

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 04.12.2024

MS First Capital Insurance Ltd

16 Raffles Quay

#42-01 Hong Leong Building

Singapore 048581

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SMC 1963U / SHB 6616D ON 13.11.2024

We are the authorized repair workshop for the owner of motor vehicle no: **SMC 1963U** , which was involved in the captioned accident with your insured vehicle no: **SHB 6616D** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1) Cost of Repair (inclusive of GST)	\$ 6,758.00
2) Loss of Rental	\$ 981.00
	<u>\$ 7,739.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Police Report | f) I/C & Driving License |
| g) Insurance Certificate | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,

Jason Tang (jason@fastechauto.com.sg)
For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

MS First Capital Insurance Ltd

16 Raffles Quay

#42-01 Hong Leong Building

Singapore 048581

Attn : Motor Claim Department

Tax Invoice : 24146

Date : 28.11.2024

Vehicle No : SMC 1963U

Make/Model : HONDA SHUTTLE 1.5G

Chassis/Eng# :

Accident Date : 13.11.2024

Claim No :

Reference : 1124 -24146

Policy No :

Amount

To proceed on lump sum repair

S\$

6200.00

E. & O. E.

Total : S\$

6200.00

GST @ 9% : S\$

558.00

Amount Due : S\$

6758.00


for FASTECH AUTO PTE LTD

TAX INVOICE

Invoiced To
FASTECH AUTO PTE LTD
C/O SEMBAGAVALLI D/O
GOVINDARAJOO
BLK 171A EDGEDALE PLAINS
#17-426
SINGAPORE 821171

Invoice Number A 15405
Invoice Date 26/11/2024
Due Date 26/11/2024
VHA Number A 15405
Vehicle Number SNK 8040 H

S/N	Description	No. of Days	Rate	Amount
1	RENTAL FROM 14 NOVEMBER 2024 TO 20 NOVEMBER 2024 YOUR REF: SMC 1963 U	6	150.00	900.00

Subtotal	900.00
GST @ 9%	81.00
Total (incl. GST)	981.00
Less: Payments	-
Amount Due	S\$981.00

Account Name: BKW RENT A CAR PTE LTD
Account No: 118-312-9991 Paynow UEN: 200106276D
Bank: UNITED OVERSEAS BANK LTD (UOB)
Branch: UOB Shaw Centre Branch
Bank Address: 1 Scotts Road #03-04 Shaw Centre Singapore 228208
Bank Code: 7375 Branch Code: 018 Swift Code: UOVBSGSG

All cheques must be made payable to BKW RENT A CAR PTE LTD.
* Please indicate the invoice number and vehicle number in the reference.



VEHICLE HIRING AGREEMENT

HIRER'S PARTICULARS

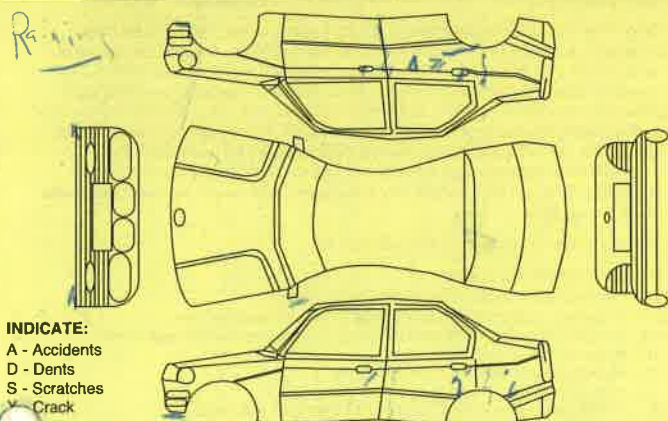
Name (as in I/C) SEMBAGAVALLI D/O GOVINDARAJOU
NRIC/Passport No: [REDACTED] Date of Birth: 8/7/1981
Address: BK 171A EDGEHALL PLAINS Age: 22
#17-426 S(821171)

Name & Address of Employer

Occupation [REDACTED] Driving Exp: 7/8/2000
Driving Licence No: [REDACTED] Passed Date: 7/8/2000
D/L Type: Local/Int'l/Others: [REDACTED]

AUTHORIZED DRIVER'S PARTICULARS

Name (as in I/C) [REDACTED]
NRIC/Passport No: [REDACTED] Date of Birth: [REDACTED]
Address: [REDACTED] Age: [REDACTED]
S([REDACTED])
Occupation [REDACTED] Driving Exp: [REDACTED] Yrs [REDACTED]
Driving Licence No: [REDACTED] Passed / Expiry Date: [REDACTED]
D/L Type: Local/Int'l/Others: [REDACTED] Contact No: [REDACTED]



INDICATE:
A - Accidents
D - Dents
S - Scratches
Y - Crack

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

IMPORTANT

- The Hirer and the authorized driver by BKW must be over 23 years of age and under 70 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$10 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling, illegal racing), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of minimum \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including

Hirer's Own Vehicle No: SMC19634 Replace Veh No: [REDACTED]
Loan Vehicle No: SINK 804011 VR No: SMC19634
Make & Model: Pr. us Plus Auto/Manual Group: [REDACTED]

CHARGES		\$	cts
Daily	6 day @ \$ 150	Per day	\$900
Weekly/Monthly	week @ \$	Per week/Monthly	
Others			
CDW/PAI	@ \$	Per day/Monthly	
Delivery/Collection Svc			
		GST 9%	\$81
OR No:		(A) SUB-TOTAL	\$981
Petrol Level & Surcharge	OUT IN	E 1/4 1/2 3/4 F	
<input type="checkbox"/> Return the same petrol level		GST	
First _____ km FREE per day Excess mileage is chargeable at _____ cents per km		TOTAL CHARGES	

NON WAIVER EXCESS (Subject to GST): \$ 3000

ACCESSORIES CHECK

- ☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Cartridge
☐ Jack ☐ Tyre Opener ☐ Petrol Cap ☐ Spare Tyre

Hirer's Signature: [Signature]

Additional Driver's Signature: [Signature]

SINGAPORE Use Only *Please refer to point 5

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace an replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's fur between \$300 - \$500.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$60.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
14/11/24		125074		

Hirer's/Driver Signature [Signature]

Return Of Vehicle: The Hirer Driver is Required To Sign In The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

Date In	Time In	Mileage	Check By	Remarks
20.11.24	15:49pm	125074	5011	125075

Hirer's/Driver Signature [Signature]

DATE : 14.11.2024

TO : MS First Capital Insurance Limited

RE : ACCIDENT INVOLVING VEHICLE NO. SMC 19634 /
SHB 6616D
ALONG BKE towards SLE
ON 13.11.2024

I/We, Sembagavalli D/o Govindarajoo
of (NRIC No./ROC No.) S 8142562J
of APT BLK 17A Edgedale Plains #17-426 (S) 821171
owner of vehicle no. SMC 19634 in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SMC 19634 at my/our instruction and hereby
authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever
amount settled/payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and
all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost
which may arise therewith.

Signature of Owner :



Name of Owner :

Sembagavalli D/o Govindarajoo

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 Actual 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 First Submission	14/11/2024 14:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/11/2024 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE towards SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1963U
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	Sembagavalli d/o Govindarajoo
NRIC No	SXXXX562J
Email Address	valli0824@yahoo.com.sg
Mobile Phone No	(Phone) +65-84480469
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00006567-04

DRIVER

Name of Driver	Sembagavalli d/o Govindarajoo
NRIC No	SXXXX562J
Date Of Birth	08/07/1981
Occupation	Indoor
Driving Pass Date	07/08/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84480469
Alt. Phone Number	-
Email Address	valli0824@yahoo.com.sg
Address	171A Edgedale Plains #17-426 S821171
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attached

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6616D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS



INJURED 1

Name of injured person	Sembagavalli d/o Govindarajoo
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 Days MC
Injured person in which vehicle?	SMC1963U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

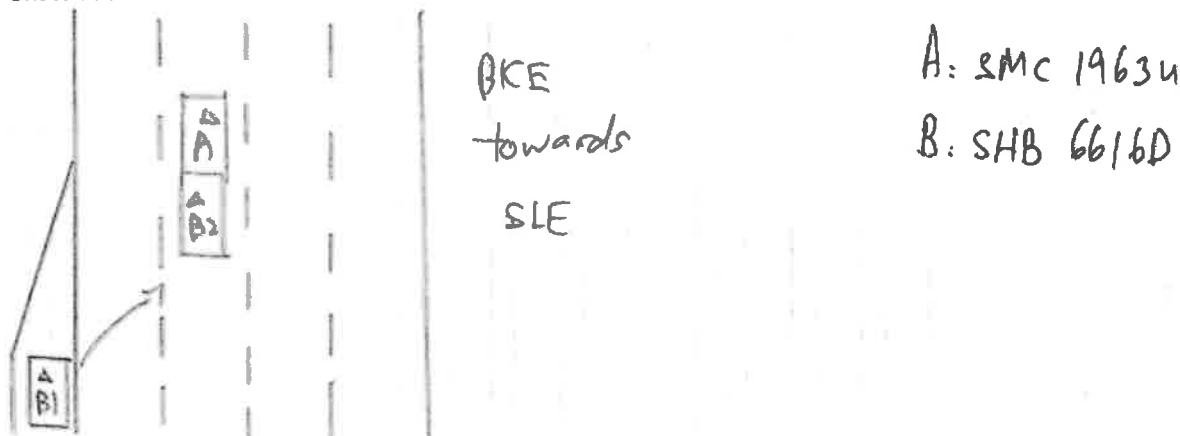
IMPORTANT NOTICE

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 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.
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.

 1940 hrs
 14/11/2024

Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


Please refer to the police report:

TI 2024 1114/7055.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 14/11/2024


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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20241114/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20241114/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2024 14:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SEMBAGAVALLI D/O GOVINDARAJOO		Address: 171A EDGEDALE PLAINS #17-426 SINGAPORE 821171	
ID Type / ID No.: NRIC NO / S8142562J		Contact No.: Home/Office: Mobile: 84480469	
Nationality: SINGAPORE CITIZEN		Email: VVAMZ08@GMAIL.COM	
Sex: Female	Age: 43	Date of Birth: 08/07/1981	Type of Informant: Vehicle Owner
Race: Indian		Language: English	
Occupation: Other administration professionals		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2024 17:20	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6616D	Motor car					0
SMC1963U	Motor car	HONDA	SHUTTLE	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMC1963U	FWD SINGAPORE PTE. LTD.	PNPV2020- 00006567-04	27/06/2024	26/06/2025



SINGAPORE POLICE FORCE



T/20241114/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20241114/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SEMBAGAVALLI D/O GOVINDARAJOO	ID No.	S8142562J
Related Vehicle	SMC1963U (Motor car)	Contact No.	84480469
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/11/2024	Date Discharge	13/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

On 13.11.2024 at about 5:20pm. I was travelling along BKE towards SLE. Since the front traffic was heavy and slow down, I followed. Suddenly, I felt an impact. Vehicle B (SHB 6616D) collided with my car (SMC 1963U) rear portion. During the accident no passenger was in my car.

As a result of the accident, I felt pain on my neck, shoulder and head. I visited SENGKANG GENERAL HOSPITAL after the accident. The doctor gave me 3 days MC.

- I had a video from my in-car camera.



SINGAPORE POLICE FORCE



T/20241114/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20241114/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
14/11/2024 14:02

Classification Of Case:

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8142562J**

Name: **SEMBAGAVALLI D/O GOVINDARAJOO**

Date of Birth: **08 Jul 1981**

Issue Date: **18 Jul 2003**

000565423G

For Insurance Reporting And Claim Purposes Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8142562J**

Name: **SEMBAGAVALLI D/O GOVINDARAJOO**

செம்பகவள்ளி

Race: **INDIAN**

Date of Birth: **08-07-1981**

Sex: **F**

Country of Birth: **SINGAPORE**

For Insurance Reporting And Claim Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	30 Nov 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	07 Aug 2000

S8142562J

S / No. 9000237366

Licence No: **S8142562J**

NP 428A

For Insurance Reporting And Claim Purposes Only

4821187

S8142562J

Date of Issue: **06-02-2012**

APT BLK 171A EDGE DALE PLAINS #17-426

SINGAPORE 821171

NRIC No: XXXXX562J

Date of Change: **27/05/2022**

For Insurance Reporting And Claim Purposes Only

Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2020-00006567-04 (Comprehensive - Executive Plan)

Car plate number: SMC1963U

Your name (As the policyholder): Sembagavalli Govindarajoo

Coverage start date: 27/06/2024

Coverage end date: 26/06/2025

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company: Maybank Singapore

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 20/05/2024



Adrian Vincent

Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**
or email us at **contact.sg@fwd.com** if any details
in this Certificate of Insurance need to be changed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	562J
Vehicle Details	
Vehicle No.:	SMC1963U
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2024
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	L15B5461567
Chassis No.:	GK81201322
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,264.00
Original Registration Date:	27 Jun 2018
First Registration Date:	27 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$9,264.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2028
PARF Rebate Amount:	\$6,021.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,700.00
COE Rebate Amount:	\$13,733.00
Total Rebate Amount:	\$19,754.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 15 Nov 2024

OK