

NATIONAL Assessment Centre Services

(ver 1 Jan 00)

NA120060586

Date In: 18/07/2020 10:16	Job description	Date & Time Completed	Done by
Ref No: NA/MIC2000 7427/Y	SAS e-filing		
Veh No: GX 421 Z	E-mail (within 2hrs, AIC 2hrs)		
UFA: 16/07/2020 13:20	I-Motor Claim Form	ml1097194001	18/07/2020 11:19
UFA: 16/07/2020 13:20	I-Motor W/O (within 2hrs, TP 4hrs)		
UFA: 16/07/2020 13:20	I-Photo Uploaded		
UFA: 16/07/2020 13:20	Assessment/Survey Report		
UFA: 16/07/2020 13:20	Ass't Report by Fax / Hand to Owner/Whom		

Produced Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars: (	Veh No: SCG 3767D	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 repairer.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time	Actions

NA2003751	Invoice Information	Amount (\$)	PAID (\$)
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		
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
• NS: Courtesy Car / Tpt Allowance	\$5		
• NG: Repair Coordination	\$10		
• NF: Post Repair Inspection	\$75		
• NR: DV / Collect Excess Coordination	\$5		
• NI: (NI1): TP (Non INC) against INC	\$20		
• NI2: 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 18/07/2020 10:16
 Date Of Accident 16/07/2020 13:20
 Exact Location Of Accident BLOCK 1006 EUNOS AVENUE 7
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX4121Z
Insured/Policyholder
 Name Of Registered Owner EURO INDUSTRIES (PTE.) LTD.
 Co Reg No 2XXXXX366C
 Email Address KARIM80011@GMAIL.COM
 Mobile Phone No (LOCAL) +65-83882013
 Alternative Phone No OFFICE-84513513
Vehicle Particulars
 Manufacturer TOYOTA
 Model LITEACE 5DR
 Exact Purpose for which vehicle was being used at time of accident GOING FOR LUNCH
 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 COMMERCIAL VEHICLE
Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5108471820-01
 Cover Note Number
Driver
 Name of Driver KARIM PIYEL MD REJAUL
 NRIC No GXXXX945T
 Date Of Birth 12/01/1987
 Occupation OUTDOOR
 Date Of Driving Pass 29/01/2014
 Driving Experience 6 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83882013
 Fax Number
 Contact Number OTHERS-84513513
 Email Address KARIM80011@GMAIL.COM

Address	2 TUAS AVENUE 13
Postcode	638974
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?	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)	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

PLEASE REFER TO SKETCH PLAN

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	SCG3767D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90602737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 17/7/2020
8 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17.07.2020
7 pm

Name:

NRIC/FIN No.:

SKETCH PLAN

BK 1006 FENNER AVE 7.

A) GX 4121Z

B) SLG 3767D.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I'm driving my car suddenly I was hit by the front bumper. he was in the wrong and we want to claim against his insurance policy. we are in the right of the way.

DECLARATION

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

Policyholder's Signature

Date & Time:

12/7/2020

8pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/07/2020

Red. Chandra

ACCIDENT STATEMENT

ACCIDENT DATE: 16/07/2020 (DD/MM/YYYY), TIME: 13:20 (HHMM)

LOCATION: BLK 1006 EUNAS Ave 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX4121Z
b) INSURANCE COMPANY: Euro Industries Pte Ltd
c) POLICY NUMBER: 5108471820-01
d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: Toyota
f) TYPE: (~~SALOON~~ / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
g) VEHICLE CATEGORY: (~~PRIVATE~~ / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: Lunch
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER

- a) NAME: EURO INDUSTRIES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201406366C CONTACT: 83882013
c) ADDRESS: 10B Jalan Ampas

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ind: Resatul Karim Piye (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 88393945T CONTACT: 84513513
c) ADDRESS: 2 Tuas Ave 13 Singapore 638974

* d) DATE OF BIRTH: 12/01/1987 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / ~~OUTDOOR~~)

f) DATE OF DRIVING PASS: 29.01.2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

5. a) WEATHER CONDITION: (~~CLEAR~~ / ~~RAINING~~ / ~~OTHERS~~)

b) ROAD SURFACE: (~~DRY~~ / ~~WET~~ / ~~OTHERS~~)

6. WAS ANYBODY INJURED (~~YES~~ / NO)

7. a) REPORTED TO POLICE (~~YES~~ / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SC93767D MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90602737

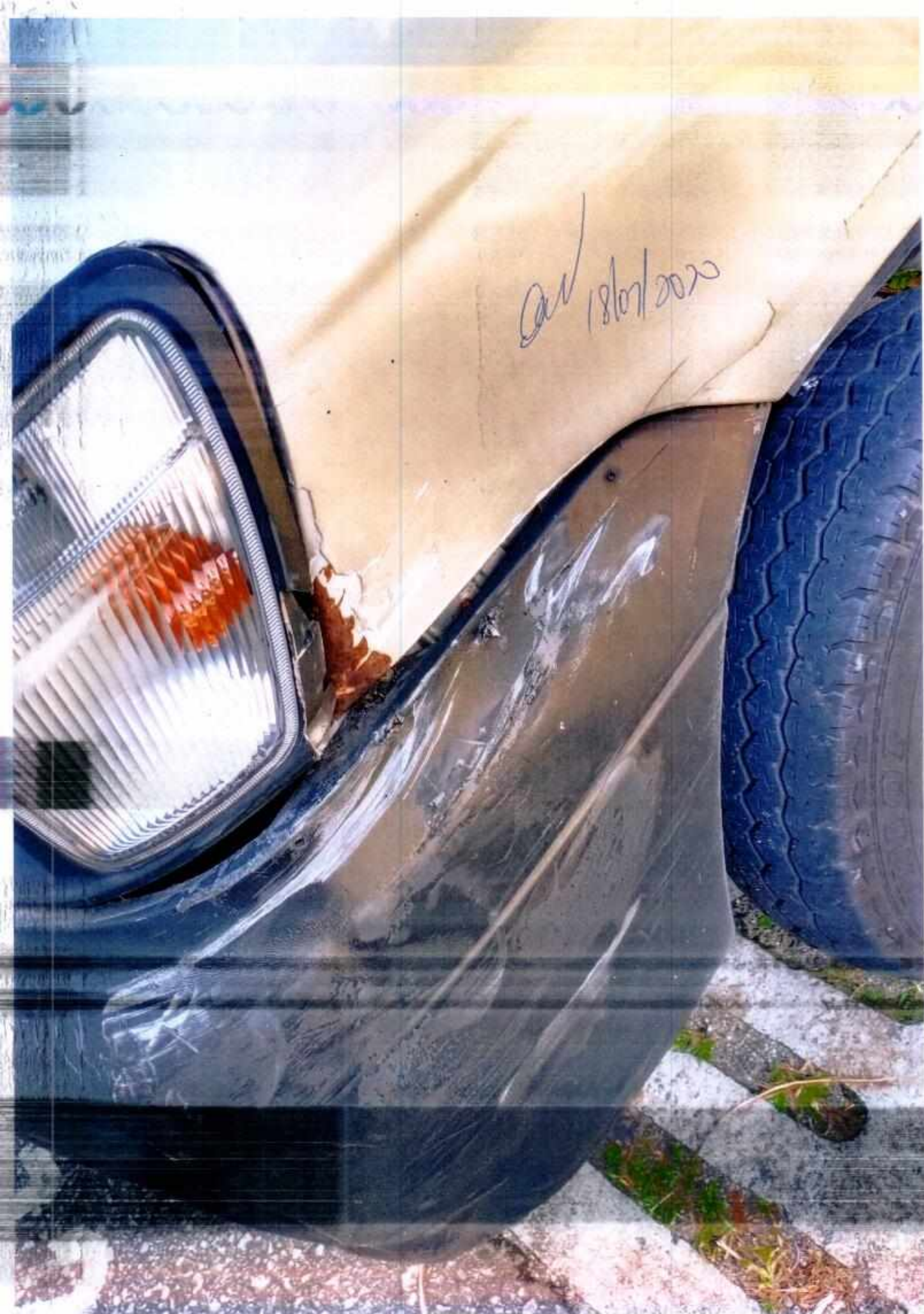
9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Karim80011@gmail.com
VIDEO



QW 18/07/2020





an 18/07/2020



Accident Car Nu...



\$1410

If you can settle this amount before 10am then I dun go report. Otherwise we all just go report.

I see your boss has no interest to private settle, so just report. You dun need to pay money.

Thank you.

Boss Good morning.

Boss you told me your car got camera, kindly you send me that happened before and after short Video, I want check one time to confirm that actually who's fault for this accident. Because I have so many time remind that this is not my mistake couse that time just i moving forward unfortunately you hit may car.

Kindly send me that video clip it will become very easy for us make good communication and sttel all this problem otherwise I will not pay you one dollar also.

am/18/07/2020

Thank you.



Type a message



Thank you.

Boss Good morning.

Boss you told me your car got camera, kindly you send me that happened before and after short Video, I want check one time to confirm that actually who's fault for this accident. Because I have so many time remind that this is not my mistake cause that time just i moving forward unfortunately you hit may car.

Kindly send me that video clip it will become very easy for us make good communication and sttel all this problem otherwise I will not pay you one dollar also.

Thank you.

08:59 ✓✓

2 UNREAD MESSAGES

Never mind bro. Let's go report. Is a waste of time. I will go n make report later. You also go make report too. Thank you.

OK. So pls dun come



Type a message



Qu 18/07/2020

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5108471820-01

1. Index mark and Registration Number of Vehicle
Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#

Cover : Third Party, Fire & Theft

GX4121Z

CR425008E31

EURO INDUSTRIES (PTE) LTD.

01 Apr 2020

31 Mar 2021

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE 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: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000923089)

Date of Issue: 30 Mar 2020 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1097194

Policy No.	1108471821-01	Vehicle No.	GX4121Z	GST Registration No.	
Certificate No.					
Policyholder Name	EURO INDUSTRIES (PTE.) LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	901401586
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	818817711	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	aCode	AC
KPI	No Yes	NCD Endorsement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	18/07/2020 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/07/2020	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 4 - HOH EUNGS EXHIBIT 7				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED-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 Registration No.		GST Status Verified	Yes		
Modification History	18/07/2020 11:27:12 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	108 BRUNN AVE	Address 2	SINGAPORE 229512	Address 3	
Address 4		Address Type	Singapore address	Post Code	781512
Unit No.		Related Policy Number	1108471821-01		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/01/1987
Unnamed driver Name	KARIM PATEL MS 821405	Driver NRIC	053095HST	Driving Experience	0
Register Date of Driver License	29/01/2014	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	84112513	Contact No.(Office)		Address 3	
Address 1	20 TIAN ANHUA ST	Address 2	82000188 ALORUJAH	Post Code	820011
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTOK
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GX4121Z		

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	CO-PR	Insured Name	EURO INDUSTRIES (PTE.) LTD.	Issue task
Contact No.(Mobile)	82836311	Contact No.(Home)		Contact No.(Off)
Email Address		DI		TP
Claim Description	GX4121Z / SCG767D ON 16 Jul 2020			Vehicle Number
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Pending
Workshop Finalisation	Yes	Preferred Workshop, Name unknown		
Date Registered	18/07/2020 11:18	Claim Close Date		Date Recd
Report Taken By	ROSLI WAHAB			
Print AK letter				
Save Submit				

Attachment

Accident No.	MT/1097194	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/08/2020 11:18
Batch *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Category *		Confidential	Urgency *
Please Select		No	Normal
Please Select		No	Normal
Please Select		No	Normal

7/18/2020

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear Please Select

Clear Please Select

Clear Please Select

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	Photos		Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	NRIC/ Driving License	<input checked="" type="checkbox"/>	Normal	NRIC/ Driving License 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 18 Jul 2020 11:19	SAS		Normal	SAS 2020-7-18

Video List

Uploaded By/Date	Folder Data	File Name		Source
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Display in New Window

Scan and uploading

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/07/2020 10:15"/>
Vehicle No. (For Motor)	<input type="text" value="GX4121Z"/>	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="radio"/>	5108471820-01		EURO INDUSTRIES (PTE.) LTD.	201406366C	GCV	Third Party, Fire & Theft	GX4121Z	GX4121Z	01/04/2020	31/03/2021

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 31 Mar 2020 / 17:52:58

Receipt Date/Time : 31 Mar 2020 / 17:52:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200331-002880

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1	Road Tax Renewal - GX4121Z Road Tax (01 Apr 2020 - 30 Sep 2020) 20200331175208688958	27.00	0.00	27.00
2	Road Tax Renewal - GX4121Z Road Tax Overpayment 20200331175208688958	-27.00	0.00	-27.00
Sub-Total		0.00	0.00	0.00
Total Before Rounding		0.00	0.00	0.00
Rounding Difference				0.00
Total Amount Payable				0.00
Paid By				
Total				0.00
Cash Change				0.00
Tendered Amount				0.00
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.