

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date : 29.07.2024

India International Insurance Pte Ltd
64 Cecil Street
#04-05 IOB Building
Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SNN 4304H / GBM 1380D ON 11.07.2024

We are the authorized repair workshop for the owner of motor vehicle no: **SNN 4304H** , which was involved in the captioned accident with your insured vehicle no: **GBM 1380D** . 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	\$ 9,100.00
2) Loss of Use (5 days + 1 Sunday x \$ 100)	\$ 600.00
3) GIA Search Fee	\$ 2.18
	<u>\$ 9,702.18</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) GIA Search Result |
| 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,

TANG JUN ZHONG
For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Tax Invoice : 24038

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn : Motor Claim Department

Date : 22.07.2024

Vehicle No : SNN 4304H

Make/Model : TOYOTA VOXY HYBRID

Chassis/Eng# :

Accident Date : 11.07.2024

Claim No :

Reference : 0724 -24038

Policy No :

Amount

To proceed on lump sum repair

S\$

9100.00

E. & O. E.

Total : S\$

9100.00


for CHOO MOTOR SPRAY PAINTER

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBM1380D

Date of Accident

11/07/2024



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **23/04/2024 - 22/04/2025**

Requested By **ALLAN TANG (KIM CHWEE AUT...**

Requested Date **11/07/2024 11:04**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

DATE : 11. 07. 2024

TO : India International Insurance Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SNN 4304H /

GBM 1380 D

ALONG Gul Wy in front Meritor Vehicle Systems

ON 11. 07. 2024

I/We, Kiew Kim Hwee

of (NRIC No./ROC No.) S 1673 751 H

of APT BLK 211 Tampines Street 23 # 08 - 119 (S) 520211

owner of vehicle no. SNN 4304H in consideration of M/s CHOO MOTOR SPRAY

PAINTER repairing my/our vehicle SNN 4304H at my/our instruction and hereby

authorise M/s CHOO MOTOR SPRAY PAINTER 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 arisen therewith.

Signature of Owner : 

Name of Owner : Kiew Kim Hwee



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	11/07/2024 17:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2024 09:50 (SGT)
Exact Location of Accident	Gul Wy, Singapore
Additional Location Information	IN FRT MERITOR VEHICLE SYSTEMS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN4304H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KIEW KIM HWEE
NRIC No	S1673751H
Email Address	MSGKIEW@GMAIL.COM
Mobile Phone No	(Phone) +65-89227252
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00028122300

DRIVER

Name of Driver	KIEW KIM HWEE
NRIC No	S1673751H
Date Of Birth	25/04/1964
Occupation	Outdoor



Driving Pass Date	07/11/1990
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89227252
Alt. Phone Number	-
Email Address	MSGKIEW@GMAIL.COM
Address	BLK 211 TAMPINES STREET 23 #08-119
Address complement	-
Postcode	520211
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBM1380D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MAX GOH PIN LENG
NRIC No	S1653690C
Contact Number	(Phone) +65-89427965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KIEW KIM HWEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNN4304H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

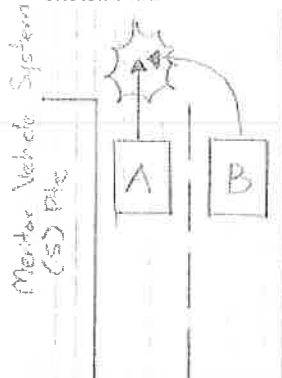
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 statement 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 making 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



GIA
M4

A= 6NN 4304H

B= GBM 1389D


Describe Circumstances of the Accident


On 11.03.2024 at about 0950 am. I was travelling straight in my lane along Goul Wy. Suddenly the vehicle GBN 1380D collided onto left portion of my vehicle SNN 4304H when he turning.

Please Refer To The Police Report

Declaration

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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20240711/7039

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

1 of 3
Report No. T/20240711/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2024 12:56			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: KIEW KIM HWEE			Address: 211 TAMPINES STREET 23 #08-119 SINGAPORE 520211			
ID Type / ID No.: NRIC NO / S1673751H			Contact No.: Home/Office:		Mobile: 89227252	
Nationality: SINGAPORE CITIZEN			Email: MSGKIEW@GMAIL.COM			
Sex: Male	Age: 60	Date of Birth: 25/04/1964	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Private-hire car driver			Driving Licence Information: Class: 3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2024 09:50	Type of Location: Straight Road
Location: GUL WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
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
GBM1380D	Motor car					1
SNN4304H	Motor car	TOYOTA	VOXT HYBRID		Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNN4304H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



**SINGAPORE
POLICE FORCE**



T/20240711/7039

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

2 of 3
Report No. T/20240711/7039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAX GOH PIN LENG	ID No.	S1653690C
Related Vehicle	GBM1380D (Motor car)	Contact No.	89427965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	KIEW KIM HWEE	ID No.	S1673751H
Related Vehicle	SNN4304H (Motor car)	Contact No.	89227252
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/07/2024	Date Discharge	11/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

ON 11.07.2024 AT ABOUT 0950AM. I WAS TRAVELLING SREIGHT IN MY LANE ALONG GUI WAY (IN FRONT MERITOR VEHICLE SYSTEM SINGAPORE PTE). SUDDENLY, THE VEHICLE GBM 1380D COLLIDED ONTO LEFT PORTION OF MY VEHICLE SNN 4304H WHEN HE TURNING.

I FELT PAIN AFTER ACCIDENT. I WAS GIVEN 5 DAYS MC FROM NORWOOD MEDICAL HOUGANG.



**SINGAPORE
POLICE FORCE**



T/20240711/7039

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

3 of 3

Report No. T/20240711/7039

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

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

Date/Time:
11/07/2024 12:56

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 556530030G / GST Reg. No.: M400017735

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 : SS2X 24 78000F Vehicle Registration No: SNN 4304 H
Name (as shown in NRIC) : Kiew Kim Hwee NRIC/FIN/Passport No : S1673751 H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 211 Tampines Street 23 #08-119 Singapore (520211)
Contact (Tel) : _____ Mobile No. : 89227252
Email Address : msgkiew@gmail.com
Date of Accident : 11.07.2024 Time of Accident : 0950 am
Place of Accident : Gul Wy
Insurance Company : China Taiping

(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:

amended damage portion in Statment.
add police report

Policyholder / Driver's Signature
Date:

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

Describe Circumstances of the Accident


On 11.07.2024 at about 0950am. I was travelling straight in my lane along Guel Wy. Suddenly the vehicle GBM 1350D collided onto right portion of my vehicle SNN 4304H. when he turning.

Please refer to the police report

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20240716/7059

1 of 3

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

Report No. T/20240716/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2024 15:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KIEW KIM HWEE			Address: 211 TAMPINES STREET 23 #08-119 SINGAPORE 520211		
ID Type / ID No.: NRIC NO / S1673751H			Contact No.: Home/Office: Mobile: 89227252		
Nationality: SINGAPORE CITIZEN			Email: MSGKIEW@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 25/04/1964	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2024 09:50	Type of Location: Straight Road
Location: GUL WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
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
GBM1380D	Lorry					1
SNN4304H	Motor car	TOYOTA	VOXY HYBRID			2

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



**SINGAPORE
POLICE FORCE**



T/20240716/7059

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

2 of 3

Report No. T/20240716/7059

CONTINUATION OF REPORT

Driver				
Name	MAX GOH PIN LENG		ID No.	S1653690C
Related Vehicle	GBM1380D (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL
Driver				
Name	KIEW KIM HWEE		ID No.	S1673751H
Related Vehicle	SNN4304H (Motor car)		Contact No.	89227252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/07/2024		Date Discharge	11/07/2024
No. of Days granted Medical Leave (MC)	05		Degree of Injury	Serious

Brief Details.

AMENDED OF POLICE REPORT REF: T/20240711/7039.

THE DAMAGE PORTION IS RIGHT SIDE, NOT LEFT SIDE OF MY VEHICLE SNN 4304H.



**SINGAPORE
POLICE FORCE**



T/20240716/7059

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

3 of 3

Report No. T/20240716/7059

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

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

Date/Time:
16/07/2024 15:07

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1673751H**

Name: **KIEW KIM HWEE**

Birth Date: **25 Apr 1964**

Issue Date: **13 Oct 2003**

000915967C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1673751H

Name: **KIEW KIM HWEE**



Race: **CHINESE**

Date of birth: **25-04-1964**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S1673751H

Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S1673751H**

Name: **KIEW KIM HWEE**

Issue Date: **30/4/2005**

Please visit www.lta.gov.sg to check the status of this vocational licence.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 1	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Nov 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Sep 2003

S/No. 9080168115

Licence No: **S1673751H**

NP 429A





6381872

NPIC No. S1673751H


Date of issue: **06-02-2020**

Address: **APT BLK 211 TAMPINES STREET 23
#08-119
SINGAPORE 520211**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	15/05/2001
03	BUS VL	25/08/1994



Motor Hire Car

MZ406L/B

N SN

AN0695A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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, 1959 (Malaysia)

CERTIFICATE No. DMHCSNW00028122300

Engine No.: 2ZR2V53906

Cha. No.: ZWR900101664

1. Index Mark and Registration Number of Vehicle SNN4304H

AUTOSAFE
=====

2. Name of Policy Holder KIEW KIM HWEE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 07/12/2023 (00:00:00)

Excess Sect I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance 06/12/2024

Excess Sect.II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

KIEW KIM HWEE

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

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

HIRE PURCHASE CO. : GENIE FINANCIAL SERVICES PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI CREDIT PTE LTD

Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 751H

Vehicle Details

Vehicle No.: SNN4304H
Vehicle to be Exported: No
Intended Deregistration Date: 11 Jul 2024
Vehicle Make: TOYOTA
Vehicle Model: VOXY HYBRID 1.8 S-Z 7-SEATER CVT
Primary Colour: Grey
Manufacturing Year: 2023
Engine No.: 2ZR2V53906
Chassis No.: ZWR900101664
Maximum Power Output: 103.0 kW (138 bhp)
Open Market Value: \$30,735.00
Original Registration Date: 07 Dec 2023
First Registration Date: 07 Dec 2023
Transfer Count: 0
Actual ARF Paid: \$20,029.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 06 Dec 2033
PARF Rebate Amount: \$15,021.00

Intended COE Rebate Details

COE Expiry Date: 06 Dec 2033
COE Category: B - Car-Details at OneMotoring
COE Period(Years): 10
QP Paid: \$126,889.00
COE Rebate Amount: \$119,304.00
Total Rebate Amount: \$134,325.00

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 11 Jul 2024

OK