

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 19 May 2020 12:59 PM
To: SERENE_JO@HOTMAIL.COM
Subject: <STANDARD LETTER> YOUR REF: SJE902C (OUR REF: CC4/ASM20005734/Uga3) ***
ACCIDENT INVOLVING SJE902C & SGL1188P ON 12/05/2020 ***
Attachments: TP VIDEO.mp4

19 MAY 2020

WONG CHEOK HONG

Dear Sir/ Mdm

OUR REF : CC4/ASM20005734/Uga3
YOUR REF : SJE902C
ACCIDENT INVOLVING SJE902C & SGL1188P ALONG/AT JURONG WEST AVE I TOWARDS JURONG EAST AVE 1 ON 12/05/2020

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **FASTECH AUTO PTE LTD** acting on behalf of the owner of **SGL1188P** against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ceciliachong@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre.** The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation letter & Relationship with driver
- ADDEMDUM FORM TO BE SIGN & RETURN
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at [6749 4274](tel:67494274) or email us at ceciliachong@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Cc **AXA Insurance Pte Ltd**
 (Motor Claims Dept)

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Save the Earth. Print only when necessary.



*** This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJE 902C (Insd veh)	Model: TOYOTA PICNIC
	SGL 1188P (TP veh)	
Date of Accident/ Time:	12/05/2020	

Repair Estimate	: \$	23,214.40	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,100.00	(GLOBAL SUM)
Payee Name : FASTECH AUTO PTE LTD			
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)			
A) For Non GIA Registered Workshop: Agreed Liability 100 (%)			
B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: 27			
BOLA Liability: (%) Assessed Liability (*): (%)			
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			




NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>Jason Tang</u> Date: <u>03/07/2020</u>  CKS	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Allan Tang</u> Date: <u>03/07/2020</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>08/007/2020</u>	

« **Re:<MANDATE IA> - SOM02NYA { ACCIDENT INVOLVING
SJE 902C & SGL 1188P ON 12/05/2020 }**

Type

🔗 Question

Message

Dear CCL, proceed. Thanks

Reply

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

Date : 02.06.2020

AXA Insurance Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SGL 1188P / SJE 902C ON 12.05.2020

We are the authorized repair workshop for the owner of motor vehicle no: **SGL 1188P**, which was involved in the captioned accident with your insured vehicle no: **SJE 902C**. 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)	\$ 4,815.00
2) Loss of Rental	\$ 300.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 5,117.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice / Agreement |
| c) GIA Search Result | d) Letter of Authorisation, etc... |
| e) GIA Report | f) I/C & Driving Licence |
| 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

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn : Motor Claim Department

Tax Invoice : 21833

Date : 02.06.2020

Vehicle No : SGL 1188P

Make/Model : TOYOTA PICNIC

Chassis/Eng# :

Accident Date : 12.05.2020

Claim No :

Reference : 0520 -21833

Policy No :

Amount

To proceed on lump sum repair

S\$

4500.00

E. & O. E.

Total : S\$

4500.00

GST @ 7% : S\$

315.00

Amount Due : S\$

4815.00



for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

Third Party Insurer Enquiry

Our Ref No: GR-20-063243
Date of Request: 13/05/2020

Your Ref No: Online Purchase

Kim Chwee Auto Pte Ltd
1 Kaki Bukit Avenue 6 #01-48
AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 13/05/2020
Enquiry By Jason Tang Jun Zhong
TP Vehicle No. SJE902C
Accident Date 13/05/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJE902C	AXA Insurance Pte Ltd	19/04/2020-18/04/2021	6880 4888

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.



RECORDS MANAGEMENT CENTRE

**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-20-063243

Date of Request: 13/05/2020

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd
1 Kaki Bukit Avenue 6 #01-48
AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 13/05/2020
Enquiry By Jason Tang Jun Zhong
TP Vehicle No. SJE902C
Accident Date 13/05/2020

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


AUTHORISATION TO ACT


I/We, Chua Swee Hock (the third party claimant") of Blk 3 Telok Blangah
Crescent # 07-526 (S) 096003 (address), owner of SGL 1188P (vehicle no.) hereby
authorize Fastech Auto Pte Ltd. ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.
SGL 1188P that was damaged pursuant to the accident which occurred on 12-05-2020 (date)
along T-Junction of Jurong West Ave 1 x Jurong Canal DR (location) involving
vehicle no/s SJE 902C ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 13 (day) of May (month) 20 20 (year)


Signed by "the third party claimant"
(with company stamp if applicable)


Signed by "the workshop"
(with company stamp)



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/05/2020 15:12
Date Of Accident	12/05/2020 12:00
Exact Location Of Accident	T-JUNCTION OF JURONG WEST AVE 1 & JURONG CANAL DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL1188P
Insured/Policyholder	
Name Of Registered Owner	CHUA SWEE HOCK
NRIC No	SXXXX458D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92721020
Alternative Phone No	OTHERS-92721020

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK

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

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	5114976498
Cover Note Number	

Driver

Name of Driver	CHUA WEN DING
NRIC No	SXXXX188B
Date Of Birth	04/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84688577
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 352 KANG CHING ROAD #11-69
Postcode	610352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE902C
Vehicle Make/Model/Colour	HONDA / JAZZ 1.4A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA WEN DING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGL1188P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 352 KANG CHING ROAD #11-69
Postcode	610352

Accident 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 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.

12 MAY 2020

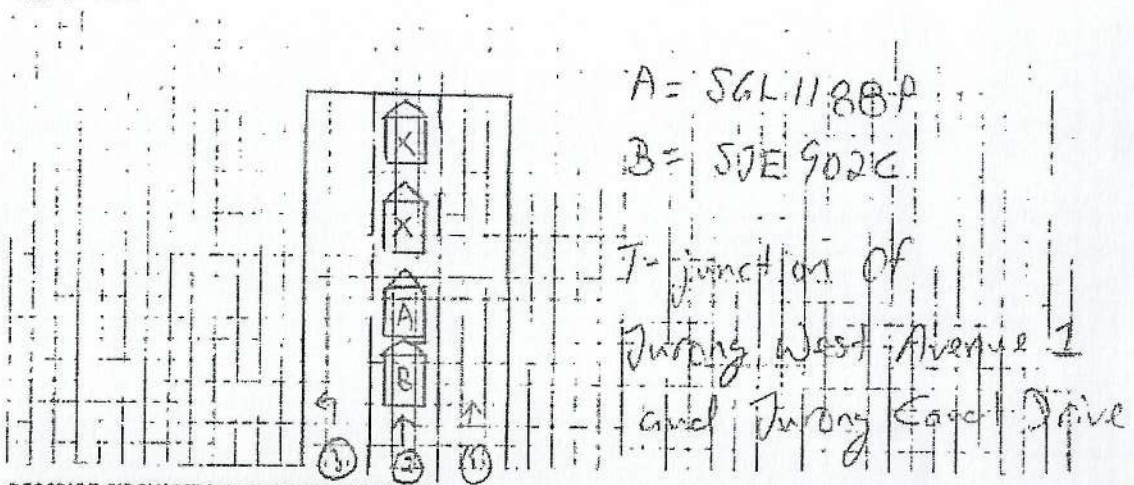
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

12 MAY 2020

Policyholder's Signature
Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415935
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan

On 12.05.2020 at about 12:00 hours at T-Junction of Jurong West Avenue 1 and Jurong Canal Drive. I was travelling straight on lane 2 along Jurong West Avenue 1 towards Jurong East Avenue 1, when I approached the above mentioned junction and the front vehicles were stopped, thus I slowed down and stopped.

Suddenly I heard a loud bang from behind. When I alighted I realise it was vehicle (B) collided onto rear portion of my vehicle (A).

Vehicle (A): SGL 1188P



Vehicle (B): SJE 902C



For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1533458D**



Name
CHUA SWEE HOCK

蔡 瑞 福

Race
CHINESE

Date of birth
20-11-1962

Sex
M

Country of birth
SINGAPORE

For Insurance Reporting And
Claim Purposes Only

20-11-1962



NRIC No. **S1533458D**



Date of issue
20-02-2006

APT BLK 3 TELOK BLANGAH CRESCENT #07-528
SINGAPORE 090003

NRIC No: **S1533458D** Date: **19/09/2014**

For Insurance Reporting And
Claim Purposes Only

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8908188B

Name : CHUA WEN DING

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

For Insurance Reporting And
Claim Purposes Only

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
12	TAXI VL	11/04/2019



For Insurance Reporting And
Claim Purposes Only



NRIC No. S8908188B



Date of Issue

20-02-2012

APT BLK 348 KANG CHING ROAD #03-169
SINGAPORE 610348

S8908188B

29/05/2013

Handwritten signature

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8908188B



For Insurance Reporting And
Claim Purposes Only



Name

CHUA WEN DING

蔡文定

Race

CHINESE

Date of birth

04-03-1989

Sex

M

Country of birth

SINGAPORE

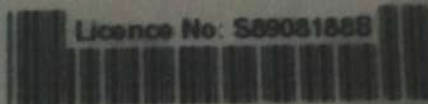
S8908188B

For Insurance Reporting And
Claims Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 17 Feb 2009



Licence No: S89081888

SP 425A

Handwritten signature

For Insurance Reporting And
Claims Purposes Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

S89081888

CHUA WEN DING

Birth Date: 04 Mar 1989

Valid Until: 08 Jan 2013



002139620E



ICA

Securing Our Borders,
Safeguarding Our Home

ICA Building
10, Kallang Road #08-00
Singapore 208718
(Next to Lavender MRT Station)
<https://www.ICA.gov.sg>

Your ref:

Our ref:

Application ID: NRO-2020-APP-000071925

1 April 2020

MR CHUA WEN DING
APT BLK 352 KANG CHING ROAD
#11-69
SINGAPORE 610352



Dear Sir/Madam,

LETTER OF CONFIRMATION FOR CHANGE OF ADDRESS

This is to confirm that you have successfully changed the address to APT BLK 352 KANG CHING ROAD #11-69 SINGAPORE 610352 on the identity card (IC) of the following person:

CHUA WEN DING

Government agencies and statutory boards participating in OSCARS have been informed of your change of address, so that you can receive mails from these agencies at your new address. OSCARS is a One-Stop Change of Address Reporting Service system that informs participating government agencies and statutory boards of your change of residential address. The list of agencies participating in OSCARS can be viewed from our website at <http://www.ICA.gov.sg>.

Yours faithfully,

CITIZEN SERVICES CENTRE
for COMMISSIONER
IMMIGRATION & CHECKPOINTS AUTHORITY
(This is a computer generated form. No signature is required)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114976498

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGL1188P**
 Chassis Number : JTEGH23B000023354
2. Name of Policyholder : CHUA SWEE HOCK
3. Effective Date of Insurance : 18 Dec 2019
4. Expiry Date of Insurance : 17 Dec 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA SWEE HOCK
NAMED DRIVER (1)	: CHUA WEN DING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)

Date of Issue : 18 Dec 2019 07:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	458D
Vehicle Details	
Vehicle No.:	SGL1188P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 May 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PICNIC AUTO W/O ROOF RACK
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	1AZ5571034
Chassis No.:	JTEGH23B000023354
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$24,702.00
Original Registration Date:	17 Apr 2007
First Registration Date:	17 Apr 2007
Transfer Count:	1
Actual ARF Paid:	\$25,065.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Apr 2027
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$52,008.00
COE Rebate Amount:	\$36,015.00
Total Rebate Amount:	\$36,015.00

The information contained herein is correct as at 13 May 2020

OK