

N-51 AUTOMOTIVE PTE LTD

Kaki Bukit Autohub,
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

21 September 2020

Our Ref : CLM16116 / SLD1454D / MAR-15/2020

CC4 / FCI 20003819 / Aea3

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

**Re: Accident involving SLD1454D & SHB4429R on 06/03/2020
Along PIE twds Tuas after Steven Exit**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB4429R** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$	3,959.00	(Include 7% GST)
Loss of rental	\$	898.80	(\$128.40 X 7 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>5,165.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16116
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS19254
- 3) Autobay Towing - SLD1454D (receipt attaced)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SLD1454D

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE₃

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

N-51 AUTOMOTIVE PTE LTD

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#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
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MS FIRST CAPITAL INSURANCE LIMITED
6 RAFFLES QUAY
#21-00
SINGAPORE 048580

SAMSUNG C & T CORPORATION
3 CHURCH STREET #11-01 SAMSUNG HUB
SINGAPORE 049483

Contact : 81265994

TAX INVOICE

Date : 06/05/2020
Date in : 06/03/2020
Vehicle Num. : SLD1454D
Make/Model : TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT-2016
Chassis/Eng# : MR053REH104551086/1ZRY292285
Accident Date : 06/03/2020
Claim No : CLM16116
Reference : MAR-15/2020
Policy No. : 5115315926-000003 (31/12/2020)

LUMPSUM REPAIR BILL
REF : CLM16116-N51 DATED 10/03/2020
BY DIRECT

Amount S\$
3,700.00

E. & O.E.	Sub S\$:	3,700.00
	Add GST (7%) S\$:	259.00
	Total Amount S\$:	<u>3,959.00</u>



for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

TwinCar LEASING PTE LTD

Company & GST Registration Number : 201533046C
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921
Tel: 6744 0510 Fax: 6741 0510 Email: twincar.rental@n51.com.sg

Invoice To

SAMSUNG C&T CORPORATION
3 Church Street
#11-01 Samsung Hub
Singapore 049483

TAX INVOICE

Invoice No. TLCS 19254
Date 24/3/2020
Terms Cash

No. Days	Description	Rate	Amount
7	Vehicle No. SKW1410S - Car Rental for the period 06/03/2020 to 13/03/2020 (ref. Vehicle SLD1454D) Tax collected on sales	120.00 7.00%	840.00 58.80
		7% GST	\$58.80
		Total Amount	\$898.80

TWINCAR LEASING PTE LTD.



Authorised Signature

Note : Kindly make payable to " TWINCAR LEASING PTE LTD"
or by Bank-in/transfer to UOB Bank A/c No. 310-307-697-6 (Bank Code 7375)



TWINCAR LEASING PTE LTD

Company Registration Number : 201533046C
 2 Kaki Bukit Avenue 2 #01-17, Singapore 417921
 Tel: 68420051 Fax: 67410510 email: twincar.rental@n51.com.sg

VEHICLE RENTAL AGREEMENT

VHA NO:

<p>HIRER'S PARTICULAR Name(as in I/C): SAMSUNG C&T CORPORATION NRIC/PASSPORT No: S90FC4239C Address(Res): 3 CHURCH STREET #11-01 SAMSUNG HUB SINGAPORE 049483 Occupation: GENERAL CONTRACTORS Driving Exp: 2 4 Driving License No: S90FC4239C D/L Type: - Issue Date: 1990-11-12 Date of Birth: - Tel: (HP) 65508888 Email:</p> <p>ADDITIONAL DRIVER'S PARTICULARS Name(as in I/C): LIM YONG MOOK NRIC/PASSPORT No: G5677536L Address(Res): 3 CHURCH STREET #11-01 SAMSUNG HUB SINGAPORE 049483 Occupation: DRIVER Driving Exp: 60 Driving License No: G5677536L D/L Type: Local Issue Date: 2015-10-13 Date of Birth: 1975-05-24</p>	<p>Vehicle No: SKW1410S Make: TOYOTA Model: COROLLA ALTIS Auto/Manual Group: Auto Year: 2015 Colour: SILVER Mileage Out: OUT: Date 2020-03-06 Time: 21:00 NON-WAIVER EXCESS: Section1: \$2000.00 Section2: \$2000.00</p>																									
<p>VEHICLE CHECKLIST</p> <div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> D - DENTS S - SCRATCHES A - ACCIDENTS </div> </div> <p>ACCESSORIES CHECK</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Cig Lighter</td> <td><input checked="" type="checkbox"/> S/Tyre</td> <td><input checked="" type="checkbox"/> STD Tools</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reverse Sensor</td> <td><input checked="" type="checkbox"/> Hub Caps</td> <td><input checked="" type="checkbox"/> Remote Control</td> </tr> <tr> <td><input checked="" type="checkbox"/> CD/ Radio Player</td> <td><input checked="" type="checkbox"/> Reverse Camera</td> <td><input checked="" type="checkbox"/> Camera Recorder</td> </tr> </table>	<input checked="" type="checkbox"/> Cig Lighter	<input checked="" type="checkbox"/> S/Tyre	<input checked="" type="checkbox"/> STD Tools	<input checked="" type="checkbox"/> Reverse Sensor	<input checked="" type="checkbox"/> Hub Caps	<input checked="" type="checkbox"/> Remote Control	<input checked="" type="checkbox"/> CD/ Radio Player	<input checked="" type="checkbox"/> Reverse Camera	<input checked="" type="checkbox"/> Camera Recorder	<p>CHARGES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Daily rate</td> <td style="text-align: right;">\$120.00</td> </tr> </table> <p>PETROL-LEVEL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td>1/4</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td>E</td> </tr> </table> <p>Extension (Accessories) Collection Service Misc. Security Deposit Collected Rental Term Start Date: 2020-03-06 End Date: 2020-03-20</p> <p>Rented out by: Hirer signature: Addition Driver's Signature: </p>	Daily rate	\$120.00	Out	E	1/4	1/2	3/4	F	1/4	In	E	1/4	1/2	3/4	F	E
<input checked="" type="checkbox"/> Cig Lighter	<input checked="" type="checkbox"/> S/Tyre	<input checked="" type="checkbox"/> STD Tools																								
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In	E	1/4	1/2	3/4	F	E																				

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given **TWINCAR LEASING PTE LTD** in connection with this agreement is true.

IMPORTANT

- YOU HEREBY EXPRESSLY CONSENT AND AUTHORIZE TWINCAR LEASING PTE LTD AND GRABCAR TO DEDUCT FROM THE FARES GENERATED BY YOU AND/OR GRATUITY GRANTED TO YOU BY GRABCAR (IF ANY) FOR THE CAR RENTAL FEE AND ANY CHARGES PROVIDED HEREIN AND IN THE EVENT THAT THE FARES ARE INSUFFICIENT, ANY BALANCE SHALL BE PAID TO US IMMEDIATELY. THESE CHARGES SHALL INCLUDE BUT ARE NOT LIMITED TO CHARGES FOR 1.CAR RENTAL 2. COST OF INSURANCE EXCESS, REPAIRS, REPLACEMENT OF PARTS TO THE CAR AND/OR DAMAGE TO THIRD PARTY PROPERTIES WHERE THE DAMAGES ARE DUE TO YOUR ACTIONS OR LACK OF CARE. 3. ANY UNSETTLED SUMMONS, FINES, PARKING CHARGES AND TOLL
- THE VEHICLE SHALL BE RENTED OUT ON A DAILY BASIS, WITH A MINIMUM RENTAL PERIOD OF SIX MONTH.
- IN THE EVENT THAT THE HIRER RETURN THE VEHICLE PRIOR TO THE END OF THE MINIMUM RENTAL PERIOD, THE HIRER WILL BE REQUIRED TO PAY THE FULL RENTAL FEE APPLICABLE FOR THE REMAINING PERIOD UP TO THE END OF THE MINIMUM RENTAL PERIOD.
- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE , AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE
- IN CASE OF ACCIDENT THE HIRER SHOULD REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS
- **THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY** AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR LEASING PTE. LTD.
- AN **ADDITIONAL EXCESS OF \$2000** OF ALL CLAIM WILL APPLY FOR VEHICLE USE OUTSIDE SINGAPORE AND **\$3000** FOR AGE ABOVE 70.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
17/03/2020	15:37 HRC				



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

Print Date/Time : 09 Mar 2020 / 09:46:55

Receipt Date/Time : 09 Mar 2020 / 09:46:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200309-000540

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 - SHB4429R As at 06 Mar 2020/19:30:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB4429R Enquiry Fee 20200309094627397191	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				
	xxxxxxxxxxx0379	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.

LETTER OF AUTHORISATION

To: **M/s N-51 Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SLD 1454 D & SHB 4429 R
ALONG PIE TWDS TUAS AFTER STEVEN EXIT ON 06/03/2020 @ 19:30HRS

I/We SAMSUNG C&T CORPORATION NRIC/Passport No: S90FC 4239 C
of 3 CHURCH STREET #11-01 SAMSUNG HUB S (049483)
the owner of vehicle no. SLD 1454 D hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

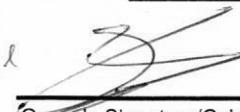
I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

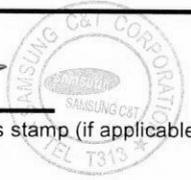
I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are _____
Policy No. _____ Expiry Date: _____

Date: _____ Excess: _____


Owner's Signature/Co's stamp (if applicable)



Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

Address	3 CHURCH STREET #11-01 SAMSUNG HUB
Postcode	049483
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 - 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 SKETCH PLAN ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4429R
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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	LIM YONG MOOK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLD1454D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

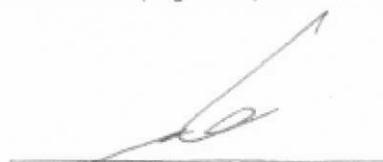
I understand, acknowledge, agree and consent that:

- (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 (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.

X  

Policyholder's Signature

Date & Time: 07/08/2020



Driver's Signature

(if driver is not the policyholder)

Date & Time: - 7 MAR 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: acc@idac.com.sg

Reporting Centre Personnel's Signature

Name:

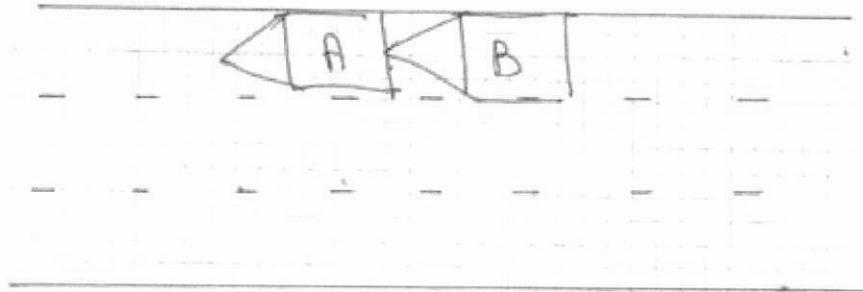
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SLA 1454D

B - SHB 4429R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A on the above mention date and time. The veh in front slow down n stopped n I slow down n stopped. A few second later I felt an impact when I a light I notice veh B could not stop in time and hit the rear of my veh A.

Vehicle A - SLA 1454D

Vehicle B - SHB 4429R

DECLARATION

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

R

Policyholder's Signature
Date & Time:



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

7 MAR 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933

Tel: 67416697 Fax: 67492305

Reporting Person's Signature
Name:
NRIC/FIN No.:

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.
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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	07/03/2020 12:44
Date Of Accident	06/03/2020 19:30
Exact Location Of Accident	PIE TOWARDS TUAS (AFTER STEVENS ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1454D
Insured/Policyholder	
Name Of Registered Owner	SAMSUNG C & T CORPORATION
Co Reg No	SXXXXX239C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81265994
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 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	5115315926-000003 CLASSIC
Cover Note Number	

Driver

Name of Driver	LIM YONG MOOK
Passport No/FIN	GXXXX536L
Date Of Birth	24/05/1976
Occupation	INDOOR
Date Of Driving Pass	13/10/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81265994
Fax Number	
Contact Number	
Email Address	NOEMAIL