

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA11910567**

Date In: 21/11/11	Job description	Date & Time Completed	Done by
Ref No: NA11910567/24	SAS e-filing		
Veh No: SLX3 K34	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/11/11-03:15	i-Motor Claim Form		
OD / TP / 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: (Tel:	Fax:
TP Particulars:	Veh No: unknown	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%. P: 80-100%]		
Year of Registration: (Warranty: YES () / NO ()		
Excess: (\$	Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

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

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

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

Remarks:- (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

NA1905841	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

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	07/08/2019 14:11
Date Of Accident	12/06/2019 03:15
Exact Location Of Accident	CTE TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX3193Y
Insured/Policyholder	
Name Of Registered Owner	HONG SHIN BUILDERS PTE LTD
Co Reg No	199900724G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-ME000094-R06
Cover Note Number	
Driver	
Name of Driver	JONG JUN MING
NRIC No	S9123118B
Date Of Birth	13/06/1991
Occupation	INDOOR
Date Of Driving Pass	27/03/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98286713
Fax Number	
Contact Number	OFFICE-98286713
Email Address	NOEMAIL

Address	BLK 1G CANTONMENT ROAD #25-73
Postcode	085701
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190612/2111. VEHICLE HAS BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
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** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

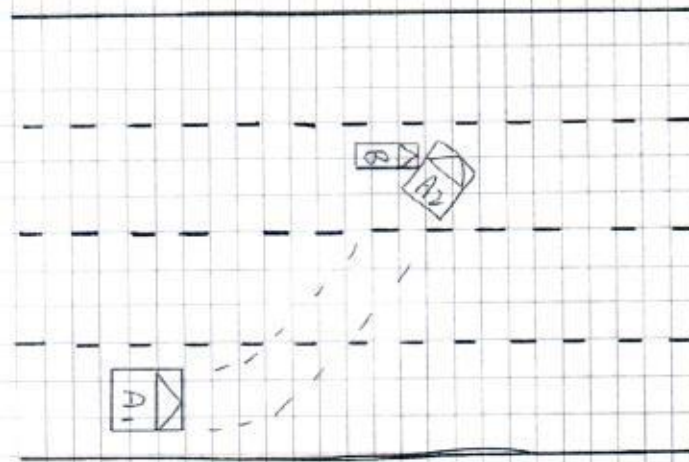
HONG SHIN
BUILDERS
PTE LTD

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A-SAX3193Y
B- Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

HONG SHIN
BUILDERS
PTE LTD

Policy holder's signature
Date & time:

[Signature]

Driver's signature
(if driver is not policy holder)
Date & time:

[Signature]

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	12 June 2019 (DD/MM/YY)
Time of accident	03:15 a.m. (HH:MM)
Exact location of accident	CTE towards Upper Serangoon Road

DETAILS OF VEHICLE	
Vehicle registration number	SGX3193Y
Vehicle make and model	Toyota Vios
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	Tokio Marine
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Hong Shin Builders Pte Ltd Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Jong Jun King Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9123118B
Contact	9828 673
Address	Blk 1A Cantonment Road #25-73 S(085701)
Email address	
Date of birth	13 June 1991
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	Hong Jong Jun Min
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	Unknown
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190612/2111

1 of 3

Report No. T/20190612/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2019 15:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JONG JUN MING		Address: 1G CANTONMENT ROAD #25-73 THE PINNACLE @ DUXTON SINGAPORE 085701			
ID Type / ID No.: NRIC NO / S9123118B		Contact No.:		Mobile: 98286713	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 27	Date of Birth: 13/06/1991	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/06/2019 03:15	Type of Location:
Location: CENTRAL EXPRESSWAY CTE > UPP SERANGOON RD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX3193Y	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190612/211

Report No. T/20190

CONTINUATION OF REPORT

Driver			
Name	JONG JUN MING	ID No.	S9123118B
Related Vehicle	NIL	Contact No.	98286713
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	FENG BO	ID No.	NIL
Related Vehicle	NIL	Contact No.	90725981
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING ON CTE ALONG UPP SERANGOON RD ON THE FIRST LANE. DUE TO A PUDDLE ON THE ROAD, THE CAR SKIDDED AND I TRIED TO COUNTER STEER MANY TIMES TO TRY TO GET BACK CONTROL AND THE CAR SWERVED LEFT AND RIGHT FOR SOMETIME BUT COULD NOT CONTROL IT AND THE CAR SKIDDED TO THE RIGHT SIDE AND COLLIDED TO THE BARRIER. AFTER THE COLLISION I THEN SAW A MOTORCYCLE THAT WAS LYING ON THE ROAD. THEN I GOT OUT OF THE CAR TO CHECK WHERE IS THE MOTORIST. THEN I SAW THE MOTORIST STAND UP AND THEN WENT TO THE SIDE OF THE ROAD. A PASSERBY STOPPED HIS VEHICLE AND CHECKED ON ME. I TOLD HIM I WASN'T FEELING WELL, AS I WAS FEELING NAUSEA AFTER THE IMPACT. THEN THE PASSERBY DROVE ME TO A NEARBY CLINIC AND MY FRIEND WHO WAS THE PASSANGER TOOK CARE OF THE SITUATION AT SCENE. I FOLLOWED THE PASSERBY AND WENT TO A 24HRS CLINIC AND WAS ISSUED 3 DAYS MC.

**SINGAPORE
POLICE FORCE**

Station Of Origin:
Police
Bl Avenue 3 SINGAPORE 408865
No: 65470000



T/20190612/2111

3 of 3

Report No. T/20190612/2111

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:
TP /
NG RUI TONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/06/2019 15:37

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423
Authentication Stamp
NP168

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature:

Enquire Transaction History

Transaction History Details

Log Date/Time:	05 Aug 2019 / 16:40:34
Receipt No.:	STDGI-00000-190805-001039
Asset Type:	Vehicle
Transaction Amount:	\$25.00
Asset ID:	SGX3193Y
Channel:	AA Counterless - FUYI VEHICLE TRADING
Transaction Type:	05.17.2 Temporary Transfer (AA)
Business Transaction Reference No.:	20190805162446871190
Current Vehicle No.:	SGX3193Y
Previous Vehicle No.:	SGX3193Y
IU Label No.:	1121466816
First Registration Date:	20 Aug 2007
Original Registration Date:	20 Aug 2007
Previous Effective Ownership Date/Time:	21 Jan 2013 16:08:24
Current Effective Ownership Date/Time:	05 Aug 2019 16:40:34
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)
Vehicle Scheme:	Normal
Actual ARF paid:	-
Vehicle Model:	VIOSE AUTO
Engine No.:	1NZX585191
Motor No.:	-
Trailer Chassis No.:	-
Passenger Capacity:	4
Engine Capacity:	1497
Power Rating:	-
Unladen Weight:	1095
Maximum Laden Weight:	1505
Manufacturing Year:	2007
Open Market Value:	12,607.00
Minimum PARF Benefit:	6,934.00
Temporary Transfer Start Date:	05 Aug 2019
Temporary Transfer End Date:	04 Nov 2019
Maximum Temporary Ownership Period:	12 months
No. of Transfer:	2
COE No.:	2007090101001297H
COE Bid Category:	A - Car (1600cc & below)
Vehicle Make:	TOYOTA
Propellant:	Petrol
Primary Color:	Beige
Secondary Color:	-
PARF Eligibility:	Forfeited
Actual QP/PQP Paid Amount:	22,700.00
Chassis No.:	MR053HY9305014543
COE Expiry Date:	19 Aug 2022
Owner ID Type:	Company
Owner ID:	199900724G
Owner Country/Region:	Singapore
Owner Name:	HONG SHIN BUILDERS PTE LTD
Next Owner ID Type:	Business
Next Owner ID:	52991979J
Next Owner Country/Region:	Singapore
Next Owner Name:	FUYI VEHICLE TRADING
Next Owner Registered Address Type:	HDB / HUDC
Next Owner Registered Block/House No.:	504
Next Owner Registered Street Name:	JELAPANG ROAD
Next Owner Registered Floor No.:	02
Next Owner Registered Unit No.:	360
Next Owner Registered Building Name:	-
Next Owner Registered Postal Code:	670504

8/5/2019

Transfer coupled with:

Status:

Information displayed is correct as at the log date and time.

Vehicle Hub

Lay-up

The vehicle has been transferred successfully

[Back to List](#)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9123118B



Name

JONG JUN MING

楊 竣 銘

Race

CHINESE

Date of birth

13-06-1991

Country of birth

SINGAPORE

Sex

M

FOR LIAISON USE ONLY



4887000

NRIC No. S9123118B



FOR LIAISON USE ONLY

Date of issue

16-12-2010

Address

APT BLK 1G CANTONMENT ROAD
#25-73
SINGAPORE 085701

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9123118B

Name:

JONG JUN MING

For LKK/NAC Use Only

Birth Date: 13 JUN 1991

Issue Date: 04 NOV 2015



00Z490181A



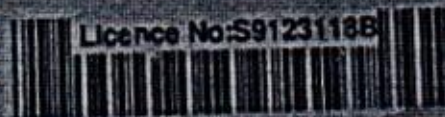
SG
50

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 27 Mar 2013

For LKK/NAC Use Only



Licence No: S9123118B

NP 428A

Tokio Marine Insurance Singapore Ltd.

(Company Reg No. 19230001-M) (GST Reg No. M2-000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX4

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)

Policy No.: 19-ME000094-R06 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGX3193Y Chassis No.: MR053HY9305014543
2. Name of Policyholder HONG SHIN BUILDERS PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 20/02/2019
4. Date of Expiry of Insurance 19/02/2020
5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
6. Limitations as to use*
Use only for social domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 1426DDB

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature