

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	12/11/2020 15:59
Date Of Accident	11/11/2020 11:10
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3405Y
Insured/Policyholder	
Name Of Registered Owner	1NSPIRED CONCEPT AUTO LEASING PTE LTD
Co Reg No	2XXXXX357K
Email Address	INSPIREDAUTOLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98399993
Alternative Phone No	OFFICE-98399993

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113397340-01
Cover Note Number	

Driver

Name of Driver	NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)
NRIC No	SXXXX890E
Date Of Birth	17/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2007
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98399993
Fax Number	
Contact Number	OTHERS-98399993

Address	BLK 56 CASSIA CRESCENT #14-17
Postcode	910567
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201113/2070

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	SGY222L
Vehicle Make/Model/Colour	FERARRI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEE ONG (HUANG WEIHUANG)
NRIC/Passport Number	SXXXX433Z
Contact Number	90467246
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMR3405Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)

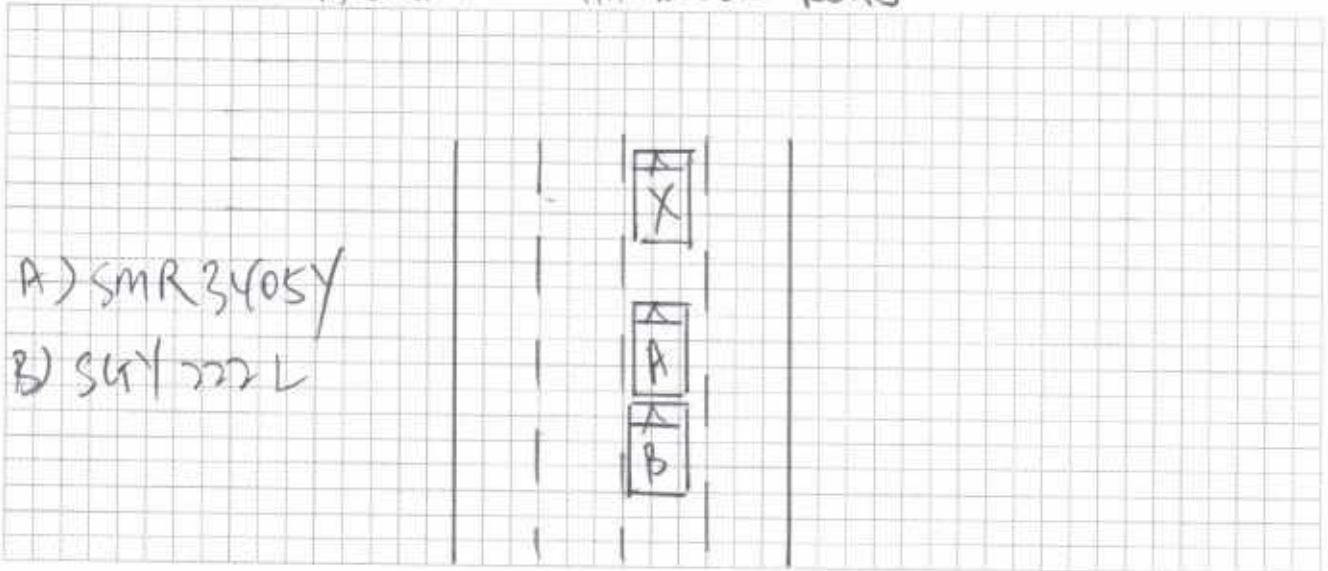
Date & Time: 14/11/20 12:37pm

Reporting Centre Personnel's Signature
Name: Rosli

NRIC/FIN No.:

SKETCH PLAN

ALONG HAVELOCK ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Havelock Road at around 11:09pm
 A Ferrari knock my car from behind when my car is stationary
 waiting for the green light at the traffic lights.

DECLARATION

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

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/11/20 12:37pm

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

ACCIDENT STATEMENT

ACCIDENT DATE: (11/11/20) (DD/MM/YYYY), TIME: (11:09) (HH:MM)

LOCATION: OPPOSITE TO HAMELOX ROAD
Along

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 34064
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA NOAH 1.8X CVT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: INSPIRED CONCEPT AUTO LEASING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 24 LENG KEE ROAD, LENG KEE AUTOWORKS, #03-01
(C) 159096

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG CHAN SOW MYIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP9090E CONTACT: 98799997
c) ADDRESS: Rte 56 CASHA CENTRAL #14-01 (S) 391086

* d) DATE OF BIRTH: (17/07/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/01/2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Wife

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: SG4 2224 MODEL: FERRARI
b) DRIVER'S NAME: NG WEE ANGI (HUANG WEIHUANG)
c) NRIC/FIN/PASSPORT: S82434332 CONTACT: 90467246

9. THIRD PARTY VEHICLE

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

ALVINH1701@gmail.com

email =

VIDEO

Inspiredautoleasing@gmail.com



SINGAPORE POLICE FORCE



T/20201113/2070

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201113/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 15:11	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: NG KIAN SOON, ALVIN		Address: APT-BLK-178 EDGEFIELD PLAINS #17-232 SINGAPORE 820178-82K 56 Cornia Crescent #14-17	
ID Type / ID No.: NRIC NO / S8120890E		Contact No.: Home/Office: Mobile: 983999993	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 17/07/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2020 23:10	Type of Location: Straight Road
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY222L	Car					0
SMR3405Y	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/20201113/2070

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20201113/2070

CONTINUATION OF REPORT

Driver			
Name	NG KIAN SOON, ALVIN	ID No.	S8120890E
Related Vehicle	SMR3405Y (Car)	Contact No.	98399993
Hospital/Clinic	Eiddwen Family Medicine Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	12/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11 November 2020 at about 11.09pm, I was on my way to meet my friend, Mr Shah at Tras Street. I was forming up at the traffic lights along Havelock Road just beside River Place Condominium as the lights had turned red. While waiting for the traffic lights to turn green, I suddenly felt a bang on the rear of my car (SMR3405Y) and jerked forward. I then alighted my car to only found out that there is another car, SGY222L, had collided into the rear of my vehicle. We then exchanged particulars and agreed that both parties do not require any ambulance services. I then drove off after that after I has access

On 12 November 2020 at about 7.45pm, I went over to the GP located near Cassia Crescent, Eiddwen Family Medicine Clinic, to seek for treatment as I suspected I could have suffered from further injuries and require medical attention. I was then awarded a 3 days MC from 12 Nov to 14 Nov 2020. I was then advised to make a police report with regards to this accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20201113/2070

2 of 3

Report No: T/20201113/2070

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
D /
Staff Sgt YEO CHUN HUA ANTHONY

Signature Of Informant:

↑

Signature Of Interpreter:
Not applicable

Date/Time:
13/11/2020 15:11

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

SN 45

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE



34 Cassia Crescent #01-80 Singapore 390034
Tel: 6970 5818 Fax: 6970 5838

Medical Certificate

Date : 12 Nov 2020

MC No. : 0000000382

This is to certify that:

Name : NG KIAN SOON ALVIN

NRIC : S8120890E

is Unfit for Duty for 3 days

from 12 Nov 2020 to 14 Nov 2020 inclusive.

Dr Lin Lih Keong

MBBS (Singapore)

BMedSci

PCR No. 15555A

DR LIN LIH KEONG

MBBS GDFM FAMILY PHYSICIAN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Eiddwen Family Medicine Clinic
34 Cassia Crescent
#01-80
Singapore 390034
Telephone No: 69705818 Fax No: 69705838

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA20100334 Vehicle Registration No: SVR 38054

Name (as shown in NRIC) : Mr Kian Soon, Alvin NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No.: 98399993

Email Address : _____

Date of Accident : 11/11/2020 Time of Accident : 11:10

Place of Accident : Along Havelock Road

Insurance Company: XNAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① To Third Party Claims

② To Insurer Police Report 9/20201113/2020

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

[Signature] 13/11/2020
Rishi

INSPIRED CONCEPT AUTO LEASING PTE LTD

Agreement Date: 31-12-2019

AUTOMOBILE LEASE AGREEMENT

THE SCHEDULE

(Lessor)	Name: <u>INSPIRED CONCEPT AUTO LEASING PTE LTD</u> ROC No: <u>201927357K</u> Address: <u>24 LENG KEE ROAD, LENG KEE AUTOPOINT, #03-01 SINGAPORE 159096</u>
(Lessee)	Name: <u>NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)</u> NRIC/PP/UED No: <u>S8120890E</u> Address: <u>BLK 178 EDGEFIELD PLAINS #17-232 SINGAPORE 820178</u>
(Guarantor)	Name: _____ NRIC/PP/UED No: _____ Address: _____
(Guarantor)	Name: _____ NRIC/PP/UED No: _____ Address: _____

DESCRIPTION OF VEHICLE ("Vehicle")

MAKE/MODEL & DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make/Model : <u>TOYOTA NOAH HYBRID 1.8X CVT</u> 2. Chassis No : <u>ZWR800411717</u> 3. Engine No : <u>2ZR2F21618</u> 4. Distributor : <u>INSPIRED CONCEPT AUTO LEASING PTE LTD</u>	<u>BLACK</u>	<u>SMR3405Y</u>

TERMS OF RENTAL PAYMENT

1. Commencement Date: <u>31-12-2019</u>
2. Period of Lease: From <u>01-01-2020</u> to <u>31-12-2025</u> (<u>72</u> months) ("Lease Period").
3. Initial Payment of SGD\$ _____ ("Initial Payment") and thereafter <u>DAILY</u> Lease of SGD\$ <u>109</u> each ("Rental"), due on the every last Friday of the week (payable in advance) ("Due Date").
4. Security Deposit: SGD\$ <u>800</u>

Upon 3 rd Year Completion	Choose <u>one</u> from the option : 1. Continue the Lease with no Rebate <input type="checkbox"/> 2. Take back \$5 per day Rebate & end the contract* <input type="checkbox"/>
Complete Full 6 Years	Fully Own the Vehicle with 'ZERO' Loan without taking any \$5 per day rebate

*(eg. 365 Days x 3 years x \$5 = \$5,475)

Claim Handling

Accident MT/1109991

Policy No.	5113397340-01	Vehicle No.	SMR3405Y	GST Registration No.
Certificate No.	5113397340-01-000014			
Policyholder Name	INSPIRED CONCEPT AUTO LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98399993	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	13/11/2020 10:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2020	Time of Accident hh:mm	11:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG HAVELOCK ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,000.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	24 LENG KEE ROAD	Address 2	#03-01 LENG KEE AUTOPDINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5113397340-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KIAN SOON, ALVIN (HUANG	Driver NRIC	S8120890E	Driver DOB
Register Date of Driver License	15/01/2007	Driver Age	39	Driving Experience
Contact No.(Mobile)	98399993	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 56 #14-17	Address 2	CASSIA CRESCENT	Address 3
Address 4	BLK 36 #19-447	Address Type	Foreign address	Post Code
Unit No.	14-17			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMR3405Y	Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	INSPIRE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SMR3405
Claim Description	SMR3405Y / SGY222L ON 12 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	13/11/2020 10:59	Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1109591	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/11/2020 11:02
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> ▼	<input type="button" value="NO"/> ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:02	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:02	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 11:01	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:59	SAS	Normal	SAS 20f

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

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: 5113397340-01-000014

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMR3405Y**
 Chassis Number : **ZWR800411717**
2. Name of Policyholder : **INSPIRED CONCEPT AUTO LEASING PTE LTD**
3. Effective Date of Insurance : **16 Oct 2020**
4. Expiry Date of Insurance : **15 Oct 2021**
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\$2,000
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	: SPEEDO CAPITAL 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 : SPEEDO CAPITAL PTE. LTD. (00000615301)
 Date of Issue : 06 Oct 2020 22:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/11/2020 15:58"/>							
Vehicle No. (For Motor)	<input type="text" value="SMR3405Y"/>	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"/>	5113397340-01	5113397340-01-000014	INSPIRED CONCEPT AUTO LEASING PTE LTD	201927357K	GFM	drive CLASSIC	SMR3405Y	SMR3405Y	16/10/2020	15/10/2021
<input type="button" value="Continue"/>										

Register New Vehicle (Acknowledgement)

1129746111

Vehicle Particulars

Vehicle No.:	5MR3405Y	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	NOAH HYBRID 1.8X CVT
Vehicle Attachment 2:	-	Engine No.:	22R2F21618
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	ZWR800411717	Passenger Capacity:	6
Motor No.:	319H03432	Power Rating:	60.0 kW
Propellant:	Petrol-Electric	Maximum Laden Weight:	1995 kg
Engine Capacity:	1797 cc	Secondary Colour:	-
Maximum Power Output:	100.0 kW (134 bhp)	Original Registration Date:	30 Dec 2019
Unladen Weight:	1610 kg	Open Market Value:	\$33,038.00
Primary Colour:	Black	Minimum PARF Benefit:	\$14,127.00
First Registration Date:	30 Dec 2019	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$13,038.00 (140%)
Manufacturing Year:	2019		
PARF Eligibility:	Yes		
No. of Transfers:	0		
Actual ARF Paid:	\$28,254.00		

Owner Particulars

Owner Name:	INSPIRED CONCEPT AUTO LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201927357K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	24
Registered Street Name:	LENG KEE ROAD
Registered Unit No.:	# 03 - 01
Registered Building Name:	LENG KEE AUTOPOINT
Registered Postal Code:	159096
COE No. / Expiry Date:	2019100103002025R / 29 Dec 2029
COE Bid Category:	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$37,000.00

Transaction Details

Business Transaction Ref. No.:	20191230131443108100
Business Transaction Date:	30 Dec 2019
Business Transaction Time:	13:14:43

Message

The above vehicle has been successfully registered.
Please note that \$55,961.00 will be deducted from your GIRO account.

OK

Save as PDF