

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. SMH3830E and vehicle no. SLZ212B on 07/02/2020 at 09:00 HRS PM/AM at/along CTE towards City after Bukit Timah Exit

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair cost / Excess	\$ 7490.00
Vehicle Rental Fee for <u>—</u> days @	
\$ <u>—</u> per day	\$ —
Loss of use for <u>5</u> days @	
\$ <u>180.00</u> per day	\$ 900.00
Police search fee/police report fee/LTA search fees	\$ 7.45
Others	\$ —
Total :	\$ 8397.45

Yours faithfully,

ABBY



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Authorisation To Act

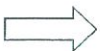
I, Esteem Leasing Pte. Ltd. ("the third party claimant") of
8 Kaki Bukit Avenue 4 #02-42 Premier @ Kaki Bukit Singapore 415875
(address), owner of SMH3830E (vehicle no.) hereby
authorise Vision AutoWork Pte. Ltd.
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. SMH3830E that was damaged pursuant to the accident which
occurred on 07/02/2020 (date) at/along CTE towards city
(After Bukit Timah Exit) (location) involving
vehicle no/s SLZ 212 B
("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 10 day of 02 (month) 20 20 (year)



AK



Signed by "the third party claimant"

N



Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMH3830E and SLZ 212B on 07/02/2020
at/along CTE towards City after Bukit Timah Exit

1. I/We, the Owner of motor vehicle no. SMH3830E hereby instruct and authorise Vision Autowork Pte Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 10 day of 02 2020

Signature of vehicle owner AC

Name - Estem Leasing Pte Ltd.

IC/UEN No : 201807215D
(Company stamp, if applicable)

Address : 8 Kaki Bukit Avenue 4 #02-42
Premier @ Kaki Bukit Singapore 415875

Tel : 6344 1918



Witnessed by :

Abmy



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Esteem Leasing Pte. Ltd. ("the third party claimant")
of 8 Kaki Bukit Avenue 4 #02-42 Premier@Kaki Bukit S(415875) (address),
owner of SMH 3830E (vehicle no.) hereby authorize
Vision Autowork Pte. Ltd.

("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SMH 3830E that was damaged pursuant to the
accident which occurred on 07/02/2020 (date) along CTE towards
city after Bukit Timah Exit (location)
involving vehicle no/s SLZ212B
("the accident").

I further authorize the workshop to settle my above mentioned
claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 10 day of 02 (month) 20 20 (year)

Signed by "the third party claimant"



Signed by "the workshop"
(with chop)



VISION AUTOWORK PTE.LTD.

8 Kaki Bukit Ave 4,
#08-09 Premier @ Kaki Bukit,
Singapore 415875

Tel : 6341 6789

Fax : 6341 6778

ROC / GST REG NO.: 201500371E

Email : visionautowork@gmail.com

TAX INVOICE

INVOICE No **TI V17155**

Date : 08.04.20

Vehicle Number : **SMH3830E**

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-12 AIG BUILDING
SINGAPORE 079120

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,000.00
Sub Total		\$ 7,000.00
Add GST 7%		\$ 490.00
Total Amount		\$ 7,490.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO
' **VISION AUTOWORK PTE.LTD.** '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :



Co's stamp & Authorised Signature



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

Print Date/Time : 10 Feb 2020 / 12:22:55

Receipt Date/Time : 10 Feb 2020 / 12:22:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200210-001243

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SLZ212B				
As at 07 Feb 2020/09:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLZ212B			
	Enquiry Fee	7.00	0.49	7.49
	20200210122225804056			
	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				
	xxxxxxxxxxxx1359			
	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.

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	10/02/2020 15:26
Date Of Accident	07/02/2020 09:00
Exact Location Of Accident	CTE TWRDS CITY JUST AFTER BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3830E
Insured/Policyholder	
Name Of Registered Owner	ESTEEM LEASING PTE LTD
Co Reg No	2XXXXX215D
Email Address	ESTEEMLEASING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63441918

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 7-SEATER 1.8V CVT
Exact Purpose for which vehicle was being used at time of accident	

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	YES
Policy Number	5110341793
Cover Note Number	

Driver

Name of Driver	ANG YU XIANG
NRIC No	SXXXX080C
Date Of Birth	17/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88221724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520B TAMPINES CENTRAL 8 #05-53
Postcode	522520
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No, T/20200207/2070;

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ212B
Vehicle Make/Model/Colour	AUDI / A5 SB 2.0 TFSI S TRONIC (DESIGN)
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TAN TONGRUI BRYON
NRIC/Passport Number	SXXXX242J
Contact Number	91777114
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR2481U
Vehicle Make/Model/Colour	TOYOTA / SIENTA HYBRID 1.5X A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOR ELLA MARDIAH BTE MOHAMED
NRIC/Passport Number	SXXXX082C
Contact Number	87470669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 (b) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling / managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulatory, laws or court orders.



Policyholder's Signature
Date & Time

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Name:
Tel: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN

A = SMH3830E
 B = SLZ212B
 C = SLR241U
 CTE towards City
 just after Bukit Timah Exi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

(We declare that the information provided is true and correct)

Policyholder
 Date & Time

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vac@idac.com.sg

Accident Sketch Plan

On 7th February 2020 at about 09:00 hours along CTE towards City just after Bukit Timah Exit. While I was travelling straight on the lane, the vehicle (B) on my right lane cut into my lane suddenly without signal and hence I managed to avoid the vehicle (B). Upon avoiding, my vehicle collided onto the right side of the vehicle (C) on my left lane. There are some scratches on the left side of the front bumper and headlight. The door right side of the vehicle (C) has dent. The vehicle (B) has no damages as I avoided. No one is injured. The driver of the vehicle (B) admitted his fault. I wish to make claim against the driver of the vehicle (B). I wish to state that I have two passengers inside the vehicle.

Vehicle (A) : SMH3830E

Vehicle (B) : SLZ212B

Vehicle (C) : SLR2481U



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



1/20200207/2070

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4860999

1 of 4

Report No 1/20200207/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
07/02/2020 14 11

Video Report No

Station Diary No
97

Informant's Particulars

Name of Informant
ANG YU XIANG

Address
APT BLK 520B TAMPINES CENTRAL 8 #05-53 SINGAPORE
522520

ID Type / ID No
NRIC NO / S8112080C

Contact No

Nationality
SINGAPORE CITIZEN

Home/Office

Mobile 88221724

Email

Sex

Age
38

Date of Birth
17/04/1981

Type of Informant
Driver

Race

Chinese

Language

Institution / School Name

Occupation

GRAB DRIVER

Driving Licence Information
Class 3

Date of Expiry

General Information of the Accident

Type of Accident	Non-Injury Others	Drink Drive No	Date/Time of Accident	Type of Location
			07/02/2020 09 00	Straight Road

Location
Along Road 1
CENTRAL EXPRESSWAY

Along CTE towards City after Bukit Timah Exit

Weather
Clear

Road Surface
Dry

Road Speed Limit

Traffic Flow

Traffic Control

Traffic Volume

Type of Collision

Between Moving Vehicles - Head To Side

Anyone conveyed by ambulance
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR2481U	Car	TOYOTA		Silver		1
SLZ212B	Car	AUDI		White		1
SMH3830E	Car	TOYOTA		Black		2

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999



T/20200207/2070

2 of 4

Report No T/20200207/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	NOR LELLA MARDIAH BTE MOHAMED	ID No	S7414082C
Related Vehicle	SLR2481U (Car)	Contact No	87470869
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
Driver			
Name	TAN TONGRUI BRYON	ID No	S8220242J
Related Vehicle	SLZ212B (Car)	Contact No	91777114
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
Driver			
Name	ANG YU XIANG	ID No	S8112080C
Related Vehicle	SMH3830E (Car)	Contact No	88221724
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

Brief Details.

On 07/02/2020 at about 0900hrs, I was on duty travelling along CTE towards City after Bukit Timah Exit in my vehicle SMH3830E with two passengers onboard. Suddenly, a vehicle SLZ212B made an abrupt lane change into my driving lane without signaling. I managed to avoid collision with SLZ212B by maneuvering my vehicle towards the left but the front portion of my vehicle hit onto another vehicle SLR2481U's right side. No one was seriously injured and all drivers alighted to exchange particulars. Initially, the driver of SLZ212 admitted that it was his fault and subsequently, he refused to admit that he caused the accident. I have an in-car camera which captured the entire accident. In addition, I would like to provide information that the driver of SLZ212B drove dangerously which resulted to the accident.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200207/2070

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999

3 of 4

Report No T/20200207/2070

CONTINUATION OF REPORT

Accident Sketch Plan



SINGAPORE
POLICE FORCE

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999



T/20200207/2070

4 of 4

Report No T/20200207/2070

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

F /

Sgt 3 ASHLEY TOH

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

07/02/2020 14 11

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No 65476151

Classification Of Case

Authentication Stamp

NP153

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8112080C



Name

ANG YU XIANG

洪 橋 詳

Race

CHINESE

Date of birth

17-04-1981

Sex

M

Country of birth

SINGAPORE

JMH3830E
driver

4347404



NRIC No. S8112080C

Date of issue

03-02-2009

APT BLK 520B TAMPINES CENTRAL 8 #05-53
SINGAPORE 522520

NRIC No: S8112080C

Date: 16/12/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8112080C**
 Name: **ANG YU XIAN**

Birth Date: **17 Apr 1981**
 Issue Date: **02 May 2009**

001734885H



SMH3830E
driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles ≤ 200 cc	27 Sep 2001
Class 2A	Motorcycles between 201 cc and 400 cc	26 Aug 2003
Class 2	Motorcycles > 400 cc	14 Dec 2004
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	23 Oct 2009

PAS: DATE

NP 428A

Licence No: S8112080C



Land Transport Authority

VOCATIONAL LICENCE
Licence No : S8112080C
Name : ANG YU XIANG

Please visit www.lta.gov.sg to check the status of this vocational licence

SMH3830E
driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	29/06/2018



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: 5110341793-000096

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SMH3830E
Chassis Number : ZWR800350220
2. Name of Policyholder : ESTEEM LEASING PTE LTD
3. Effective Date of Insurance : 13 Jun 2019
4. Expiry Date of Insurance : 12 Jun 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	: SING INVESTMENTS & FINANCE 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)

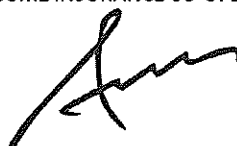
Agency : PATRONUS PTE. LTD. (00000572664)
Date of Issue : 11 Jun 2019 16:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive