

V (012298

趙 源 摩 哆 Chew Goon Motor

新加坡宏茂桥第 2A 工业园第五道大牌十号门牌十五,十六,十七(一楼)及门牌五(三楼)
Blk 10, Ang Mo Kio Industrial Park 2A, Ave. 5, #01-15, 16, 17 & #03-05, AMK Autopoint
Singapore 568047

Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

TEL: 6484 1626 (24Hrs) FAX: 6484 0465

Date : 27.02.2019

◀ 修理各种汽车 敲焊打吗 咭喷漆等 ▶

Your Reference : GZ6432C

THE MOTOR CLAIM DEPARTMENT
QBE INSURANCE (INT'L) LTD
1 Raffles Quay
#29-10 South Tower
Singapore 048583



Dear Sir,

ACCIDENT ON : 10.02.2019
ALONG / AT : Ang Mo Kio Ave 5 BLK 602 Open Carpark
INVOLVING : SGA2832P & GZ6432C

We wish to have a "Direct Settle" to the above matter.

We enclose herewith the following documents for your perusal and attention.

1. Final repair bill for \$2300.50 (Include GST)
2. Letter of Authority
3. Third Party Discharge Voucher
4. Motor Accident Report made by SGA2832P
5. Certificate of Insurance
6. Vehicle of Registration Log Card
7. Third Party Insure Enquiry Charges @\$2.00 (GZ6432C)
8. Rental (09days X \$120/-) @ \$1155.60 (Rental For 2D Pre-repair Inspection + 2D Weekend + Surveyor Recommend 4D Working) (with gst)
(In 11.02.2019 Out 19.02.2019)

Thank you.
Yours faithfully

chew

SOON LEE CAR RENTAL

Block 10, Ang Mo Kio Industrial Park 2A, Avenue 5 #03-05, AMK AutoPoint, Singapore 568047

Tel: 6484 1976 Fax: 6484 0465 Registration No.: 52936075J

TAX INVOICE

RENTAL OF CARS, VANS

出租: 汽车、广告车

HIRER'S PARTICULARS

If Different From

Section ①

I/We

Chew Soon Motor
of Block 10, Ang Mo Kio Industrial Park 2A, Ave 5, #03-05, 016 (main), 017,
AMK AutoPoint S 568 047 Tel: 6484 1626.

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from SOON LEE CAR RENTAL hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1000 for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereafter mentioned and printed at the back hereof:

Vehicle Regn. No. 車輛注册號碼 SKW 2738 R		Rental Agreement 合同號碼 No. A 1215	
Section ① Hirer's And/Or Driver's Particulars 租車者 / 駕駛員個人記錄		租出日期及時間 Date & Time OUT 11.02.2019	
姓名 Name: Liew Ai Tan		交車日期及時間 Date & Time IN 19.02.2019	
地址 Address: Block 602 Ang Mo Kio Ave 5		Chargeable Rates Amount	
# of - 2645 S 560602		9 天 Days @ \$120 / \$1,080.00	
居民證/護照號碼 I/C No./Passport No: S7372481C		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Months @ \$	
出生日期 Date of Birth: 14/10/1973		發出地 Place of Issue:	
三號保險底金 \$1000/=		送車/費 Delivery Fees	
a) Third Party Only Policy Excess \$1000/-		總計 Total Charge	
一號保險底金 \$2000/=		按金 Security Deposit	
b) Comprehensive Policy Excess \$2000/-		總金額 Total Payable	
二十二歲或以下或駕車經驗少過兩年 - 額外保險底金 \$2000/=		來銀 Amount Paid	
c) 22 Yrs Or Below Or Less Than 2 Yrs Driving Experience - Additional Excess \$2000/-		收車費用 Collection Fees/Misc.	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		超過/小時 Extra Hours @ \$	
備注與付款記錄 Remarks & Payment Records		租費不包括汽油 Rates Do Not Include Fuel	
出車油箱 E 1/4 1/2 3/4 F		添油 Refuelling	
還車油箱 E 1/4 1/2 3/4 F		至 To:	
Fuel Tank OUT		起 From:	
車牌號碼 Vehicle No: 1)		至 To:	
車牌號碼 Vehicle No: 2)		起 From:	
工具 Tools		裝飾品 Accessories	
輪胎 Spare Tyre		加額費用 Total Additional Charges	
車輛發出人 Vehicle Issued By:		Sub - Total	
車輛接收人 Vehicle Collected By:		ADD 7% GST	
NOTE 注: 租車者或司機必須付所有停車及違反交通法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.		總計 Grand Total \$ 1,155.60	

租車者不準戴沙、石灰、榴槤與動物。
HIRER MUST NOT CARRY SAND, CEMENT, DURIAN AND ANIMALS ON THE VEHICLE.

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期
Date: 11.02.2019

租車者簽名
Signature of Hirer: [Signature]

C/O BLK 10 ANG MO KIO IND. PARK 2A
AVE 5, #01-15, 16 & 17 AMK AUTOPOINT
SINGAPORE 568047

DATE : 27.02.2019

THE MOTOR CLAIMS DEPARTMENT
QBE INSURANCE (INT'L) PTE LTD
1 RAFFLES QUAY
#29-10 SOUTH TOWER
SINGAPORE 048583

DEAR SIRs,

ACCIDENT ON : 10.02.2019
ALONG/AT : ANG MO KIO AVE 5 BLK 602 OPEN CARPARK
INVOLVING : SGA2832P & GZ6432C

I/ We /am /are the registered owner of vehicle no. SGA2832P which was involved
in the above mentioned accident with your insured vehicle no. GZ6432C.

As the accident was caused due to the gross negligence on the part of your insured driver of
vehicle no. GZ6432X . I/we have no alternative but to look to you for
compensation for the losses sustained as a result of the above accident.

Presently, my/ our vehicle is lying at **M/S CHEW GOON MOTOR** of Blk 10, Ang Mo Kio
Industrial Park 2A, Ave 5, #01-15, 16 & 17 AMK Autopoint, Singapore 568047. Telephone
6484 1626. Kindly arrange to have it surveyed by your assessor, failing which I / we shall
authorised my/ our repairer to proceed on with the repairs and the final bills will be
forwarded to you for settlement.

Thank you.

Yours faithfully





**TO WHOM IT MAY CONCERN
LETTER OF AUTHORITY**

ACCIDENT ON 10.02.2019 AT ANG MO KIO AVE 5 BLK 602 OPEN CARPARK
INVOLVING SGA2832P & GZ6432C

I, LIEW AI TAI NRIC No. S7372481C
OF BLK 602 ANG MO KIO AVENUE 5 #08-2645 S 560602

Owner of motor vehicle registration No. SGA2832P

insured by NTUC INCOME

under policy no. 5072596050-03 do hereby authorise **M/S CHEW GOON MOTOR** of
Blk 10 Ang Mo Kio Ind. Park 2A, Ave 5, #01-15, 16 & 17 AMK Autopoint Singapore
568047 as my authorised representative to write, negotiate & settle claim on my behalf in my
claim against the owner and/or driver of motor vehicle registration no. GZ6432C
in respect of the above mentioned accident.

I also hereby authorise that the agreed settlement sum be made in favour of my
representative **M/S CHEW GOON MOTOR** and that the said payment be forwarded to them
as full and final discharge of my claim. I hereby exonerate the
QBE INSURANCE and/or their insured and/or driver of vehicle
no. GZ6432C from any liability after payment of any claim to my authorised
representative **M/S CHEW GOON MOTOR**.

Signature : 
(Company's stamp if necessary) 

WITHOUT PREJUDICE to:
(a) Insurers' Subrogated Claim and/or
(b) Any Personal Injury Claims
[Note: This Notice supersedes any inconsistencies
found in this Discharge Voucher]

Dated : 19.02.2019

THIRD PARTY'S DISCHARGE AGREEMENT

Claim ref. : _____

To M/s : QBE INSURANCE

In consideration of your paying at my request to **M/S CHEW GOON MOTOR** of **Blk 10 Ang Mo Kio Ind. Park 2A, #01-15, 16 & 17, Ave 5, Singapore 568047** the sum of Dollars : THREE THOUSAND FOUR HUNDRED FIFTY EIGHT AND CENTS TEN ONLY

(\$ 3458.10) being cost of repair carried out to my/our motor vehicle no : SGA2832 P


All actions, claims and damages arising out of and, in consequence of an accident occurring on 10.02.2019

at ANG MO KIO AVE 5 BLK 602 OPEN CARPARK

between SGA2832P & GZ6432C

I/We furthermore agree that the foregoing sum is voluntarily accepted as full and final compromise and settlement of all claims, that the payment of the said amount shall never be construed as an admission of liability by the parties hereby reached.

Signature :



Witness :



Name :

LIEW AI TAI

Name :

NRIC No. :

S7372481C

Date :

Address :

BLK 602 ANG MO KIO

AVE 5 #08-2645 S 560602

Date :

19.02.2019

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

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	11/02/2019 15:57
Date Of Accident	10/02/2019 19:30
Exact Location Of Accident	ANG MO KIO AVE 5 BLK 602 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA2832P
Insured/Policyholder	
Name Of Registered Owner	LIEW AI TAI
NRIC No	S7372481C
Email Address	ESTHERLIEW@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90080393
Alternative Phone No	OFFICE-90080393

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	PRIVATE CAR

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	5072596050-03
Cover Note Number	

Driver

Name of Driver	LIEW AI TAI
NRIC No	S7372481C
Date Of Birth	14/10/1973
Occupation	INDOOR
Date Of Driving Pass	17/06/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90080393
Fax Number	
Contact Number	OFFICE-90080393
Email Address	ESTHERLIEW@OUTLOOK.COM

Address	BLK 602 ANG MO KIO AVENUE 5 #08-2645
Postcode	560602
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED POLICE REPORT NO: T/20190210/7010.

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 Witness 1

Name	BERTRAND COLAS
Phone Number	96197177
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ6432C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

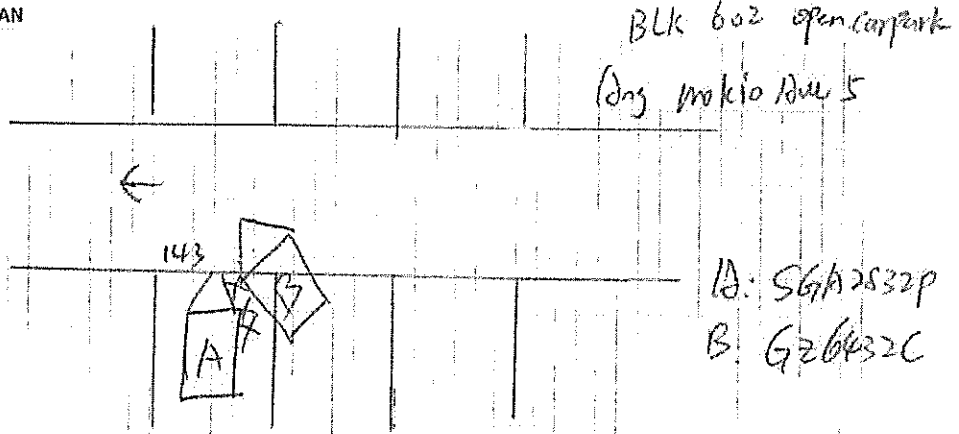

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached 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:

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



**SINGAPORE
POLICE FORCE**



T/20190210/7010

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

1 of 3

Report No. T/20190210/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2019 22:44		Vide Report No.: F/20190210/0210		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIEW AI TAI			Address: APT BLK 602 ANG MO KIO AVENUE 5 #08-2645 SINGAPORE 560602		
ID Type / ID No.: NRIC NO / S7372481C			Contact No.: Home/Office: Mobile: 98699231		
Nationality: SINGAPORE CITIZEN			Email: estherliew@outlook.com		
Sex: Female	Age: 45	Date of Birth: 14/10/1973	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Ledger and accounts clerk			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2019 19:30	Type of Location: Car Park
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
SGA2832P	Car	TOYOTA	Vios	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA2832P	NTUC Income Insurance Co-Operative Limited	5072596050-03	18/11/2018	17/11/2019



**SINGAPORE
POLICE FORCE**



T/20190210/7010

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

2 of 3

Report No. T/20190210/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIEW AI TAI	ID No.	S7372481C
Related Vehicle	NIL	Contact No.	98699231
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	NIL	Degree of Injury	NIL

Brief Details.

It was a hit and run incident that happened in BLK 602 Ang Mo Kio Ave 5 carpark. There was a loud bang heard between 7.25pm to 7.35pm and the witness seen the vehicle (Allweld Engineering Pte Ltd) was involved in the collision. The photos are taken at 7.32pm.



**SINGAPORE
POLICE FORCE**



T/20190210/7010

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

3 of 3

Report No. T/20190210/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RAZIZ BIN TAHAR
Contact No.: 65476200


Authentication Stamp
NP168

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

Date/Time:
10/02/2019 22:44

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7372481C





Name
LIEW AI TAI
廖爱娣

Race
CHINESE

Date of birth
14-10-1973

Country/Place of birth
MALAYSIA

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S7372481C
Name: LIEW AI TAI

Birth Date: 14 Oct 1973
Issue Date: 06 Aug 2004


001270737J



5713020



NRIC No. S7372481C



Date of Issue
10-03-2017


Address
APT BLK 602 ANG MO KIO AVENUE 5
#08-2645
SINGAPORE 560602

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Jun 1996
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	17 Jun 1996

NP 428A

Licence No: S7372481C



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this Insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5072596050-03	
The Policyholder	: LIEW AI TAI	
	: BLK 602 #08-2645	
	: ANG MO KIO AVENUE 5	
	: SINGAPORE 560602	
Period of Insurance	: 18 Nov 2018 To 17 Nov 2019	
Sum Insured	: Market Value of Insured Vehicle at Time of Loss	
Premium (inclusive GST)	: S\$563.67	
Interest Insured		
Cover Type	: Thrd Party, Fire & Theft	
Primary Driver	: LIEW AI TAI	
Named Driver (1)	: SIM SEOW KIAH	
Named Driver (2)	: N/A	
Make/Model	: TOYOTA/VIOS	Capacity : 1500cc
Registration Number	: SGA2832P	Registration Year : 2005
Chassis Number	: MR053HY4204156662	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 50%
Excess (Section 2)	: N/A	NCD Protection : No
Additional Excess	: N/A	Loyalty Discount : 5%
Unnamed Driver Excess	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative : M2

Agency	: DIRECT BUSINESS DEPT (00000600280)
Date of Issue	: 26 Oct 2018 16:51 hrs
Reprint	: 26 Oct 2018 16:52 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-021253
 Date of Request: 11/02/2019

Your Ref No: Online Purchase

Chew Goon Motor
 Blk 10 Ang Mo Kio Industrial Park 2A
 #01-15/16 & 17, AMK Autopoint
 Singapore 568047

Dear Sir/Madam,

Enquiry Date: 11/02/2019
 Enquiry By: Sam Yuen Sen
 TP Vehicle No: GZ6432C
 Accident Date: 10/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GZ6432C	QBE Insurance (Singapore) Pte Ltd	15/07/2018-14/07/2019	62246633

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-021253
 Date of Request: 11/02/2019

Your Ref No: Online Purchase

Chew Goon Motor
 Blk 10 Ang Mo Kio Industrial Park 2A
 #01-15/16 & 17, AMK Autopoint
 Singapore 568047

Dear Sir/Madam,

Enquiry Date: 11/02/2019
 Enquiry By: Sam Yuen Sen
 TP Vehicle No: GZ6432C
 Accident Date: 10/02/2019

DESCRIPTION	AMOUNT (\$S)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2481C
Vehicle Details	
Vehicle No.:	SGA2832P
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	1NZX335074
Chassis No.:	MR053HY4204156662
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,903.00
Original Registration Date:	18 Nov 2005
First Registration Date:	18 Nov 2005
Transfer Count:	0
Actual ARF Paid:	\$12,357.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$28,292.00
COE Rebate Amount:	\$9,996.00
Total Rebate Amount:	\$9,996.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 11 Feb 2019

OK