INDIA INTERNATIONAL INSURANCE SINGAPORE
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X
64 Cecil Street #04 & #05 IOB Building Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

Mctl 191 2024/01/MP

TPPD	PRESERVE	TPPD = 8K · 10%
UNINSURED LOSS	PRESERVE	Incl in TP S/S report.
SUBRO	PRESERVE	
LPPN		
INVESTIGATION FEE		
SURVEY FEES		400 300 cv.
LEGAL FEES		
OTHERS		
FRAUD CHECK		email to request Surdy report.
UPLOAD TO MERIMEN		
GRANT RIGHTS		

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	2618
RECIPIENT ADDRESS	64840465
DESTINATION ID	
ST. TIME	31/12 10:00
TIME USE	00'26
PAGES SENT	2
RESULT	OK

FAXED
31 DEC 2019
MOTCLM DEPT.

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

◀ 修 理 各 种 汽 车 敲 焊 打 吗 啫 喷 漆 等 ▶

Date : 24. 12. 2019

RECEIVED 27 DEC 2019

Your Reference : SHD3545J

THE MOTOR CLAIM DEPARTMENT
INDIA INT'L INSURANCE PTE LTD
64 Cecil Street
#04,#05 IOB Building
Singapore 049711

PC

MCT/19122021.
Pnyc

Dear Sir,

ACCIDENT ON : 01.12.2019
ALONG / AT : PIE CHANGI JUST AFTER BEDOK NORTH EXIT 8A
INVOLVING : ~~SGN3162P~~ & SHD3545J

30/12/2019

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 $8,525.48 (Include GST)
2. Letter of Authority
3. Third Party Discharge Voucher
4. Motor Accident Report made by SGN3162P
5. Certificate of Insurance
6. Vehicle of Registration Log Card
7. Third Party Insure Enquiry Charges @7.45 (SHD3545J)
8. Rental (16days X $120/-) @ $2,054.40 (Rental For 1D Pre-repair Inspection + Surveyor Recommended 8D Working + 4D Weekend **(with gst)**

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
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TEL: 6484 1626 (24Hrs) FAX: 6484 0465
修 理 各 种 汽 车 敲 焊 打 吗 啫 喷 漆 等

Date : 24. 12. 2019

RECEIVED 27 DEC 2019 INDIA INTERNATIONAL INSURANCE PTE LTD

Your Reference : SHD3545J

THE MOTOR CLAIM DEPARTMENT
INDIA INT'L INSURANCE PTE LTD
64 Cecil Street
#04,#05 IOB Building
Singapore 049711

RC

MCT 19/12/2021
Pny
30/12/2021

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INVOLVING : SGN3162P & SHD3545J

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6. Vehicle of Registration Log Card
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8. Rental (16days X $120/-) @ $2,054.40 (Rental For 1D Pre-repair Inspection + Surveyor Recommended 8D Working + 4D Weekend **(with gst)**
   (In 02.12.2019 Out 17.12.2019)

Thank you.
Yours faithfully

Chew

.....

趙 源 摩 哆
Chew Goon Motor

TAX INVOICE NO. 24220

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 Email: chewgoon@singnet.com.sg
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO
TEL: 6484 1626 (24Hrs) FAX: 6484 0465

◀ 修 理 各 种 汽 车 烧 焊 打 吗 咭 喷 漆 等 ▶

M INDIA INTERNATIONAL INSURANCE P/L

ACCIDENT DATE : 01.12.2019 Date 24.12.2019

Quantity	PARTICULARS	AMOUNT $	Cts.
	COST FOR REPAIR TO "HONDA AIRWAVE" REG. NO. SGN3162P CLAIMING AGAINST YOUR INSURED VEH. NO. SHD3545J		
	Lumpsum repair as recommended by LKK (Mr. Guo Qiang)	7,967.74	
	ADD 7% GST	557.74	
	GRAND TOTAL :	8,525.48	
	DOLLARS : EIGHT THOUSAND FIVE HUNDRED TWENTY FIVE AND CENTS FORTY EIGHT ONLY		

趙 源 摩 哆
CHEW GOON MOTOR

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

DATE :

THE MOTOR CLAIMS DEPARTMENT
INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #05-00
#05-00 IOB BUILDING
SINGAPORE 049711

DEAR SIRS,

ACCIDENT ON : 1.12.2019
ALONG/AT : PIE CHANGI JUST AFTER BEDOK NORTH EXIT 8A
INVOLVING : SGN3162P & SHD3545J

I/ We /am /are the registered owner of vehicle no. SGN3162P which was involved in the above mentioned accident with your insured vehicle no. SHD3545J.

As the accident was caused due to the gross negligence on the part of your insured driver of vehicle no. SHD3545J . 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 1.12.2019 AT PIE CHANGI JUST AFTER BEDOK NORTH EXIT 8A

INVOLVING SGN3162P & SHD3545J

I, DAVID NG KENG BOON NRIC No. S7414869G

OF BLK 278A #17-539 COMPASSVALE BOW SINGAPORE 541278

Owner of motor vehicle registration No. SGN3162P

insured by NTUC INCOME

under policy no. 5099409547-01 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. SHD3545J 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 INDIA INSURANCE and/or their insured and/or driver of vehicle no. SHD3545J from any liability after payment of any claim to my authorised representative **M/S CHEW GOON MOTOR.**

Signature : _____
(Company's stamp if necessary)

Dated : _____

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]

THIRD PARTY'S DISCHARGE AGREEMENT

Claim ref. : _____

To M/s : INDIA 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 : TEN THOUSAND FIVE HUNDRED EIGHTY SEVEN AND CENTS THIRTY THREE ONLY ($ 10,587.33) being cost of repair carried out to my/our motor vehicle no : SGN3162P. All actions, claims and damages arising out of and, in consequence of an accident occurring on 01.12.2019 at PIE CHANGI JUST AFTER BEDOK NORTH EXIT 8A between SGN3162P &SHD3545J

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 : David Ng Keng Boon Name : _____

NRIC No. : S7414869G Date : _____

Address : Blk 278 A #17-539
Compassvale Bow S 541278

Date : _____

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]

MNII19158366 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 02/12/2019 10:31
SUBMITTED BY: Tang Chun Kiet

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 witholding 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	02/12/2019 10:31
Date Of Accident	01/12/2019 13:40
Exact Location Of Accident	PIE CHANGI JUST AFTER BEDOK NORTH EXIT 8A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGN3162P
Insured/Policyholder	
Name Of Registered Owner	DAVID NG KENG BOON
NRIC No	S7414869G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96900701
Alternative Phone No	OFFICE-96900701
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE USE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099409547-01
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	DAVID NG KENG BOON
NRIC No	S7414869G
Date Of Birth	09/05/1974
Occupation	INDOOR
Date Of Driving Pass	16/01/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96900701
Fax Number	
Contact Number	OFFICE-96900701
EMail Address	NOEMAIL

Address	BLK 278A #17-539 COMPASSVALE BOW
Postcode	541278
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3545J
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH TEE KOON DAVID
NRIC/Passport Number	S1738104J
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ5184B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LEE CHYE
NRIC/Passport Number	S8033795G
Contact Number	97654637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 02/12/2019 / 10:24

Report No: MT/_____ D.O.A: 01/12/2019
Time: 13:40 hrs

Vehicle No: SGN3162P Reporting Type: _____

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 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.

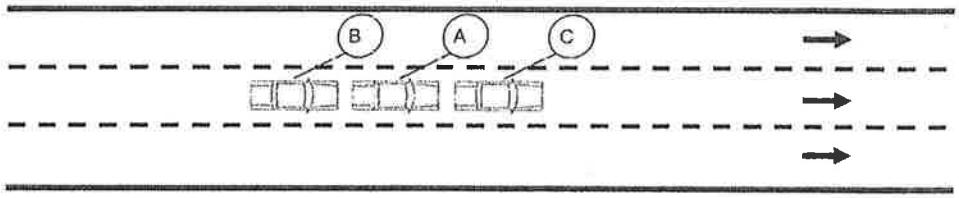
02/12/19 / 10:24
Policyholder's Signature / Date & Time

02/12/19 / 10:24
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



PIE Changi just after Bedok North Exit 8A

Vehicle A: SGN3162P Vehicle B: SHD3545J Vehicle C: SMQ5184B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling behind vehicle C. Suddenly, vehicle C jammed brakes and came to a stop. Upon seeing this, I jammed my brakes. At the same time, vehicle B hit into the rear of my vehicle A. The impact pushed my vehicle A forward and caused the front of my vehicle A to bump into the rear of vehicle C. Hence, in total, there were 3 vehicles involved in this chain collision.

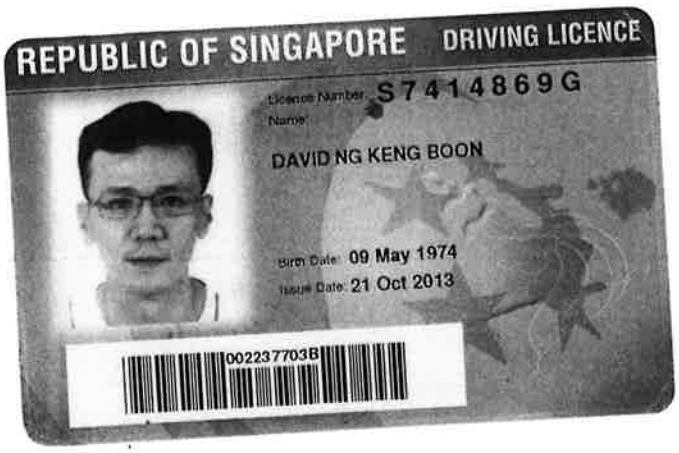
Declaration

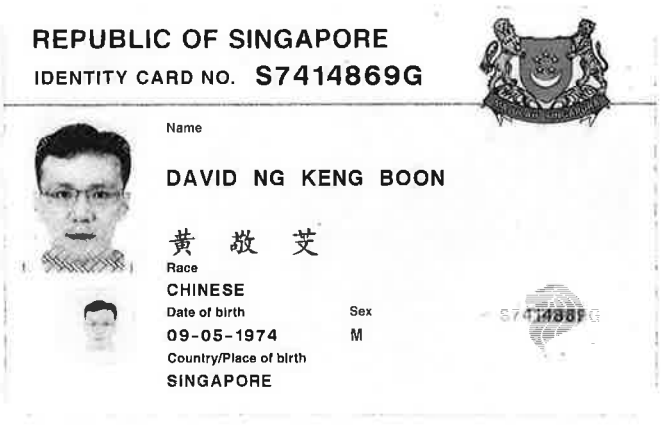
I/We declare the foregoing particulars are true in every respect.

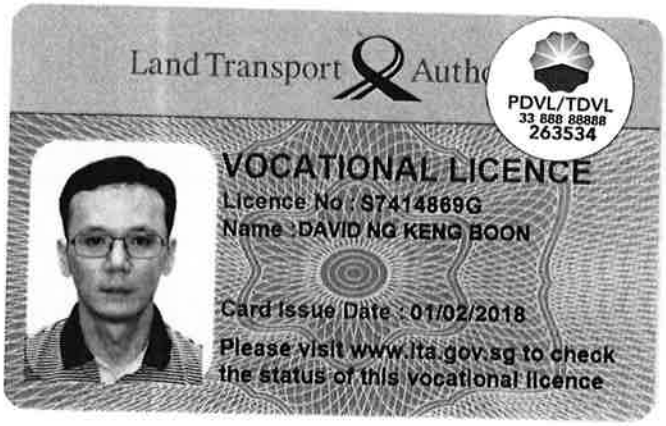
02/12/19 / 10:24
Policyholder's Signature / Date & Time

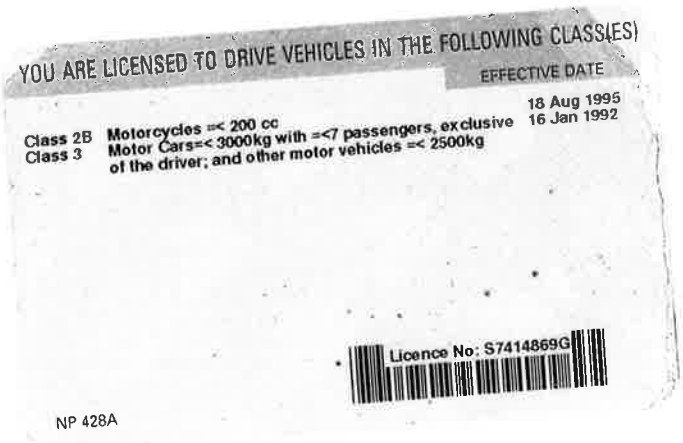
02/12/19 / 10:24
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

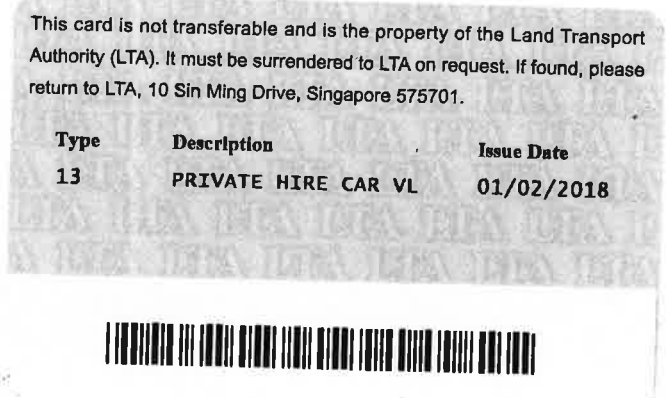

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S7414869G
Name
DAVID NG KENG BOON
Birth Date 09 May 1974
Issue Date 21 Oct 2013
002237703B


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7414869G
Name
DAVID NG KENG BOON
黄 敬 艾
Race
CHINESE
Date of birth
09-05-1974
Sex
M
Country/Place of birth
SINGAPORE


Land Transport Autho
PDVL/TDVL
33 888 88888
263534
VOCATIONAL LICENCE
Licence No : S7414869G
Name : DAVID NG KENG BOON
Card Issue Date : 01/02/2018
Please visit www.lta.gov.sg to check the status of this vocational licence


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 18 Aug 1995
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Jan 1992
Licence No: S7414869G
NP 428A


5224436
NRIC No. S7414869G
Date of Issue
30-09-2013
APT BLK 278A COMPASSVALE BOW #17-539
SINGAPORE 541278
NRIC No: S7414869G
Date: 24/01/2017


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
13
PRIVATE HIRE CAR VL
01/02/2018

income
made different

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099409547-01 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGN3162P**
   Chassis Number : GJ11106289
2. Name of Policyholder : DAVID NG KENG BOON
3. Effective Date of Insurance : 15 May 2019
4. Expiry Date of Insurance : 14 May 2020
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$1,500
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DAVID NG KENG BOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INCOME-BRANCH SERVICES (00000991180)
Date of Issue : 05 May 2019 12:24 hrs
Reprint : 05 May 2019 12:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Dec 2019 / 11:55:02
Receipt Date/Time : 02 Dec 2019 / 11:55:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191202-001330

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
	Result of Insurance Enquiry - SHD3545J As at 01 Dec 2019/00:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHD3545J Enquiry Fee 20191202115333985385	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45

Paid By

xxxxxxxxxxxx0207	Credit Card: Visa/MasterCard	7.45
Total		7.45
Cash Change		0.00
Tendered Amount		7.45
Excess Refundable Amount		0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	869G
Vehicle Details	
Vehicle No.:	SGN3162P
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	L15A5107862
Chassis No.:	GJ11106289
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	$17,212.00
Original Registration Date:	15 Nov 2006
First Registration Date:	15 Nov 2006
Transfer Count:	0
Actual ARF Paid:	$18,934.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$25,821.00
COE Rebate Amount:	$10,070.00
Total Rebate Amount:	**$10,070.00**

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 02 Dec 2019

OK

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 Goon Motor
of Blk 10, Ang Mo Kio Industrial Park 2A, Ave. #01-15, #01-16 (main), #01-17, Amk Auto Point S 568 047 Tel: 6484 1626

hereinafter called "the Hirer" herby 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 ~~SHC~~ SUM9718T			Rental Agreement 合同號碼 No. A 1401		
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 2/12/19		
姓名 Name: David Ng Keng Boon			交車日期及時間 Date & Time IN 17/12/19		
地址 Address: Blk 378A #17-539			Chargeable	Rates	Amount
Compassvale Bow S 541378			16 天 Days	@ $ 120	$1,920.00
居民證/護照號碼 I/C No:/Passport No: S7414869G	駕駛執照號碼 Driving Licence No:		星期 Weeks	@ $	
居民證/護照種類 Type of I/C:/Passport:	期滿日期 Date of Expiry:		月 Months	@ $	
出生日期 Date of Birth: 9/5/1974	發出地 Place of Issue:				
三號保險底金$1000/= a) Third Party Only Policy Excess $1000/-	一號保險底金$2000/= b) Comprehensive Policy Excess $2000/-		送車/費 Delivery Fees		
二十二歲或以下或駕車經驗少過兩年–額外保險底金$2000/= c) 22 Yrs Or Below Or Less Than 2 Yrs Driving Experience - Additional Excess $2000/-			總計 Total Charge		
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:			按金 Security Deposit		
備注與付款記錄 Remarks & Payment Records			總金額 Total Payable		
			來銀 Amount Paid		
			收車費用 Collection Fees/Misc.		
			超過/小時 Extra Hours @ $		
出車油箱 Fuel Tank OUT E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F	還車油箱 Fuel Tank IN E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F		租費不包括汽油 Rates Do Not Include Fuel	添油 Refuelling	
車牌號碼 Vehicle No:	1)	起 From:	至 To:		
車牌號碼 Vehicle No:	2)	起 From:	至 To:		
工具 Tools	輪胎 Spare Tyre	裝飾品 Accessories	加額費用 Total Additional Charges		
車輛發出人 Vehicle Issued By:	車輛接收人 Vehicle Collected By:		**Sub - Total**		
			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**	$	2,054.40

租車者不準戴沙、石灰、榴槤與动物.
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: 2/12/19

租車者簽名 Signature of Hirer: