



WITHOUT PREJUDICE

Our Ref: SJX 8901C

Your Ref: SKT 1272P

16th September 2020

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Jasper,

Accident Involving: SJX 8901C and SKT 1272P

Date of Accident: 10 November 2019

Location of Accident: Balestier Road

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$ 4,200.00	
TOTAL LOR/U DAYS	10 DAYS	2 Days PRS (11/12 Nov) + 1 Day Resurvey (13 Nov) + 6 Repair Days Agreed (14/15/16/18/19/20 Nov) + 1 Sunday (17 Nov)
Add Loss of Rental	\$ 720.00	6 Days - Inv#S1911018
Add Loss of Use	\$ 320.00	4 Days
Total	\$ 5,240.00	
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 5,276.45	

Kindly pay the Grand Total Amount of **\$5,276.45** to:

Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.



Regards,
Adel (Ms)

PROFORMA INVOICE



ATTENTION:
Davian Tan Tai Boon (Chen Daiwen)

PI Number	P2009-1057
PI Date	16-Sep-2020
Vehicle No.	SJX 8901C
Accident Date	10-Nov-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJX 8901C	COR Lump Sum		\$ 4,200.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 4,200.00
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Authorized Signature



BIZTEK LEASING

Company Reg No.: 53329851B
 58, Philips Avenue,
 Singapore 547005

VEHICLE RENTAL AGREEMENT**Hirer Particulars**

Name: XU Huibo NRIC / DL No.: h0951724w
 Home Address: 24 Rivervally close #19-28 Pacific Mansion S'PORE 238435
 S() Contact No.: 9235 9995 Email: -

Vehicle Details

Make: Hyundai Model: Avante 1.6A Type: Sedan / Hatch / SUV / MPV
 Registration No.: SJT 9286J Colour: Silver Transmission: Auto / Manual
 Rental: \$ 120 per Day Rental period/time: 12/11/19 to 18/11/19

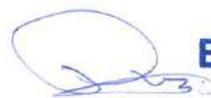
The agreement entails:

1. Hirer to return Vehicle in clean & odor-free condition. Liability: Exterior - \$15, Interior vacuum - \$15, odour elimination: - \$100.
2. Hirer to return the Vehicle with fuel level equivalent to start of hired date. Penalty for fuel shortage: \$2.20/liter
3. Hirer is responsible for flat tires caused by road hazards. Repairs (patching) can be done in any tire workshop.
4. Hirer is responsible to maintain engine oil and radiator water levels in Vehicle. Hirer is liable for any repairs in the event of non-maintenance of fluid levels and over-rev of engine.
5. In the event of engine overheating, Hirer shall park Vehicle at safe location and contact Company immediately for assistance.
6. Hirer to send the Vehicle to appointed workshop for regular maintenance/ repairs with consent from the Company.
7. Hirer is responsible for ERP charges, parking cost and traffic offence fines/ demerit points during the hiring period.
9. Hirer to comply with the laws of Singapore/ Malaysia and **NOT TO** use the Vehicle for any illegal purpose/race/competition and in a negligent manner.
9. Vehicle must **NOT BE** used to carry passengers in excess of the capacity according to Vehicle log card /insurance coverage.
10. Vehicle is to be used for the carriage of passengers or goods in connection with the Hirer's business, for social domestic and pleasure purposes.
11. Hirer is not to permit the Vehicle to be operated by any other person without the written consent of the Company.
12. Hirer to comply with all the terms and conditions of the insurance coverage attached to the rented Vehicle.
13. Hirer is liable for **ALL** collision damage to the Vehicle. Insurance excess amount to be collected by Company immediately (excess amount will refund to Hirer if the other party is at fault).
14. Insurance excess in the case of an accident (compulsory insurance report):
 - a) Comprehensive coverage - **\$2,500** for hired vehicle + **\$2,000** for third party vehicle = **\$4,500**.
 - b) Third Party Only (TPO) coverage - 'Hirer's expense' for hired vehicle + **\$2,000** for third party vehicle.
15. Company is responsible for the cost of wear & tear maintenance, Vehicle insurance premium and road tax.
16. Company reserves the right to replace a vehicle of equivalent or similar make/model during the course of this agreement.
17. Company is to return the security deposit (if any and subject to liability) within Two (02) weeks of agreement completion.
18. Company is entitled to forfeit any security deposit and/ or penalty \$500 in the event of any breach to this agreement.
19. Surcharge of \$20/day applies to Hirer for late rental (weekly/ monthly) payment.
20. In the event of payment arrant by Hirer, the Company reserves the right to repossess the Vehicle including a fee of \$2,000.



Hirer Signature

Date:


BIZTEK LEASING

UEN: 53329851B

On behalf of Company

Name: Davin TanContact No.: 983 21500Date: 12/11/19



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-186413

Date of Request: 12/11/2019

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SJX8901C

Date of Accident: 10/11/2019

Place of Accident: BALESTIER RD

Involving Vehicle No: SKT1272P (NO REPORT) VALID TILL 13-21/11

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-190454
Date of Request: 19/11/2019

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 10/11/2019
Vehicle No: SJX8901C
Place of Accident: BALESTIER ROAD
Involving Vehicle No: SKT1272P

With reference to your application for the accident report, we have attached the following accident reports as requested:

Table with 5 columns: DOCUMENTS, ACCIDENT LOCATION, PER DOC (S\$), QTY, AMOUNT (S\$). Rows include SKT1272P, GST Amount, and Total Amount Due (GST Inclusive).

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
[] GIRO [X] Cash [] Cheque

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Nov 2019 / 17:06:01

Receipt Date/Time : 11 Nov 2019 / 17:06:01

SJX8901C (P)

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191111-002468

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKT1272P As at 10 Nov 2019/20:27:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKT1272P Enquiry Fee 20191111170418276125	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45

Paid By

xxxxxxxxxxxx8855 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SJX 8901 C
and SKT 1272 P and
and and
@ BALESTIER ROAD

dated 10/11/19

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date:

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	11/11/2019 16:53
Date Of Accident	10/11/2019 20:25
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8901C
Insured/Policyholder	
Name Of Registered Owner	DAVIAN TAN TAI BOON (CHEN DAIWEN)
NRIC No	S7348220H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92359995
Alternative Phone No	OFFICE-92359995

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
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	5104142631-01
Cover Note Number	

Driver

Name of Driver	XU HUIBO
Passport No/FIN	G0951724W
Date Of Birth	21/05/1990
Occupation	INDOOR
Date Of Driving Pass	30/07/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92359995
Fax Number	
Contact Number	OFFICE-92359995
EEmail Address	NOEMAIL

Address	58 PHILLIPS AVENUE SINGAPORE
Postcode	547005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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

REFER TO ATTACHED

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	SKT1272P
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)	

DETAILS OF INJURED PERSON 1

Name	XU HUIBO
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Approximate Age	
Injuries Sustain	BACK, NECK AND SHOULDER PAIN
Injured person in which vehicle?	SJX8901C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	58 PHILLIPS AVENUE SINGAPORE
Postcode	547005

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.:



**SINGAPORE
POLICE FORCE**



T/20191111/7009

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

1 of 3

Report No. T/20191111/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 15:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: XU HUIBO		Address: APT BLK 24 RIVER VALLEY CLOSE #19-28 PACIFIC MANSIONS SINGAPORE 238435	
ID Type / ID No.: FIN NO / G0951724W		Contact No.:	Mobile: 92359995
Nationality: CHINESE		Email: xiaoboo521@126.com	
Sex: Male	Age: 29	Date of Birth: 21/05/1990	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Operations officer (except transport operations)		Driving Licence Information: Class: 3	Date of Expiry: 29/07/2021

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2019 20:25	Type of Location: T-Junction
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8901C	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20191111/7009

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

2 of 3

Report No. T/20191111/7009

CONTINUATION OF REPORT

Driver			
Name	XU HUIBO	ID No.	G0951724W
Related Vehicle	SJX8901C (Car)	Contact No.	92359995
Hospital/Clinic	KILLINEY FAMILY & WELLNESS CLINIC PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 29/07/2021
Date Treatment	11/11/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE 'A' SJX 8901C WAS TRAVELLING ON THE STATED VENUE. I WAS STATIONARY IN MY LANE AWAITING FOR THE TRAFFIC TO TURN GREEN. WHILE STATIONARY, SUDDENLY I FELT AN IMPACT ON MY VEHICLE REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED VEHICLE 'B' SKT 1272P HAD COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION.



**SINGAPORE
POLICE FORCE**



T/20191111/7009

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

3 of 3

Report No. T/20191111/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/11/2019 15:25

Classification Of Case:

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: 5104142631-01

Cover : drive CLASSIC

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJX8901C |
| Chassis Number | : MR053ZEE106177497 |
| 2. Name of Policyholder | : DAVIAN TAN TAI BOON (CHEN DAIWEN) |
| 3. Effective Date of Insurance | : 27 Sep 2019 |
| 4. Expiry Date of Insurance | : 20 Jul 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: DAVIAN TAN TAI BOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE LIMITED
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 : LIAN HONG PTE LTD (00000611606)
 Date of Issue : 16 Jul 2019 12:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7348220H



Name

DAVIAN TAN TAI BOON
(CHEN DAIWEN)

陈 待 文

Race

CHINESE

Date of birth

23-12-1973

Sex

M

Country of birth

SINGAPORE



4881021



NRIC No. S7348220H



Date of issue

07-09-2012

58 PHILLIPS AVENUE
SINGAPORE 547005

NRIC No: S7348220H

Date: 05/10/2017

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

Employer
PG CONTRACTOR ENTERPRISE



Name
XU HUIBO

S Pass No.
D 77423494

Sector
CONSTRUCTION




K0380372



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G0951724W**

Name
XU HUIBO

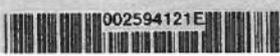
Birth Date: **21 May 1990**

Issue Date: **30 Jul 2016**

Valid Till **29/07/2021**




002594121E



VISIT PASS 15-05-2018
Immigration Regulations

Name
XU HUIBO

FIN
G0951724W

Date of Birth Sex
21-05-1990 M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status




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



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

Class	Vehicle Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Jul 2016

NP 428A

Licence No: G0951724W

