

# NATIONAL Assessment Centre Services

(wef 1 Jan 2020)

MAA420037010

Date In: 26/03/2020 16:42	Job description	Date & Time Completed	Done by
Ref No: NBR/MAA20004560/Y	SAS e-filing		
Veh No: SJV 9131L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/03/2020 16:35	I-Motor Claim Form	mt/1089715-001	26/03/2020
OD (TP) Reporting Only	I-Motor W/O (Within: QD 2hrs, TP 4hrs)		18:16
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJV 9131L

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%; F: 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 repaier.

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

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

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: -

Date/Time

Actions

MAA2002519

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Car 1:

Car 2-3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idno DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

\*N3: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Coordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idno Mobile \$0

Invoice date:

Fee Charged

CUA20000000

## 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	26/03/2020 16:42
Date Of Accident	25/03/2020 16:35
Exact Location Of Accident	MIDVIEW CITY CARPARK AT 18 SIN MING LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9063U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARS SELECT PTE. LTD.
Co Reg No	2XXXXX976R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91416611
Alternative Phone No	OFFICE-62620728

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO OFFICE

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 MOTOR TRADE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094757815-02
Cover Note Number	

### Driver

Name of Driver	CHAI CHARNG JIE
NRIC No	GXXXX914Q
Date Of Birth	12/12/1992
Occupation	INDOOR
Date Of Driving Pass	15/05/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91416611
Fax Number	
Contact Number	OFFICE-62620728
Email Address	NOEMAIL



Address	BLK 386 BUKIT BATOK WEST AVENUE5 #24-348
Postcode	650386
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200325/2140 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SJV9131L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YANG GUANGXI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHAI CHARNG JIE
Approximate Age	
Injuries Sustain	NECK AND HEAD PAIN
Injured person in which vehicle?	SJW9063U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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

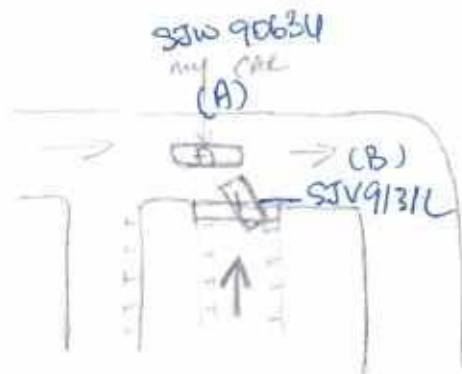
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

26/03/2020  
[Signature]



# SKETCH PLAN



MIDVIEW CITY CARPARK  
18 DIN MING LANE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I CHAI CHARNG JIE WAS DRIVING MY COMPANY VEHICLE  
TOYOTA ALTIS SSW 9063U BACK TO MY OFFICE ON A  
STRAIGHT ROAD WHEN A CAR BLACK KIA KOND  
CERATO SSV 9131L SUDDENLY CAME OUT AND BANG MY  
VEHICLE.

POLICE REPORT T/20200325/2140

## DECLARATION

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

06/16

1/21

26/03/2020  
Reski Loo

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 MARCH 2020		TIME: 1632 Hrs.	(hh:mm) 24 hrs Format
LOCATION: MIDDLEBURY CITY			
VEHICLE NUMBER: 8JW 9063U			
INSURED NAME: CAG SELECT P/F L50			
NRIC / FIN		CONTACT: 62620928	
MAKE: TOYOTA		MODEL: ALTIS COROLA	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( ) Third Party ( ) Reporting Only			
INSURANCE COMPANY			
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER :			
NAME DRIVER: CHAI CHARNG JIE		( ) SAME AS INSURED	
NRIC / FIN: G8A909143		CONTACT: 91416611	
DATE OF BIRTH: 12/12/1992			
DRIVING PASS DATE: 15/5/2019			
OCCUPATION: ( ) INDOOR ( ) OUTDOOR			
GENDER: ( ) MALE ( ) FEMALE			
EMAIL ADDRESS:		( ) NO EMAIL	
ADDRESS OF DRIVER: BLK 386 BLK 7 FALCON WPS ALLE 5, #24-348 3/650886			
Number Of Passenger Include Driver:			
Was driver an employee of the Insured's Company? ( ) YES ( ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO			
Was Anybody Injured In The Accident? ( ) YES ( ) NO			
If YES, Injured details :			
Convey By Ambulance: ( ) YES ( ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B: STV 4131L		Yang Guangxi	
Veh C:			
Veh D:			
Veh E:			
Veh F:			
Veh G:			

100 000

3 000

100 000 000



# SINGAPORE POLICE FORCE



T/20200325/2140

1 of 3

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No 1800-8522999

Report No. T/20200325/2140

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 25/03/2020 23:10		Vide Report No.		Station Diary No. 151
<b>Informant's Particulars</b>				
Name of Informant CHAI CHARNG JIE		Address 386 BUKIT BATOK WEST AVENUE 5 #24-348 GOODVIEW GARDENS SINGAPORE 650386		
ID Type / ID No. FIN NO / G87909140		Contact No. Home/Office:		Mobile: 91416611
Nationality MALAYSIAN		Email		
Sex Male	Age 27	Date of Birth 12/12/1992	Type of Informant Driver	
Race Chinese		Language English	Institution / School Name:	
Occupation Other stall sales workers		Driving Licence Information: Class: 2B,3C		Date of Expiry

## General Information of the Accident

Type of Accident	Non-Injury	Drink Drive No	Date/Time of Accident 25/03/2020 16:35	Type of Location Car Park
Location Along Road 1 SIN MING LANE				
Along 18 Sin Ming Lane, Midview city carpark				
Weather Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow One Way		Traffic Control:	Traffic Volume: No Traffic	
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
SJV9131L	Car					0
SJW9063U	Car				Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20200325/2140

2 of 3

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No: T/20200325/2140

**CONTINUATION OF REPORT**

Driver			
Name	CHAI CHARNG JIE	ID No.	G8790914Q
Related Vehicle	SJW9063U (Car)	Contact No.	91416611
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	25/03/2020	Date Discharge	25/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

I am working as a car sales at the company Car Search Pte Ltd located at 18 Sin Ming Lane, Mid view city.

On 25/03/2020 at about 1635hrs, I was driving my company car bearing the registration plate number SJW9063U at the ground level carpark. While going straight, suddenly there was a car bearing the registration plate number SJV913L, which was turning out from my driver side and collided to my car. No one was injured at the point of time. Both of us then exchanged particulars and agreed to claimed via insurance. Both of us then left. My company car's driver side front bumper was came off and the driver side door dented.

After the accident, I felt pain at my neck and head area, as such I went to Central 24-HR clinic (Yishun) to made a check and I was given 3 days of MC.

I would like to state that there was a stop line on the lane where the car was turning out from.



**SINGAPORE  
POLICE FORCE**



T/20200325/2140

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No. 1800-8522999

3 of 3

Report No. T/20200325/2140

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:

L /

Sgt 3 CHIN JING SI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No. 65476151

Signature Of Informant:

Date/Time:

25/03/2020 23:10

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/1089715

Exit

Policy No.	004717815-02	Vehicle No.		GST Registration No.	
Policyholder Name	CARS SELECT PTE. LTD.	Motor Trade Driver Name	CHAI CHANG JIE	Policyholder NRIC	201249786
Product Code	MOTOR TRADE INSURANCE	Contact No. (Driver)	92527708	Contact No. (Office)	92527708
Motor Trade Policy No.	32900000	Special Remarks		eCode	NA
Contact No. (Mobile)	91418011	TCA	No	eCode Reason	
Email Address		NCD Embellishment	13	Private Hire	No
Accident Details					
Report Date	20/03/2020 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/03/2020	Time of Accident (Hour)	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	MOTORWAY CITY CARPARK AT 1E SIN MING LANE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	20/03/2020 18:08:48 System changed DET ST603 updated from NA to Yes				
Policyholder Mailing Address					
Address 1	1E SIN MING LANE	Address 2	MOTORWAY CITY	Address 3	00000000000000000000
Address 4		Address Type	Singapore address	Post Code	000000
City No.	04-02	Related Policy Number	004717815-02		
Driver Info					
Driver Name	CHAI CHANG JIE	Driver Type	Named Driver	Driver DOB	12/12/1992
Uninsured Driver Name		Driver NRIC	201249786	Driving Experience	12
Register Date of Driver License	01/03/2010	Driver Age	27	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2	Foreign address	Post Code	
Address 4					
Unit No.					
Does he own a Singapore Registered Car?	Yes / No	Driver Vehicle No.	30W00000	Driver Insurer Company	WPI
Speculation					
Brochures or Blood Test Results?	0.00	Any injury?	Yes / No		
Modification History					

Claim 001 OD-MX

New

Client Type *	OD-MX	Insured Name	CARS SELECT PTE. LTD.	Insured NRIC	201249786
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	92527708
Email Address		CI Vehicle Number		TP Vehicle Number	32900000
Claim Description	1/5/19 (31/03/2020) 20 Mar 2020				Name of Referenced Workshop
Preferred Workshop	Preferred Liability	Not at Fault	GIA report	Received	
Reported by	Repair	Preferred Workshop, Name unknown			
Date Reported	20/03/2020 18:08	Claim Close Date	20/03/2020 18:08	Date Received	20/03/2020 00:00
Report Taken by	20/03/2020 18:08	Workshop Manager		Total Loss Not Reported	
Print All Items					
Save	Submit				

## Attachment

Accident No.	MT/1089715	Claim No.	001			
Let Doc. Received	Yes / No	Upload Date	20/03/2020 18:18			
Choose File	No file chosen	Category *	Confidential			
Choose File	No file chosen	Urgency *	Normal			
Choose File	No file chosen	Description *				
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Message Read						
Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (2020)	Action
NAC_BUKIT_MERAH_100676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Mar 2020 18:18	NAC Driving License	Y	Normal	NAC Driving License 2020-1-26		edit
NAC_BUKIT_MERAH_100676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Mar 2020 18:18	NAC Driving License	Y	Normal	NAC Driving License 2020-1-26		edit
NAC_BUKIT_MERAH_100676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Mar 2020 18:18	NAC Driving License	Y	Normal	NAC Driving License 2020-1-26		edit



[View Link](#)

### 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, 1958 (MALAYSIA)

Certificate Number : 5094757815-02 Cover : Third Party

1. Index mark and Registration Number of Vehicle : N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam driven vehicles are excluded.

2. Name of Policyholder : CARS SELECT PTE. LTD.

3. Effective Date of Insurance : 28 Sep 2019

4. Expiry Date of Insurance : 27 Sep 2020

5. Persons or Classes of Persons entitled to drive\*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

\* 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.

POLICY TYPE	MOTOR TRADE INSURANCE
TYPE OF TRADE/BUSINESS	CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	3
DETAILS OF AUTHORISED DRIVER(S)	REFER TO LIST ATTACHED
EXCESS (SECTION I)	N/A
EXCESS (SECTION II)	N/A
SUM INSURED	N/A

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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573812)

Date of Issue : 25 Sep 2019 17:11 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="S094757815-02"/>	Date of Accident	<input type="text" value="25/03/2020 16:29"/>
Vehicle No.(For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5094757815-02		CARS SELECT PTE LTD.	201724976R	GMT	Third Party		NG JI WEI/S8847241A_CHAI CHANG JIE/G8790914Q_GOH HAI SENG, RAMON (WU KAICHENG, RAMON)/58118166G	28/09/2019	27/09/2020



## Transfer Of Vehicle Ownership (Acknowledgement)

### Vehicle Details

Vehicle No.	SJW9063U	Vehicle Scheme	Normal
Vehicle Type	P10 - Passenger Motor Car	Vehicle Model	COROLLA ALTIS 1.6 4U10
Vehicle Make	TOYOTA	Engine No.	3Z34990452
Chassis No.	MRO532FF106172523	Trade-In Chassis No.	-
Motor No.		Passenger Capacity	4
Fuel System	Petrol	Power Rating	-
Engine Capacity	1598 cc	Maximum Laden Weight	1630 kg
Unladen Weight	1195 kg	Secondary Colour	-
Primary Colour	Silver	Maximum Power Output	80.0 kW (107 bhp)
EU Label No.	1123817364	Original Registration Date	28 Apr 2010
First Registration Date	28 Apr 2010	Open Market Value	\$16,716.00
Manufacturing Year	2010	Maximum PARF Benefit	\$8,358.00
PARF Eligibility	Yes	Temporary End Date	01 Jun 2020
Temporary Start Date	02 Mar 2020	Actual PARF Paid	\$16,716.00
No. of Transfer	0		

### Owner Particulars

Owner Name	CARS SELECT PTE. LTD.
Owner ID Type	Company
Owner ID	201724976R
Registered Address Type	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.	12
Registered Street Name	SIN MING LANE
Registered Unit No.	#04-02
Registered Building Name	MIDVIEW CITY
Registered Postal Code	573969
COE No./Expiry Date	2010050101000643M / 27 Apr 2020
COE Bid Category	A - Car (1600cc & below)
COE Paid	\$30,000.00

### Transaction Details

Business Transaction Ref. No.	20200302144707650560
Business Transaction Date	03 Mar 2020
Business Transaction Time	12:47:29

### Message

Vehicle has been successfully transferred to CARS SELECT PTE. LTD. (201724976R).

Please note that \$25.00 will be deducted from your G/RO account.

OK

Save as PDF