Shm19D202515 Ben

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street #08-12 People's Park Centre Singapore 058358

Tel: (65) 6536 6026 Fax: (65) 6536 2279

Not for service of court documents

GST Reg No. 201203547Z

Your Ref:

PA 5737 E

Our Ref:

BK.19629.20.jl

(Please quote our reference when replying)

7 February 2020

WITHOUT PREJUDICE and Save As To Costs We acknowledge receiving this letter of

demand on

M/s China Taiping Insurance (Singapore) Pte. Ltd.

No. 3 Anson Road #16-00 Springleaf Tower Singapore 079909

By Hand

China Taiping Insurance (Singapore) Pte Ltd

Dear Sirs

ACCIDENT INVOLVING SFJ 395 L & PA 5737 E ON 6 JUNE 2019

We act for M/s Lexus Limousine Services, the owner of vehicle no. SFJ 395 L in the above matter.

We are instructed that on the 6 June 2019, your insured driving vehicle no. PA 5737 E had negligently collided into our client's said vehicle.

We are instructed that as a result of the said collision, our client has suffered loss and damage as follows: -

i.	Cost of Repairs	-\$	6,848.00
ii.	Loss of Rental	-\$	840.00
iii.	Survey Fees	-\$	508.00
iv.	LTA search fees	-\$	8.00
v.	GIA search fees	-\$	29.00
vi.	Transport, Postage, Xerox and other incidental	-\$	53.50
vii.	Costs	<u>-\$</u>	1,605.00
	Total	\$	9,591.50

We enclose herewith a copy of the LTA search result, GIA report of our client, repair bill, rental bill, the certificate of insurance, vehicle registration card and 68 original coloured photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand) Client; and c.c.

Hirun Bin Ahmad



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-19-091205

Date of Request:

10/06/2019

Your Ref No:

WALK IN TERRY

PRECISE AUTO SERVICE NO 1 KAKI BUKIT AVE 6, #02-34/36 SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No:

SFJ395L

Date of Accident:

06/06/2019

Place of Accident:

PIE

Involving Vehicle No: PA5737E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[] GIRO [X] Cash [] Cheque



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

RECORDS MANAGEMENT CENTRÉ

TAX INVOICE

Our Ref No:

GR-19-091206

Date of Request:

10/06/2019

Your Ref No:

WALK IN TERRY

PRECISE AUTO SERVICE NO 1 KAKI BUKIT AVE 6, #02-34/36 SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

06/06/2019

Vehicle No:

SFJ395L

Place of Accident:

ALONG PIE TWDS BKE (JURONG)

Involving Vehicle No: PA5737E

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
PA5737E	ALONG PIE TWDS BKE (JURONG)	14.00	1	10
GST Amount				(
Total Amount Due	(GST Inclusive)			14

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

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 evailable aforesaid.

	ACCIDENT STATEMENT
Date Of Report	07/06/2019 14:37
Date Of Accident	06/06/2019 19:55
Exact Location Of Accident	ALONG BKE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
a tartoj organis al la la sa a a a a a a a a a a a a a a a a a	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA5737E
Insured/Policyholder	
Name Of Registered Owner	STAMFORD MEDICAL GROUP PTE LTD
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1677731802
Cover Note Number	
Driver	
Name of Driver	HIRUN BIN AHMAD
NRIC No	\$7347 9 07Z
Address	BLK 115 YISHUN RING ROAD #08-513
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO _
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1
Circumstances of Accident	

Was there any audio recorded? NO

PLEASE REFER TO SKETCH PLAN AND 4 PASSENGERS.

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Attachment(s)

DETAILS OF OTHER VEHICLE PROPERTY 1

YES

YES

Vehicle Registration Number Vehicle Make/Model/Colour Name of Driver Insurance Company Name SFJ395L

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 trensfer 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:
 - 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 & Times Driver's Signature

(If driver is not the policyholder)

Date & Time:

(4.37hr)

Reporting Centre Personnel's Signature
Name: Pon Kwee Choo

NRIC/FIN No.: S6840583A

Sketch Plan Pg. 2

SKETCH PLAN	BKE TO	WOODLAND	
		<u> </u>	 -
· · · · · · · · · · · · · · · · · · ·	- Indiana in the second		
The state of the s			<u></u>
and the second s	Sandra Granger-Lander		
हुक (+∞).(+ }	*		: 1
	· · · · · · · · · · · · · · · · · · ·		
A real of many and an advantage of the second secon	A 10 A 11-10-	1- 9-257 2971	
	4778513	1E 8-474395L	
<u>S </u>		Date: 1-1-2019	
		Twis 1157pm	
ESCRIBE CIRCUMSTANCES (OF THE ACCIDENT		
Twos Davins	My Company Ve	Liche (ASTRIE) along AK	E
to mande made	le De last	hicle (AST37E) along BK ar SFJ395L Pulter into	ny
lane and jam	and lacked ou	al 2/3/5C 11/19 11/10	7719
TU D. I D	OPERAM A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The Kront Car	37J3952 Ba	de portion denten and	
Jamayed · my	Conformy Veh	icle Slightly dented	
<u> </u>			
········-			
	•		
ECLARATION			-
Vve declare the foregoing particu	lars are true in every/respect.		
*	1 The		
			4
olfoyholder's Signature	Difver's Signature	Reporting Centre Personnel's Sign	- 4
tate & Time:	(If driver is not the policyho Date G. Hyng:	older) Name: \ Poh Kwee Cho NRIC/FIN No.: g8840583A	Q
Section 4 Control of	Date O. Time: U7 JC 1 7013	- George	1

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

M2601 R 5N AN0044A Cov.Type: F

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE.
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Trard-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

ORIGINAL

Engine No :2K01364628

CER	TIFICATE No.	DNE1SN1677731802	ChaNo: 1TF3S02P700005308
l .	Index Mark and Rogistration Number of Vehicle	PAS737E	
2. 1	Name of Policy Holder	STAMFORD MEDICAL GROUP PTE L	TD
1 1	Effective date of the Commoncement of insurance for the purposes of the Regulatio Ordinance or Enactment	03 December 2018 Exc	ess Sect. II 5\$1,500.00
4. 1	Date of Expiry of Insurance	02 December 2019	
5. 1	Persons or Classes of Persons entitled to o	itiva"	
		the Policyholder's employ and ving with policyholder's permi	is driving on their order or with their
	regulations to drive the Moto	or Vehicle or has been so perm	e with the licensing or other laws or nitted and is not disqualified by order of a n that behalf from driving the Motor Vehicle,
	specified in the Schedule. The Policy does not cover	passengers or goods in connec ing, reliability trial or spec	ction with the Policyholder's business as
	(2) Use whilst drawing a tra mechanically propelled version		than for reward) of any one disabled
	* Limitations rendered inoperor and Section 95 of the Road Tra	tive by Section 8 of the Motor Vehicles ansport Act 1987 (Melaysia), are not to	(Tylird-Party Risks and Compensation) Act (Chapter 189) by included under these headings.
		icles (Third-Party Risks and Comp	Certificate relates is issued in accordance with the ensation) Act (Chapter 189) and Part IV of the Road
	Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
issued i	By: Authorised Officer		Authorised Signalory





3 of 3

Report No. T/20190608/2088

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant
Staff Sgt LIM JUN LIANG	
Signature Of Interpreter:	Date/Time: \
Not applicable	08/06/2019 16:31
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI MOHAMAD ZULFAZDLI BIN ABDULLAH	
Contact No.: 65476204	SINGAPORE
Authentication Stamp NP168	POLICE FORCE
American Established Services	SIGNATURE

1000

MSME(9074444 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 07/06/2019 17:04 SUBMITTED BY: Chia Pel Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.

aroresald.	
	ACCIDENT STATEMENT
Date Of Report	07/06/2019 17:04
Date Of Accident	06/06/2019 19:65
Exact Location Of Accident	ALONG PIE TWDS BKE (JURONG)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ395L
Insured/Policyholder	
Name Of Registered Owner	LEXUS LIMOUSINE SERVICES
Co Reg No	53354287A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98556654
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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?	МО
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096319153-01
Cover Note Number	
Driver	
Name of Driver	MONG KOK KMONG
NRIC No	\$1479603G
Date Of Birth	19/09/1961
Occupation	INDOOR
Date Of Driving Pass	26/09/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98556654
Fax Number	

NOEMAIL

BLK 640 JURONG WEST ST 61 #13-06 Address

640640 Postcode 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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

> GENDER: : FEMALE

NO

2

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 06/06/2019 AT 1955HRS, I WAS DRIVING MY CAR (SFJ395L) ALONG PIE TOWARDS BKE (JURONG) IN MIDDLE LANE WITH A GRAB PASSENGER INSIDE MY CAR, VEHICLE IN FRONT OF ME HAS STOP, SO I STEP ON MY BRAKE AND SLOWED DOWN TO STOP, SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT VEHICLE B (PAS737E) DID NOT STOP IN TIME AND THEN COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES. I FELT UNCOMFORTABLE AFTER ACCIDENT AND WENT TO SEE A DOCTOR. I WAS GIVEN 3 DAYSING, IF I FELL ANY UNCOMFORTABLE WILL CONTINUE TO SEEK MEDICAL TREATMENT.

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 OTHER VEHICLE PROPERTY 1

PA5737E Vehicle Registration Number

Vehicle Make/Model/Colour

VEHICLE B **Details Of Properties**

Vehicle Category COMMERCIAL VEHICLE Name of Driver HIRUAN BIN AHMAD

NRIC/Passport Number \$7347907Z Contact Number 90992235

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG KOK KWONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFJ395L

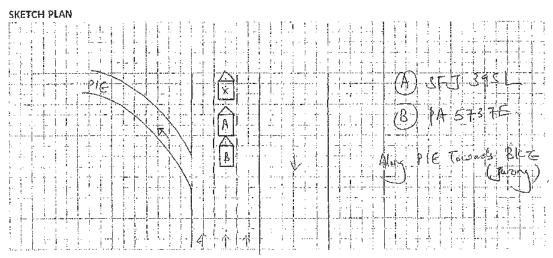
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On ob-ob-2019 @ obout 1955 hrs. I was driving my ear (SFJ 3954) along PIE Towards BKE (Iwong) on middle lane with a grab passanger inside early car. Nehicle infront of me has stop so i step on my brake and slow down to stop. Suddenly i felt on impact from behind and i realized that yell B (PA 5737E) did not stop in time and then allided onto rear portion of my car. Hence, I hereto ladge this report to claim against to what B (PA 5737E) is insurance for my adoptent character. I felt uncombritable after accident and i what to see douter. Diefor was marked the form in special treatacy:
ey car. Vehicle infront of me has stop so i step on my broke and slow down to stop. Suddenly i left on impact from behind and i realized that yet B (PA 5737E) did not stop in time and then allided onto rear portion of my car. Hence, I hereto ledge this report to claim against to yet B (PA 15737E) is insurance the my adoptent damager. I felt uncombribble after accident and i wint to see deutor. Diefer we was pare my space m
show down to stop. Suddenly i felt on impact from behind and i realized that yet B (PA 5737E) did not stop in time and then allided onto rear portion of my cor. Hence, I hereto ladge this report to claim against to while B (PA 5737E) is insurance the my adoptent clausest. I felt uncombitable after accident and i what to see doutor. Diefor was appear my spays the interest of feel any uncomfortable will continue for
that whe B (PAST37E) did not step in time and then allided onto rear portion of my cor. Hence, I hereto lodge this report to claim against to well B (PAST37E) is insurance the my adoptent damager. I felt uncombitable after accident and 7 what to are deutor. Diefer we was pare my space my sp
portion of my cor. Hence, I hereto lodge this report to claim against to whe B (PA 15737E) is insurance the my adjulant damages. I felt uncombridge ofter accident and 7 why to see doctor. Doctor was mave my sphips the int i felt any uncombortable will continue bu
Web B (PA 5737E) is Insurance for my adoptent damager. I felt uncombittedle after accident and 7 what to see deuton. Diefer west pave my 3 phys Mc. it i felt any unamfortable will continue by
uncombotable after acident and i what to see doctor. Doctor was
mave my songe the it i feel any unambortable will continue bu
su medical treatments.
li Tanana da Maria d

DECLARATION

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

Policyholder's Signature

Oriver's Signature (If driver is bot the policyholder) Date & Time: Reporting Centre Pérsonnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 ogents(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:
 - 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 Sign Rose

Date & Tim

Oriver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN

F A

PRECISE-





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20190608/2088

Date/Time			Vide F	Report No.:	. -C. <u></u>		St	ation Diary No.:	
Date/Time Report Made: 08/06/2019 16:31			VIOG (report iv.			37		
Informant	's Particul	ars		· · · · · · · · · · · · · · · · · · ·					
Name of In WONG KC		3	APTE	Address: APT BLK 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640					
ID Type / ID No.; NRIC NO / \$1479603G			Conta Home				r; 98556	654	
Nationality: SINGAPORE CITIZEN			Email:			· p			
Sex: Male	Age: 57	Date of Birth: 19/09/1961		Type of Informant: Driver			and the second s	mai yalaassa ahaassa saa ————	
Race: Chinese							ion / Sc	hool Name:	
Occupation GRAB DR		e makanan ili wakense wasan sa kalaba		Driving Licence Information: Class: 2B _i 3 Date of		f Expiry	Expiry:		
General In	<u></u>	of the Accident			And the second s	Armen Carrier			
Type of Accident:		ury hers		Drink Drive: No	Date/Tin Accident 06/06/20	l:		Type of Location	
Location: Along Roa PAN ISLA	du NO EXPRE	ESSVVYY		- Carter Control	a ver en nerverskerene				
fowyde El Weather Olear	ici- (dinenie	f	Road Pry	Buthest			Road	Speed (Imil:	
Traffic Flor			Traffic Control:				Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To			Rear			Anyone conveyed by ambulance; No			
Details of	Vehicle In	volved				· .	1117	· ·	
<mark>Vehicle</mark> No PA 57 37E		Make		Model	Color	Co	ndition	No of Passenge 0	
SFJ395I.	Car						.· .·· <u></u> -	1	
fielails of	Person In	volved					210 1990		
	strian Invol								
	lestrians In			Lis	e of Pedestria	in Chaesi	na: NA		





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

2 of 3 Report No. T/20190608/2088

CONTINUATION OF REPORT

Driver		944 3 3 WA	327 de 178		
Name	HIRUAN BIN AHMAD		ID No.		S7347907Z
Related Vehicle	PA5737E (Van)		Contact No.		90992235
Hospital/Clinic	NIL		Class of Driving Llcence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver	Wang Edit Harris Color (1997)	为对实际型的 等			HEAR AND COME TO SERVICE CO.
Name	WONG KOK KWONG		ID No.		S1479603G
Related Vehicle	SFJ395L (Car)		Contac	ct No.	98556654
Hospital/Clinic	DRS. TANG & PARTNERS PT	E LTD	Class Driving Licend Expiry	ј :e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/06/2019	Date Disc	harge	07/06	5/2019
	ited Medical Leave 03	Degree of		NIL	

Brief Details.

On 06/06/2019 at about 1955hrs, I was driving my vehicle (SFJ 395L) along PIE towards BKE (Jurong) in the middle lane with a passenger inside my vehicle. The vehicle in front of me had stop, as such I applied my brake and slow down to stop. Suddenly, I felt an impact from behind and I realized that a vehicle behind me was unable to stop in time and had collided with my vehicle. Both myself and the driver came out, exchange particulars and took some photographs before leaving the scene.

I wished to state that on 07/06/2019, I felt uncomfortable and went to see a doctor. I was given 3 days of MC.

Insurance Loss Adjusters and Qualified Appraisers 16 Sin Ming Walk, #03-02 Singapore 575568 Tel: 6554-2269 Fax: 6685-1399 Regn. No: 52864369W

To Lexus Limousine Services c/o 1 Kaki Bukit Ave 6 #02-34/36 AutoBay

Singapore 417883

INVOICE NO : PT1906002 Our Ref : PT1906002-L

Your Ref

Date : 21st June 2019

	AMOUNT
VEHICLE REGISTRATION NO : SFJ 0395 L	
VEHICLE MAKE/MODEL : Honda Vezel Hybrid1.5X A	
TO SERVICE RENDERED:-	
X CONSULTANT/APPRAISER FEES	\$ 380.0
X PHOTOGRAPHS	\$ 68.0
X TRANSPORT CHARGES	\$ 60.0
RE-INSPECTION FEES	\$ 508.0
DOLLARS :- FIVE HUNDRED & EIGHT ONLY	f.

E. & O. E.

for PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers 16 Sin Ming Walk, #03-02 Singapore 575568 Tel: 6554-2269 Fax: 6685-1399 Regn. No: 52864369W

Our Ref: PT1906002-L Date: 21st June 2019

Lexus Limousine Services c/o I Kaki Bukit Ave 6 #02-34/36 AutoBay Singapore 417883

WITHOUT PREJUDICE

Dear Sir,

Re: Third Party Claim / Workshop:-Precise Auto Service Vehicle Regn. No.: SFJ 0395 L

We refer to your instruction to appraise the above-mentioned vehicle on 12th Jun 2019.

A static inspection was carried out and our report is enclosed for your perusal. The estimated repair costs submitted by the repairer for S\$ 10,013.12 as per our attached schedule have been scrutinized and revised by us against the actual damages found on the vehicle and we recommend the replacements and rectification accordingly.

The repairer has agreed to undertake the repairs at our adjusted amount of **S\$ 6,400.00 lump sum** corresponding to supply of parts, labour charges and spraypainting. However, we have not given instruction to authorize.

Under normal circumstances the estimated period of repairs is SEVEN (7) days. The estimated period of repairs given above is based on Working Day (s) only.

Photographs of the damaged vehicle taken by us during our inspection are enclosed.

We are leaving the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services always.

Very truly yours

PREMIER APPRAISER SERVICES

LESLIE K LIM CAE (UK), MIMI (UK)

MSAÁA, Automotive Appraiser Dip.MTM. Automotive Engineer

VEHICLE INSPECTION REPORT

To: Lexus Limousine Services

c/o 1 Kaki Bukit Ave 6 #02-34/36 AutoBay Singapore 417883

Our Ref.

PT1906002-L

Policy No. Claim No.

Sum Insured

Type of Claims : T/P Claim : 21st June 2019 Date

Assigned By

: Lexus Limousine Services

Date of Assignment

: 12th Jun 2019 : 06th Jun 2019

Date of Accident Date of Inspection

: 12th Jun 2019 Follow up inspections were also conducted.

Name of Workshop

: Precise Auto Service

Place of Inspection

: 1 Kaki Bukit Ave 6 #02-34/36 AutoBay

Singapore 417883

PARTICULARS OF VEHICLE

Registration No.

: SFJ 0395 L

Odometer/km : 9870.5

Make/Model Type Of Body : Honda Vezel Hybrid1.5X A

Chassis No.

: RU31262608

Year of Manuf./Regn. : 2017

: SUV

Engine No. Engine Cap. : LEB5962625 : 1496 cc

Colour : Silver

Carrying Cap. : 4 Passengers

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake Footbrake

: Serviceable : Serviceable

Body Work Paint Work Good Good Market Value Scrap Value

Steering

: Serviceable

Modifications : None

Others

CONDITION OF TYRES

Size

N/s - Tread Depth/Make

O/s - Tread Depth/Make

Front Tread

215/60 - R16

6mm - Michelin

6mm - Michelin

Rear Tread (inner)

Rear Tread (outer)

215/60 - R16

6mm - Michelin

6mm - Michelin

The above represent an estimated remaining life of the tyre treads in mm.

POINT OF IMPACT/GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact on the rear portion.

:

The tail gate, boot floor, rear end panel, rear bumper were badly dented/ buckled/ distorted. The tail gate parts and components were also affected.

For details of damages please refer to our schedule attached.

REMARKS:

This survey was conducted strictly without prejudice.

This report is confidential and is given for the use of clients and their agents and any disclosure or publication of it or parts thereof shall be the responsibility of such person and no liability shall be attached to us therefore.

Our Ref: PT1906002-L

Vehicle	TAT.	OWN	0205	¥
venicie	INU	20.1	ロハソコ	E a

Qty	Parts Descriptions	Conditions	Rep	airer's Est.	O	ur Revised
	LIST ITEMS:					
1	tail gate	badly dented	S\$	1,100.00	S\$	1,100.00 🗸
2	tail gate hinges	serviceable		110.00		- -
2	tail gate shock absorber	serviceable		360.00		-
1	tail gate lock	stiffened		195.00		195.00 ✓
1	tail gate lock striker	bent		24.70	SVC	24.70 X
1	tail gate lock buzzer	damaged		85.00	SVC	85.00 🗙
1	tail gate outer sensor	damaged		198.70	SVC	198.70 🗙
1	tail gate weatherstrip	warped		165.00		165.00 🗸
1	tail gate inner handle holder	serviceable		27.50		-
1	tail gate inner trimboard	damaged		295.00		295.00 ✓
16	tail gate inner trimboard clips	necessary		72.00		72.00 30 √
1	tail gate badge - logo	damaged		29.00		29.00 ✓
1	tail gate " VEZEL " emblem	damaged		65.00		65.00 ✓
1	tail gate " HYBRID " emblem	damaged		65.00		65.00 🗸
1	tail gate glass mldg	necessary		120.00		120.00 🗸
14	tail gate glass mldg clips	necessary		98.00		98.00 30 🗸
1	tail gate glass inner seal	necessary		40.00		40.00 🗸
1	rear bumper fascia	badly dented		1,020.00	751.34 🗸	1,020.00
10	rear bumper clips	necessary		39.00		39.00 30 ✓
2	rear bumper side retainer	damaged		76.00		76.00 ✓
2	rear bumper side attachment	damaged		62.00	SVC	62.00 🗙
2	rear bumper reflectors	chafed/damage	ed	302.00	SVC	302.00 🗙
1	rear end panel	dented/buckled		580.00		580.00 🗸
1	rear end panel top trim	damaged/cracl	ked	100.00		100.00 ✓
4	rear end panel top trim clips	necessary		20.00		20.00 🗸
2	rear end side extension panel	dented - repair		190.00		-
2	rear fender inner trim board	cracked	3691.34	790.00	SVC	790.00 🗙
16	rear fender inner trim board clips	necessary		80.00	SVC	80.00 🗙
1	boot floor panel tool tray	damaged	-20%	215.00	SVC	215.00 🗙
1	boot floor panel board	damaged	2953.07	380.00	SVC	380.00 X
1	boot floor panel under garnish cover	serviceable	2000.07	225.00		<u>-</u>
			S\$	7,128.90	S\$	6,216.40
			LESS 20%	1,425.78	20%	1,243.28
				5,703.12		4,973.12
	S/NETT ITEMS:					,
1	tail gate glass sealant	necessary		60.00		60.00 🗸
1	rear number plate c/w casing	necessary	200	50.00	SV	
1	reverse sensors w control unit	damaged		380.00		220.00_200 ✓
		TOTAL S/F	PARTS \$\$	6,193.12	S\$	5,298.12
	Towing charges.			80.00		-
	To remove/refit tail acts along to acci-	at ronaire		180.00		120.00 🗸
	To remove/refit tail gate glass to assist repairs.			100.00		
	To remove/refit luggage trims & garni	sh to assist repa	airs.	180.00		80.00 X
	To mount vehicle on " Car-O-Liner " bench to assist chassis			380.00		
	alignment.	Bala	nce c/d S\$	7,013.12	S\$	5,498.12

Our Ref: PT1906002-L Vehicle No: SFJ 0395 L

Qty	Parts Descriptions		Repairer's Est.		Our Revised		
	E	3alance b/f	S\$	7,013.12	S\$	5,498.12	
	Labour charges to repair, panel beat and straighten damaged parts and replace the above-mentioned parts.			1,000.00		750.00	✓
	To remove/transfer tail gate fittings.			200.00		80.00	✓
	To replace reverse sensors.	1640 tions.		120.00		50.00	30 🗸
	To check wiring functions.			150.00		50.00	30 ✓
	To putty, apply primer & spray-paint the affected a			1,000.00		900.00	600 🗸
	To apply rust-proofing on repaired/replaced panels	S .		250.00		150.00	30 🗸
	Diagnostic & resetting.	TOTAL	S\$	280.00 10,013.12	S \$	80.00 7,558.12	_X

5 repair days

Note: The repairer has agreed to undertake the repairs at our adjusted amount of \$\$ 6,400.00 lump sum corresponding to supply of parts, labour and spray painting charges.

The estimated period of repairs is **SEVEN (7)** days. Pursuant to your instruction we have **not** authorised repairs on your behalf.

P - 2953.07

N - 200

L - 1640

4793.07

L/S - 3834.45

= 3850

PREMIER APPRAISER SERVICES

LESLIE K & LIM CAE (UK), MIMI (UK)

MSAAA, Automotive Appraiser Dip MTM. Automotive Engineer

PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883

TEL: 6745 7367 FAX: 6841 3390

CO. REG. NO.: 35766600C GST REG. NO.: 35766600C

Accident Date: 06-06-19

OUR REF: SFJ 395L/T/19

TAX INVOICE

Lexus Limousine Services Blk 640 Jurong West St 61

#13-06

Singapore 640640

Invoice No.: TP1910-015

DATE: 30-10-19

FINAL BILL ON VEH. NO.: SFJ 395L VEHICLE MODEL: HONDA VEZEL

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

6,400.00

SUB-TOTAL :

6,400.00

ADD GST 7%

448.00

TOTAL AMOUNT SGD

6,848.00

This is a computer generated document and requires no signature.



TAX INVOICE

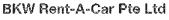
GST REG. NO.: 200106276D

OBT 1850: 710:: 2001002702					
DATE	INVOICE NO.				
26-Jun-2019	A 40228				

INVOICE TO PRECISE AUTO SERVICE C/O LEXUS LIMOUSINE SERVICES 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640

	VHA NO.	DUE DATE	VEH, NO,
	A 40228	26-Jun-2019	SLE 9039 L
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 11 JUNE 2019 TO 18 JUNE 2019 YOUR REF; SFJ 395 L	7	112.15	785.0;
GST @ 7%			\$54.95
TOTAL			\$840.00

All cheques must be made payable to BKW Rent A Car Pte Ltd. Please write the vehicle and invoice number on the reserve.







BKW RENT A CAR PTE LTD

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 20-0106276-D GST Reg. No: 20-0106276-D

24 NOURS HELPLINE: 6223 1122

Workshop:

	VEHICLE	HIRING AGREEMENT Workshop:		
HIRER'S PARTICULARS Hirer's Own Vehicle No: 16 16 16 Replace Veh No:				
Name (as in I/C)	Harristel Comes	Loan Vehicle No:		
NRIC/Passport No:	Date of Birth:	Make & Model: Auto/Manual Group:		
	Age:	CHARGES : \$ c		
	s () () ()	Daily day @\$ (i) Per day 12245, 1		
Name & Address of Employer		Weekly/Monthly week @\$ Per week/Monthly		
		Others		
Occupation	Driving Exp:	CDW/PAI @\$ Per day/Monthly		
Driving Licence No:	Passed Date:	Delivery/Collection Svc		
D/L Type: Local/Int'l/Others:		GST		
		the state of the s		
	S PARTICULARS	,		
Name (as in I/C)	Date of Birth: 1997	Legion Casas On L		
NRIC/Passport No:	22 1 C 1 A 1	Surcharge IN		
At ss: 18 Co.	Age:	Firstkm FREE per day GST		
		Excess mileage is chargeable at cents per km TOTAL CHARGES		
Occupation Driving Licence No:	Driving Exp: Passed / Expiry Date:	がん をおんごとかわく レポットンとおいしいかんごとかいいかいしん というかんごとかん		
D/L Type: Local/Int1/Others:	Contact No:	まんしゅうとく カップ・ストップ・ストップ・ストップ・ストップ・ストップ・ストップ・ストップ・スト		
		さい じょんしん カース・カース・カース・カース・カース・カース・カース・カース・カース・カース・		
		プクロ・スペンピンタ・スペンピンタ・スペンピンダースピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング・スペンピング		
		そくないがく とうしゅく しんさん しんかんしん かんきん しんかん しんかん しんかん しんかん しんかん し		
		NON WAIVER EXCESS (Subject to GST): \$ 150 c / - 150 x c / - 400 x		
		☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Cartridge		
		☐ Jack ☐ Tyre Opener ☐ Petrol Cap ☐ Spare Tyre		
		L SER CO		
INDICATE: A - Accidents		Wheath Standard Bulliand Bulliand Standard		
D - Dents S - Scratches ack		Hirer's Signature: Additional Driver's Signature		
	is and condition on both sides of this	agreement. If I have presented a charge/credit card for payment. I agree that all amou		
payable under this agreement an	id for parking and traffic infringements	is may be billed to that account and my signature above will be considered to have be been given BKW Rent A Car Pte Ltd in connection with this agreement is tr		
THATSONWI		legal costs on a full indemnity basis), whatsoever and however brought against		
years and be holding solid onvi-	nyo, must he oper 23 years of age and an ng Kuanses and have a mininum of 2 years	is regular vehicle. Full excess amount have to be paid immediately in the event of an accide		
damages costs to be Bome by	e. Failure to obsarvo stipidation may retur the Hirer/the Authorised Driver. Highand should returned with petrol level h	occorred. Any damage to the car will be repair at SKW authorized workshop		
	ha petod surcharge is payable by the hirer.			
 No refund for easily return of riels 	ricle. The hirer shall be liable for additional own per hour per day, inclusive of CDW ar	i charges — 9. The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or		
Jay rentel.	dter our operation hours will be unarged as	such occurrence, the Hirer shall bear the cost of such response at \$50.00 per trip		
peddling or mefficlang, smugglin		report must be made within 24 hours. Failure to comply, the hirer will have to born		
without prior written consent of	se only and may not be driven out of Sing. BKW Rent A Car Pto Ltd. The birer is liabl I to the appropriate insurance top up in the	de for a line event of an accident.		
of non-disclosure of Wataysia us 6. The hiver and/or driver shall be	sage responsible for all damages or fosses how	is the car is sufficient and do not drive where the unbirds in stall and done not have		
whatsoever reason in respect of	e and penalties imposed on the vehicle for for in connection with it's use or operation	 purpose of completing (lysix es transations and other relating matters. 		
increased Insurance premiums.	responsible for all claims, damages, tosses non-wavier excess and cost expense (incl			
Date Out Time Out	Mileage Check By	Remarks Snx1		
		Hirer's/Driver Signature ature Of Hirer Driver Failing Which The Day Apd To E Proced Below Shall Be Deemed To Be The		
Day And Time The Vehicle Is Return	led To BKW Rent A Car Pte Ltd And The S never And I had cleared my belonging iton	Same Shall Be Accepted As Conclusive Evidence of the Concept And Shall Not Be Challenged Or ms from the rental vehicle (cashcard, parkings pupors etc.)		
Date In Time In	Mileage Check By	Remarks 2		
13.119 1 19pm		Hirer S/Driver Signature		



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: 5096319153-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle
 SFJ395L
 Chassis Number
 RU31262608

2. Name of Policyholder : LEXUS LIMOUSINE SERVICES

3. Effective Date of Insurance : 29 Nov 2018
4. Expiry Date of Insurance : 28 Nov 2019

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) : 5\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO
PRIMARY DRIVER : N/A
NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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 : VV INSURANCE AGENCY PTE, LTD. (00000614878)

Date of Issue : 13 Nov 2018 16:30 hrs Reprint : 13 Nov 2018 16:31 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

>Back to OneMotoring

Enquire Transfer Fee

Vehicle No.: SFJ395L

Vehicle Type : Z10 - Private Hire (Chauffeur) Motor Car

Vehicle Attachment 1: No Attachment
Vehicle Scheme: Normal
Vehicle Make: HONDA

Vehicle Model: VEZEL HYBRID SENSING 1.5X A

Chassis No.: RU31262608
Propellant: Petrol-Electric
Engine No.: LEB5962625
Motor No.: H12375724
Engine Capacity: 1496 cc
Power Rating: 22.0 kW

Maximum Power Output: 112.0 kW (150 bhp)

Maximum Laden Weight:1555 kgUnladen Weight:1280 kgYear Of Manufacture:2017Original Registration Date:29 Nov 2017

Lifespan Expiry Date:

COE Category: B - Car above 1600cc or 97kW (130bhp)

Quota Premium: \$57,414.00 28 Nov 2027 COE Expiry Date: Road Tax Expiry Date: 28 Nov 2019 PARF Eligibility Expiry Date: 28 Nov 2027 Inspection Due Date: 28 Nov 2020 Intended Transfer Date: 10 Jun 2019 CO2 Emission: 94.00 (g/km) CEV/VES Rebate Utilised \$22,272.00

Amount:

CO Emission: HC Emission: NOx Emission: -

Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

- Amount rayable			
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(\$\$)	(\$\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK Print