FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date: 04.09.2020

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SLH 4602C / SJK 6370R ON 11.08.2020

We are the authorized repair workshop for the owner of motor vehicle no: SLH 4602C , which was involved in the captioned accident with your insured vehicle no: SJK 6370R . 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.

		\$	4,856.00
3)	GIA Search Fee	_\$	2.00
3)	Towing Fee	\$	60.00
2)	Loss of Rental	\$	300.00
1)	Cost of Repair (inclusive of GST)	\$	4,494.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) Towing Bill

e) Letter of Authorisation, etc...

g) Police Report

i) Insurance Certificate

b) Car Rental Invoice / Agreement

d) GIA Search Result

f) GIA Report

h) I/C & Driving Licence

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

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower Singapore 079909

Attn: Motor Claim Department

Tax Invoice: 21926

Date

:04.09.2020

Vehicle No

:SLH 4602C

Make/Model : TOYOTA ALTIS

Chassis/Eng# :

Accident Date : 11.08.2020

Claim No

Reference

:0820 -21926

Policy No

Amount

To proceed on lump sum repair

S\$

4200.00

E. & O. E.

GST @ 7% : S\$

Total: S\$

4200.00 294.00

Amount Due: \$\$

4494.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: OH TANG LEE

Invoice

: DCR-2020-08-15

Date: 14.08.2020

Agreement No: 21369 Payment Terms: LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle: SLH 7586X (0820-21926)

300.00

Rental Period from 11.08.2020 to

14.08.2020

E. & O. E.

Total \$

300.00

LINA PANG

for Dynamic Car Rental

Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.
TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS

No. 21369

Name Oh Tano	g Lee (\$150=	1901T)	REG. No.	MAKE	MODEL:	
ADDRESS	Desired to the second	.10.0	X 282F HJS	DIES	SEL PETROL	E 1/4 1/2 3/4
			KM IN	ou es y	14. 08 - 101	
THE PROPERTY OF THE PARTY OF TH	I DECEMBER DE CHARGE SALL	Jena Domiterija arti viloni, art. p	KM		DATE & TIME OL	T
West Table Separation (co	of sate have a small to appear	TOTAL DEPOSITE OF A STATE OF A ST	KM	-	11.08.2010 TIME USED	0 2.30pm
NAMED DRIVER N		souther year liefs to graph that a	DRIVEN	hippi e		
Ye	0.1001	THE RESIDENCE OF ITS SENTER OF	A Chicago and and	ad st		
S2572627H	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	@S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	3	DAYS	@ss 100.00	\$ 300.00
ADD NAMED DRIVER	WHILE MY A RESIDENCE OF A STORY	ne interaction of of agency in		WEEKS	@S\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	M	ONTHS	@SS	a popular A
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, R AGREES TO PAY AD	DD FEE	SUB-TOTAL	7 (d) 1 (d)
IMPORTANT NOTES: This vehicle is licenced to carry	O4 pagement only		FOR COLLISION DAI WAIVER (C.D.W.)	WAGES	India noor unevi	
No refund will be given for vehic No refund will be given for perio Hirer is liable to pay first \$4000 u	cle returns early.	us loss of earnings while damaged vehicle	agent of tertook fores		TOTAL RENTAL	# 300.00
is under repair. Hirer is liable to pay all parking i		all makes the same same same same same same same sam	Walter Big A San't Jo		DELIVERY FEE	
Vehicle return during office hour No Service on Public Holiday ar	r only. nd Sunday.		Y		COLLECTION FEE	
EXCESS: "Sec I - Used in S'pore Only :SG "Sec II - Used in S'pore Only :SG "Sec I - Used Outside S'pore Or	GD2000 nly :SGD4000		PER DAY PER W		PER MONTH S	
"Sec II - Used Outside S'pore O Wiscreen Excess In S'pore: SGI Wiscreen Excess Outside S'pore ADDITIONAL CONDITIONS:	D100		BY INITIALLING, RE AGREES TO PAY AD FOR PERSONAL ACC	D FEE	O in a service of the	
 Geographical areas: Singapor Driver must be: a) 18 years old and above; b) holding a valid relevant class 			INSURANCE (P.A.I.)			
Additional Own Damage Exce a) age 22 to 23 years old; b) age 66 to 70 years old;	ss of S\$1,000 is applicable for any n	named/unnamed drivers who:	PER DAY PER W		PER MONTH S	
ncense.			PREPAYMENT	U ID con	TOTAL CHARGE	
 a) is 18 years old to 21 years of b) is 71 years old and above at 	nd/or		CHECK		DEPOSIT	120 4
Upon returning the replaceme	ss than 1 year on the relevant classion to the vehicle, you must ensure that a	Ill expensive and important items to be	CASH			
removed away from this replac	cement vehicle. We/I will not be resp	onsible for any reporting of such losses.	RECEIPT NO.		NETT CHARGE	anetry E1
		of product or the united oil of	Committee and a second			
Hirer is responsible for Addit to the THIRD PARTY DAMA		I I book size orangy on uncon	AMOUNT DUE / REFU	JND	tent religiones year Light chiral route	on tall
HAVE READ THE TERMS OF THIS RENTAL AGREEM	S AND CONDITIONS ON BOT MENT AND AGREE THEREO	TH SIDES F.	will deal of the property of	mik on gAuditi	Andrea estimas	Mar and
SIGNED BY THE PARTIES I	HERETO ON THE	Agentin And Orange Green	DAY OF		oness of that only	SIGN 2 40
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X			X /			+
DYN	AMIC CAR RENTAL		BENTE	R'S/D	RIVER'S SIGNA	TUDE

AUTOBAY TOWING
1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tei: 9616 8988 (Ah Boon)

CASH SALE

No. SLH 4602 C Sold to:

Item	Quantity	Description	Unit Price	Amount
		Opper Serangoon to		460
		Auto Bay		
		PAI	D	
		E. & O. E.	Sub Total :	
		,	GST Tax :	
	y:		Total :	15



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-20-092830

Date of Request:

11/08/2020

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

11/08/2020

Enquiry By

Tang Kok Wee, Allan

... Vehicle No.

SJK6370R

Accident Date

11/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJK6370R	China Taiping Insurance (Singapore) Pte. Ltd.	17/11/2019-16/11/2020	6389 6111

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.

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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-20-092830

Date of Request:

11/08/2020

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

11/08/2020

Enquiry By

Tang Kok Wee, Allan

. Vehicle No.

SJK6370R

Accident Date

11/08/2020

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:

[X] GIRO [] Cash [] Cheque

DATE : 11/08/2020
TO: China Taiping Insurance (Singapore) Pte Ltd
RE: ACCIDENT INVOLVING VEHICLE NO. SLH 4602 C " SJK 6370R ALONG UPPER SERANGOUN ROAD (NEAR CONTRAL SIKH- ON 11/08/2020 GROWARA TEMPLE)
ON 11/08/2020 GUROWARA TEMPLE)
I/WE, OH TANG LEE
of (NRIC No./ROENo.)
of BIK 132 Ang Mo Kio Avenue 3 # 07-1617 Singapore 560132
owner of vehicle no. SLH 4602C in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle
authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever
amount settled/payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.
an example and or bear bland bottom to thom absoratory.
I/We further agree and undertake to indemnify them against the above-mentioned claim cost
which may arisen therewith.
Signature of Owner:
Name of Owner: Ou TANG LEE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.

THE PERSON NAMED IN SOCIETY OF PARTY	ACCIDENT STATEMENT
Date Of Report	11/08/2020 15:30
Date Of Accident	11/08/2020 13:25
Exact Location Of Accident	UPPER SERANGOON RD TWRDS HOUGANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH4602C
Insured/Policyholder	
Name Of Registered Owner	OH TANG LEE
NRIC No	SXXXX901J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96687822
Alternative Phone No	OTHERS-96687822
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA / COROLLA ALTIS 1.6 CVT
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5094645570-02
Cover Note Number	
Driver	
Name of Driver	YEO CHUAN CHOON
NRIC No	SXXXX627H
Date Of Birth	03/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1981
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98157063
ax Number	
Contact Number	

SUNNYYEO@SINGNET.COM.SG

Address

BLK 132 ANG MO KIO AVE 03 #07-1617

Postcode

560132

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

YES

Was any body injured in the Accident? 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK6370R

Vehicle Make/Model/Colour

TOYOTA / VIOS E AUTO

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

YEO CHUAN CHOON

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLH4602C

YES

BLK 132 ANG MO KIO AVE 03 #07-1617

560132

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.
- 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.
- The issue and acceptance of this form by insurance companies is not an admission of policy flability 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 flecords 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.
- S. 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 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 'lawyars/law firms, the Monetary Authority of Singapore and any resevant government agency/authority (such as the poisce), 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 finctuding 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 peckages); and/or
 - (v) complying with applicable law in administering, processing, handling end/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.
- (a) 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
 - (a) for complying with requirements under any regulations, laws or court orders.

for the same of th

Delver's Signature (if driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: 1 1 AUS 2020
NRIC/FIN No.:

Policyholder's Signature Date & Time:

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was driving beh A on the down nowhere of the toolth highle A less second lettern I tell an imposed when a light work well B could not stop in the a little nown of my tole A. BECLARATION Moderate the Ingention particular are true in compressed.	SKETCH PLAN		
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was dividing beh on the about months of the first took took took took took took took to			A-SLH 4602C
LARATION LARATION LOCAL African particulars are true in concerned to the content of the conten		THE B	B-22K 63+01
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the I slow down in stopped at upon Reb tooff all I fell an impact when light i woke well B could not stop in the a let the nover of my tole H. LARATION LA	SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
e declare the foregoing particulars are true in every respect	the I of	web B rould not	felt an impact when
Tel: 67416697 Fax: 674923	e declare the foregoing part ::yholder's Signature	Driver's Signature	23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

dente brown-com ya





Report No. T/20200811/2122

1 of 3

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2020 18:57			Vide Report No.:	Station Diary No.: 19	
Informa	nt's Partic	ulars			
	f Informant: IUAN CHO		Address: APT BLK 132 ANG MO N SINGAPORE 560132	KIO AVENUE 3 #07-1617	
ID Type / ID No.: NRIC NO / S2572627H			Contact No.: Home/Office:		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 61	Date of Birth: 03/01/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Manager			Driving Licence Informatic	on: Date of Expiry:	

General Infor	mation of the Accid	lent		
Type of Accident:	()thoro		Date/Time of Accident: 11/08/2020 13:2	Type of Location Straight Road
Location: Along Road 1 UPPER SERA Near to the S Weather: Clear	ANGOON ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume:
Type of Collis Between Mov	ion: ring Vehicles - Head			Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK6370R	Car					0
SLH4602C	Car				Seriously Damaged	0

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





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999 ·

T/20200811/2122

2 of 3 Report No. T/20200811/2122

CONTINUATION OF REPORT

Driver					
Name	YEO CHUAN CHOON		ID No.		S2572627H
Related Vehicle	SLH4602C (Car)		Contact No.		98157063
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2020	Date Disc			3/2020
No. of Days granted Medical Leave 03		Degree of Injury Slight			
Driver			T		
Name	SELVARAJU SUBRAMANIAM		ID No.		S7189286G
Related Vehicle	NIL		Contact No.		91715538
Hospital/Clinic	NIL '		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl		NIL	
No. of Days granted Medical Leave NIL		Degree of Injury NIL			

Brief Details.

On 11/08/2020 at about 1.26pm, I was driving my vehicle SLH4602C along Upper Serangoon Road towards Macpherson direction. As I was approaching the traffic light near to the Silk temple, the traffic light turned red. I slowed down and stopped my vehicle. And after few seconds, I felt an impact from the rear. I discovered that another vehicle, SJK6370R hit onto my rear.

I felt pain on my back and went to visit the doctor. I was issued with 3 days of MC.





2020001112122

3 of 3

Report No. T/20200811/2122

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

CONTINUATION OF REPORT

Sketch Plan

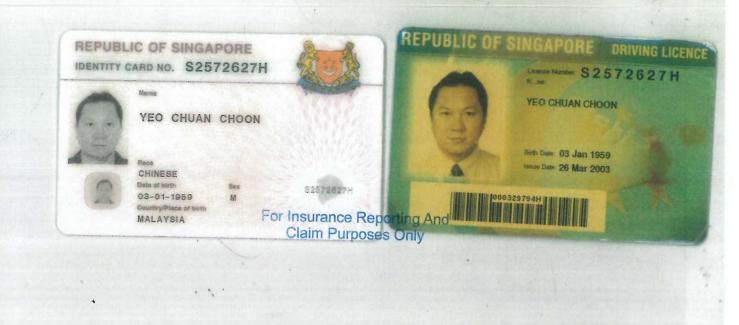
NP168

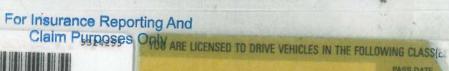
Informant is not able to provide sketch plan

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: F / Sr Staff Sgt HAMZAH BIN HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2020 18:57
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:
Contact No.: 65476172 Authentication Stamp	







04-07-2014

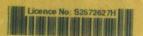
APT BLK 132 ANG MO KIO AVENUE 3 #07-1617 SINGAPORE 560132

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

29 May 1981 29 May 1981 29 May 1981

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	88
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

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

Certificate Number: 5094645570-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLH4602C

Chassis Number : MR053REH104555340

2. Name of Policyholder : OH TANG LEE

3. Effective Date of Insurance : 04 Nov 20194. Expiry Date of Insurance : 03 Nov 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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 (FREE)
TRANSPORT ALLOWANCE : NO

TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : OH TANG LEE

NAMED DRIVER (1) : YEO XI ER

NAMED DRIVER (2) : YEO CHUAN CHOON

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 : TELESALES-DIRECT MARKETING (00000601661)

Date of Issue : 15 Oct 2019 21:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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Enquire PARF/COE Rebate for Registered Vehicle

Singapore NRIC				
901J				
SLH4602C				
No				
12 Aug 2020				
ТОУОТА				
COROLLA ALTIS 1.6 CVT				
Grey				
2016				
1ZRX587775				
MR053REH104555340				
90.0 kW (120 bhp)				
\$19,990.00				
04 Nov 2016				
04 Nov 2016				
0				
\$19,990.00				
Yes				
03 Nov 2026				
\$14,992.00				
03 Nov 2026				
A - Car up to 1600cc & 97kW (130bhp)				
10				
\$50,991.00				
\$31,747.00				
\$46,739.00				

The information contained herein is correct as at 12 Aug 2020