PARKED. IN CAR PARK LOT.             |                          |                            |
| <b>Name of Owner</b>                     | CLEAN GRIA SOLUTIONS PTE LTD                    |                          |                            |
| <b>Telephone No.</b>                     | H/P : 9669 0765                                 | <b>Home :</b>            | <b>Office :</b>            |
| <b>NRIC</b>                              | 200701945 R                                     |                          |                            |
| <b>Address</b>                           | 190 MIDDLE ROAD #19-05 FORTUNE CENTRE S(185479) |                          |                            |
| <b>Claim type</b>                        | OD  | THIRD PARTY              | REPORTING ONLY             |
| <b>Insurance Company</b>                 | CHINA TAIPING                                   |                          |                            |
| <b>Type of Coverage</b>                  | Comprehensive                                   | Third Party              | Third Party / Fire / Theft |
| <b>Policy No.</b>                        | DMCUSN3023681900                                |                          |                            |
| <b>Name of Driver</b>                    | As Above If No, TAN MICHAEL WILLIAM             |                          |                            |
| <b>NRIC</b>                              | 51842724 I                                      | <b>Any Passengers :</b>  | NIL                        |
| <b>Date of birth</b>                     | 20/12/1967                                      |                          |                            |
| <b>Occupation</b>                        | Outdoor   | /                        | Indoor                     |
| <b>Driving License Pass Date</b>         | 26 NOV 2009                                     |                          |                            |
| <b>Gender</b>                            | Male / Female                                   |                          |                            |
| <b>Contact No.</b>                       | H/P : 9669 0765                                 | <b>Home :</b>            | <b>Office :</b>            |
| <b>Address</b>                           | BUK 110 PASIR RIS STREET 11 #11-613 S(510110)   |                          |                            |
| <b>Driver have any own vehicle</b>       | No,   | If yes, Reg No.          |                            |
| <b>Relationship</b>                      | Employee,                                       | If no, state             | CO. OWNER                  |
| <b>Weather condition</b>                 | Clear   | Raining                  | Other INDOOR MSCP          |
| <b>Road Surface</b>                      | Dry   | Wet                      | Other INDOOR MSCP          |
| <b>Any Injuries</b>                      | No,   | If Yes, Who?             |                            |
| <b>Name And Contact No.</b>              |   |                          |                            |
| <b>Name And Contact No.</b>              |   |                          |                            |
| <b>Police Report</b>                     | No,   | If Yes, Where?           | PASIR RIS NPC.             |
| <b>Vehicle B No.</b>                     | G3D 4242 Y                                      | <b>Any Passengers :</b>  |                            |
| <b>Name of Driver</b>                    |   | <b>Contact No. :</b>     |                            |
| <b>Vehicle C No.</b>                     |   | <b>Any Passengers :</b>  |                            |
| <b>Vehicle D No.</b>                     |   | <b>Any Passengers :</b>  |                            |
| <b>Vehicle E no.</b>                     |   | <b>Any Passengers :</b>  |                            |
| <b>Vehicle F No.</b>                     |   | <b>Any Passengers :</b>  |                            |
| <b>Vehicle G No.</b>                     |   | <b>Any Passengers :</b>  |                            |
| <b>Witness Name</b>                      |   | <b>Witness Contact :</b> |                            |
| <b>Accident Portion</b>                  | RIGHT FRONT PORTION.                            |                          |                            |
| <b>Camera Recorder</b>                   | Yes / No  |                          |                            |
| <b>Email Address</b>                     |   |                          |                            |
| <b>PARTICULAR WORKSHOP</b>               | TWINCAR AUTOMOTIVE PTE LTD                      |                          |                            |
| <b>CONTACT NO.</b>                       | 6842 0051 / 6744 0510                           |                          |                            |
| <b>CONTACT PERSON</b>                    | IAN   |                          |                            |
| <b>FAX NO</b>                            | 6741 0510                                       |                          |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>            | sales@n51.com.sg                                |                          |                            |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1842724I



Name

TAN MICHAEL WILLIAM

For LKK/NAC Use Only

Race

CHINESE

Date of birth

20-12-1967

Country/Place of birth

SINGAPORE



5312148



NRIC No. S1842724I



For LKK/NAC Use Only

Date of issue

15-05-2014

Address

APT BLK 406 PASIR RIS DRIVE 6  
#07-477  
SINGAPORE 510406



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S18427241**  
Name: **TAN MICHAEL WILLIAM**

**For LKK/NAC Use Only**

Birth Date: **20 Dec 1967**  
Issue Date: **26 Nov 2009**

**001807876J**



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

|   | PASS DATE   |
|---|-------------|
| Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg | 26 Nov 2009 |

**For LKK/NAC Use Only**

NP 428A

Licence No: **S18427241**



## 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 No.   | DMCVSN3023681900                  | Engine No :263A50007396762<br>Chassis No:ZFA26300006A84239   |
| 1. Index Mark and Registration<br>Number of Vehicle   | GBE2764R                          |  |
| 2. Name of Policy Holder  | M/S CLEANGRIP SOLUTIONS PTE. LTD. |  |
| 3. Effective date of the Commencement of Insurance for<br>the purposes of the Regulations, Ordinance or Enactment | 21 APRIL 2019                     | EX SECT. I .....S\$450.00<br>EX ON WINDSCREEN .....S\$100.00 |
| 4. Date of Expiry of Insurance  | 20 APRIL 2020                     |  |
| 5. Persons or Classes of Persons entitled to drive *  |                                   |  |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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: \*

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ABWIN PTE LTD AS HP OWNER

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

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse  
For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**



Countersigned By:

Authorised Officer



Authorised Signatory