

NATIONAL Assessment Centre Services. (Part 1 Jan 2023) MWA 120015495.

Date In	4/2/20 10:33	Job description	Date & Time Completed	Done by
Ref No	MA/INC 20001868164	SAS e-filing		
Veh No	SJQ 7060Y	E-mail (within 3hrs, AIC 2hrs)		
IP Insurer	1/2/20 19:30	I-Motor Claim Form	MT/1082802 ⁰⁰¹	4/2/20 11:01
IP Insurer	Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer		I-Photo Uploaded		
IP Insurer		Assessment/Survey Report		
IP Insurer		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: SLX 32P	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 rep/ter.

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

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

Remarks:	(INC 400 line 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

MA 2001031	Invoice/Repairation Checklist	Acc (25)	Acc (25)
Claimant's Particulars:	1) AL: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant's use: INC Only (w/c 10 Jan 2023)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*NS: Courtesy Car / Tpt 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: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/02/2020 10:33
Date Of Accident	01/02/2020 19:30
Exact Location Of Accident	PUNGGOL EAST TWDS PUNGGOL FIELD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7060Y
Insured/Policyholder	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	5XXXX782W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96196800

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097594730-01
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER SEE TOH PAK CHOY
NRIC No	SXXXX865F
Date Of Birth	15/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83283373
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	8 JLN MUTIARA #02-03
Postcode	249188
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200202/2055

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	SLX32P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH KOK HONG
NRIC/Passport Number	
Contact Number	96919378
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHRISTOPHER SEE TOH PAK CHOY

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJQ7060Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

 3/2/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Ringgo
Field

Punggol East

A - SJQ 7060Y
B - SLX 32P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20200202/2055

DECLARATION

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



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.:

VEHICLE NO: SJQ 7060 Y

MAKE & MODEL : TOYOTA ACTIS

DATE OF ACCIDENT	01 / 03 / 2020
TIME OF ACCIDENT	7:30 AM / (PM)
LOCATION OF ACCIDENT	Punggol East towards Punggol Field.
Exact Purpose use during accident	
NAME OF OWNER	MIKE'S TRANSPORT
TELP NO	96196800 (MIKE)
NRIC	53315782W
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	(YES) / NO ?
INSURANCE CO.	NTUC
TYRE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	5097594730-01
NAME OF DRIVER	As above / If No: CHRISTOPHER SEE IOH PAK CHOY
NRIC	S7212865 F Any passengers: 1 F
DATE OF BIRTH	15 / 09 / 1972
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	23 / 10 / 2012
GENDER	(Male) / Female
CONTACT NO.	8328 3373 Office: Home:
ADDRESS	8 Jalan Mutiara #02-03 Singapore 249188
DRIVER HAVE ANY OWN VEHICLE	NO / If yes : Reg No :
RELATIONSHIP	Employee (Hirer) Spouse / Parent / Friend / If No :
WEATHER CONDITION	(Clear) / Raining / Dizzling / Other:
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	NO / If yes : Who? Driver
CONTACT NO.	8328 3373
POLICE REPORT	NO / If yes : Where? T/20200202/2055
VEHICLE B NO.	SLX 32P Any passengers: 2
NAME	LOH KOK HONG
CONTACT NO.	9691 9378
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	No.
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / (NO)
	waiting Chop by tomorrow.
PARTICULAR WORKSHOP	Progressive Auto Pte Ltd
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6844 4620
	Fax: 6844 4625

lianpuay@gmail.com



SINGAPORE POLICE FORCE



T/20200202/2055

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 4

Report No. T/20200202/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2020 16:53	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: CHRISTOPHER SEE TOH PAK CHOY			Address: 8 JALAN MUTIARA #02-03 SINGAPORE 249188		
ID Type / ID No.: NRIC NO / S7212865F			Contact No.: Home/Office: Mobile: 83283373		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 15/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 19:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PUNGGOL EAST PUNGGOL FIELD Punggol East Rd junction of Punggol Field				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ7060Y	Car	TOYOTA	Altis	Blue	Seriously Damaged	1
SLX32P	Car	BMW		Black	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200202/2055

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200202/2055

CONTINUATION OF REPORT

Driver			
Name	CHRISTOPHER SEE TOH PAK CHOY	ID No.	S7212865F
Related Vehicle	SJQ7060Y (Car)	Contact No.	83283373
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/02/2020	Date Discharge	02/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LOH KOK HENG	ID No.	S7722060G
Related Vehicle	SLX32P (Car)	Contact No.	96919378
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 abovementioned date,time and place, while I was driving my vehicle (SJQ7060Y/ Toyota Altis / Blue in colour)) for Grab duties, Upon being the 2nd vehicle at the traffic light preparing to turn right into Punggol Field, I encountered with an accident. with another vehicle (SLX 32P/ BMW/ Black in colour). There was a van right in front of me at that time. Out of a sudden, the said black BMW (SLX 32P) rear-ended me from the back. I had a female Malay passenger at that time. I am not sure if she is injured but the impact sent her flying in my car at the rear passenger seat. She is known as Aisha (c/no:-81135484)

As a result of the accident, I then stopped my vehicle and then exchanged particulars with the driver.

The damages to the vehicles involved are as follows:-

- 1) SJQ 7060Y
 - Boot unable to open
 - Boot caved in.
 - Side bumper almost dropped.
 - A hole on the right side of the car bumper
- 2) SLX 32P
 - scratches on the front bumper of the car.

I then went to SGH to seek medical treatment today morning as I am feeling unwell due to the impact of the accident. I am lodging this report to claim insurance against the said driver.



**SINGAPORE
POLICE FORCE**



T/20200202/2055

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

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Report No. T/20200202/2055

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200202/2055

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200202/2055

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:
E /
Staff Sgt NORMAN BIN JALAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/02/2020 16:53

Classification Of Case:

Land Transport Authority

Serial No. A 10002

Name: CHRISTOPHER SEE TOH PAU CHOY

NRIC: S7212853F

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

PDVL Commencement Date: 09 MAY 2018

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. ETA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____ (centre officer name),
(centre officer designation), of _____ (centre name).

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: 5097594730-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ7060Y**
Chassis Number : **MRO53ZEE106139640**
2. Name of Policyholder : **MIKE'S TRANSPORT**
3. Effective Date of Insurance : **22 May 2019**
4. Expiry Date of Insurance : **21 May 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 or Hirer's business.

This Policy does not cover

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

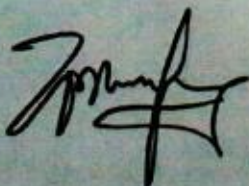
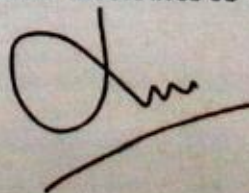
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

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

Agency : UNIQUE RESOURCES PTE LTD (00000612265)
Date of Issue : 18 May 2019 07:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Singapore
General Hospital
SingHealth

MEDICAL CERTIFICATE

REG NO.: 198703907Z

EMD202042811

NAME

NRIC

CHRISTOPHER SEE TOH PAK CHOY

S7212865F

This is to certify that the above-named is unfit for duty for a period of 4 days from 02-Feb-2020 to 05-Feb-2020.

TYPE OF MEDICAL LEAVE GRANTED:☐ Hospitalisation Leave

Admitted on: _____

Discharged on: _____

☒ Outpatient Sick Leave☐ Maternity Leave

Delivered on: _____

☐ Sterilisation Leave

Operated on: _____

This certificate is not valid for absence from court attendance.

Fit for light duty from N.A. to N.A.

COMMENTS:

The above-named patient attended my clinic at N.A. and left at N.A.. No medical leave is necessary.

HOSPITAL/CLINIC

WARD

SIGNATURE/DESIGNATION/MCR NO

Emergency Medicine

Emergency Department

MAYA NAKAMURA

Singapore General Hospital

DATE

63307J

02-Feb-2020

This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://www.mc.gov.sg/mc/gmhzkosgf20gxzywguxurba5nf>



MIKE'S TRANSPORT

BLK 763 PASIR RIS STREET 73
#06-236 SINGAPORE 510763
TEL: 67114837
(ROC No: 53315782W)

VEHICLE HIRING AGREEMENT

THIS AGREEMENT is made on 11/8/2018 between MIKE'S TRANSPORT ("the Owner") and

SEE TON PAK CHOY CHRISTOPHER ("the Hirer") of S7212865F (NRIC/Passport/Roc No:)

42, LORONG K. TELOK KURAU #04-04 S(425653)

(Address) 83283375 (Contact No:)

With a valid license no: S7212865F of class 3

WHEREBY IT IS AGREED that the owner lets to the Hirer the motor vehicle ("the vehicle") for the period ("the period of Hire") at the rate of hire rental ("the Rental") as specified in the schedule ("the Schedule") upon the terms and conditions stated hereunder.

THE SCHEDULE TO THIS AGREEMENT

DESCRIPTION OF VEHICLE:

Registration Vehicle No: SJA7060Y Make/Model: TOYOTA COROLLA ALTO 1.6 AUTO

Chassis No: MR053ZEE106139640 Engine No: 3Z24862718

PERIOD OF HIRE:

Commencing date (Delivery of Vehicle): 11/8/18 time 1500H with every 3 week/month renewal term.

WEEKLY/MONTHLY RENTAL: \$350

DEPOSIT: -

TERMS OF PAYMENT: WEEKLY/MONTHLY

INTEREST ON OVERDUE PAYMENTS: \$60/- per week

INSURANCE: Owner insured

EXCESS: -

AUTHORIZED DRIVER: CHRISTOPHER SEE TON PAK CHOY

OWNER'S BANK DETAILS: POSB :709-09467-0

14 RENEWAL OF AGREEMENT

Provided that on the expiration of the period of Hire, unless the Vehicle is delivered to the Owner at such address as the Owner may from time to time nominate, the Hirer is deemed to have renewed this Agreement and shall continue to be governed by all the terms and conditions herein stated, in particular the payment of rentals herein. The Hirer may request the renewal of this agreement in writing to the Owner not less than one (1) week before the expiry of this Agreement. Rental must be mutually agreed by both parties. Calculation of Security deposit for the new term shall be based on agreed rental.

15 GENERAL LIABILITY

- 15.1 The Owner does not hire the Vehicle subject to any condition or warranty express, implied or statutory in connection with the fitness for any purpose or age of the vehicle and any conditions and warranties are hereby expressly excluded in so far as permitted by statute and the Owner shall not be responsible for any liability, claim loss, damage or expense of any kind or nature caused directly or indirectly by the Vehicle or its use.
- 15.2 All sums payable and all liabilities to be discharged by the Hirer shall bear interest at the rate set out in the Schedule from the due date.

16 FORBEARANCE

No relaxation forbearance delay or indulgence by the Owner in enforcing any of the terms of this Agreement or the granting of time by the Owner to the Hirer shall prejudice affect or restrict the rights and powers of the Owner hereunder nor shall any waiver of any breach hereof operate as a waiver of any subsequent or continuing breach hereof.

17 WAIVER OR SET OFF

The Hirer hereby waives all and any future claims and rights of set off against any instalment of Rental or any payment due hereunder and agrees to pay the Rental and other amounts hereunder regardless of any equity, set off or cross-claim on the part of the Hirer against the Owner.

IN WITNESS WHEREOF the parties have duly executed as follows the day and year first written.

SIGNED for and on behalf
Of the Owner

Signatory and Company Stamp

Name: *Thi Lan Phat*
Nric No: *81780669K*



SIGNED by/for and on behalf
of the Hirer

Signatory and Company Stamp

Name: *Christopher Seah*
Nric No/Passport/Roc No: *87212865F*

Witness

Name:

Nric No:

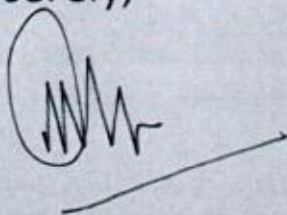
LETTER OF AUTHORIZATION

I, Tan Lian Puay Michael, Nric No S1780669F,
authorise, Nric No S7212865F, SEE TOH PAK CHOY CHRISTOPHER
to drive the vehicle SJQ7060Y under my
company MIKE'S TRANSPORT, 53315782W, as a
subcontractor. He will handle the payments and
finances for this vehicle.

Should there be any problems or queries, feel free to
contact me at HP:96196800.

Thank You

Sincerely,



Tan Lian Puay Michael

For MIKE'S TRANSPORT

Date: 11/2/2018

Claim Handling

Accident MT/1082802

Policy No.	5097594730-01	Vehicle No.	SJQ7060Y	GST Registration No.	
Certificate No.					
Policyholder Name	MIKE'S TRANSPORT	Cover Type	drive CLASSIC	Policyholder NRIC	53315782W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96196800	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFK	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	04/02/2020 10:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/02/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL EAST TWDS PUNGGOL FIELD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 763 #06-236	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510763
Address 4		Address Type	Singapore address	Post Code	510763
Unit No.	06-236	Related Policy Number	5106554166-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/04/1972
Unnamed driver Name	CHRISTOPHER SEE TOH PAK CH	Driver NRIC	SXXXX865F	Driving Experience	7
Register Date of Driver License	23/10/2012	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	83283373	Contact No.(Office)		Address 3	SINGAPORE 249188
Address 1	8 JALAN MUTIARA	Address 2	#02-03 THE MONTANA	Post Code	249188
Address 4		Address Type	Singapore address		
Unit No.	02-03				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	- Yes No		

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	MIKE'S TRANSPORT	Insured NRIC	53315782W
Contact No.(Mobile)	96196800	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description	SJQ7060Y / SLX32P ON 1 Feb 2020			Vehicle Number	SLX32P
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	04/02/2020 11:01
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1082802	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	04/02/2020 11:01		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	04 Feb 2020 11:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-4

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