

# T K LEE AUTOMOTIVE PTE.LTD.

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY  
SINGAPORE 417883 Co.Reg. No. : 201210266Z  
TEL: 6509 5521 / 6509 5524 FAX: 6509 5523

Attn: The Motor Claims Department  
CHINA TAIPING INSURANCE (S) PTE LTD  
3 ANSON ROAD #16-00  
SPRINGLEAF TOWER  
SINGAPORE 079909

Yrs Ref.: PA2385G  
Our Ref.: TKL0920-2861  
Date.: 03.11.2020

Accident involving GBH6684X And PA2385G On 15.09.2020 At 1600hrs Along  
WOODLAND AVE 1 TO WOODLAND AVE 3 (SLIP RD)

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have suffered loss and expenses.

We are instructed by our client to make a property damages claims as:-

|   | <u>Amount</u> |
|---|---------------|
| 1. Repair Cost                          | S\$ 5,400.00  |
| 2. Loss of Use (9days @ S\$120Per day ) | S\$ 1,080.00  |
| 3. Towing                               | S\$ -         |
| 4. LTA Search Fee                       | S\$ 7.45      |
| 5. E-File Search Fee                    | S\$ 29.00     |
| Claim Amount                            | S\$ 6,516.45  |

Enclosed are the following documents for your perusal.

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Original Final repair Bill   | <input checked="" type="checkbox"/> Letter of Authority                      |
| <input type="checkbox"/> Original Survey Report & Inv            | <input type="checkbox"/> Rental Agreement / Receipt                          |
| <input type="checkbox"/> Original Photographs of [GBH6684X]      | <input checked="" type="checkbox"/> E-File Search Fee/ <u>LTA Receipt</u>    |
| <input checked="" type="checkbox"/> GIAS Reports of [GBH6684X]   | <input checked="" type="checkbox"/> Vehicle Registration Card                |
| <input checked="" type="checkbox"/> Certificate of Insurance     | <input checked="" type="checkbox"/> Driver's Driving License / Identity Card |
| <input checked="" type="checkbox"/> Report Of A Traffic Accident |  |

Your prompt action will be greatly appreciated.

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours faithfully,  
T K Lee Automotive Pte. Ltd.



tklee0247@gmail.com

# T K LEE AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883

Tel : (65) 6509 5521 Fax : (65) 6509 5523

Co. Reg. : 201200623R

## INVOICE

**0840**

Messrs : **CHINA TAIPING INSURANCE (S) PTE LTD**  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Claim No. : TKL0920-2861

Acc. Date : 15/09/2020

Veh. No./Model : GBH 6684X NISSAN NV200

Date : 06/10/2020

| QTY | DESCRIPTIONS  | AMOUNT          |
|-----|---|-----------------|
|     | <b>Repair Cost :</b><br>Inclusive of supply parts, panel beating, spray painting<br>and labour. | 5,400.00        |
|     |   | <b>5,400.00</b> |

E. & O.E.

\* Please make all payments to " T K Lee Automotive Pte Ltd "

\* All service and repairing are in good order & conditions.



\_\_\_\_\_  
Customer Sign & Chop

\_\_\_\_\_  
T K Lee Automotive Pte Ltd



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

Print Date/Time : 16 Sep 2020 / 10:29:43

Receipt Date/Time : 16 Sep 2020 / 10:29:43

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200916-000963

Previous Receipt No. :

| S/N   | Item Description/<br>Business Transaction Reference<br>No.         | Amount<br>Before<br>GST (S\$)                   | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|---|--|---|------------------------|------------------------------|
| Result of Insurance Enquiry - PA2385G                     |  |   |                        |                              |
| As at 15 Sep 2020/16:00:00                                |  |   |                        |                              |
| Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD |  |   |                        |                              |
| 1   | Insurance Enquiry - PA2385G<br>Enquiry Fee<br>20200916102840929582 | 7.00  | 0.49                   | 7.49                         |
| <b>Sub-Total</b>  |  | 7.00  | 0.49                   | 7.49                         |
| <b>Total Before Rounding</b>                              |  | 7.00  | 0.49                   | 7.49                         |
| <b>Rounding Difference</b>                                |  |   |                        | 0.04                         |
| <b>Total Amount Payable</b>                               |  |   |                        | 7.45                         |
| Paid By   |  |   |                        |                              |
| 20200916102900266   |  | Direct Debit: eNETS Debit<br>(Internet Banking) |                        | 7.45                         |
| Total   |  |   |                        | 7.45                         |
| Cash Change   |  |   |                        | 0.00                         |
| Tendered Amount   |  |   |                        | 7.45                         |
| Excess Refundable Amount                                  |  |   |                        | 0.00                         |

THANK YOU AND HAVE A NICE DAY!

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



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-20-111745  
Date of Request: 17/09/2020

Your Ref No: PURCHASE BY EMAIL

TK LEE AUTOMOTIVE PTE LTD  
1 KAKI BUKIT AVE 6, #02-14 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: GBH6684X  
Date of Accident: 15/09/2020  
Place of Accident: WOODLANDS AVE 1  
Involving Vehicle No: PA2385G

| 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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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-20-111748

Date of Request: 17/09/2020

Your Ref No: PURCHASE BY EMAIL

TK LEE AUTOMOTIVE PTE LTD  
1 KAKI BUKIT AVE 6, #02-14 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 15/09/2020

Vehicle No: GBH6684X

Place of Accident: WOODLANDS AVE 1 TO WOODLANDS AVE 3 (SLIP RD)

Involving Vehicle No: PA2385G

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\$) |
|----------------------------------|--|---------------|-----|--------------|
| PA2385G                          | WOODLANDS AVE 1 TO WOODLANDS AVE 3 (SLIP RD) | 14.00         | 1   | 13.08        |
| GST Amount                       |  |               |     | 0.92         |
| Total Amount Due (GST Inclusive) |  |               |     | 14.00        |

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.

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For GIARMC Official use:

Date:

[ ] GIRO [X] Cash [ ] Cheque

Date:

To: CHINA TAIPING INSURANCE (S) PTE LTD

RE: ACCIDENT INVOLVING VEHICLE NO.: GBH 6684X AND PA2385G  
AT/ALONG WOODLANDS AVE 1 TO WOODLANDS  
AVE 3 (SLIP RD) ON

I/We, FU RONG TRADING of (NRIC No./ROC NO.)  
52994219D of 705 JURONG WEST ST 71 #10-84 S(640705)  
owner of vehicle no. GBH 6684X in consideration of M/S T K Lee Automotive Pte. Ltd  
repairing my/our vehicle GBH 6684X at my/our instruction and hereby authorise  
M/S T K Lee Automotive Pte. Ltd to demand claim settle receive 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.

I further agree and undertake to indemnify them against the above mentioned claim costs  
which may arise therewith.

FU RONG TRADING

福榕貿易

Signature of Owner: 

Date: \_\_\_\_\_



MSME20080527 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 16/09/2020 16:12  
SUBMITTED BY: Chia Pei Ying

## 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             | 16/09/2020 16:12                             |
| Date Of Accident           | 15/09/2020 16:00                             |
| Exact Location Of Accident | WOODLANDS AVE 1 TO WOODLANDS AVE 3 (SLIP RD) |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBH6684X        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | FU RONG TRADING |
| Co Reg No                   | 5XXXX219D       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-98425279 |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200              |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5118338654                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LI XUECHAI           |
| NRIC No              | SXXXX988I            |
| Date Of Birth        | 12/01/1967           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 05/04/2013           |
| Driving Experience   | 7 YEARS AND 5 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-98425279 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

Address BLK 705 JURONG WEST ST 71 #10-84  
 Postcode 640705  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 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

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD LOOKING OUT FOR ONCOMING VEHICLE ON MAIN ROAD. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR.

### 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 PA2385G  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver ANG CHWEE GUAN  
 NRIC/Passport Number SXXXX806B  
 Contact Number 94235537  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

URGENT: 010  
福榕贸易

Policyholder's Signature  
Date & Time:

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

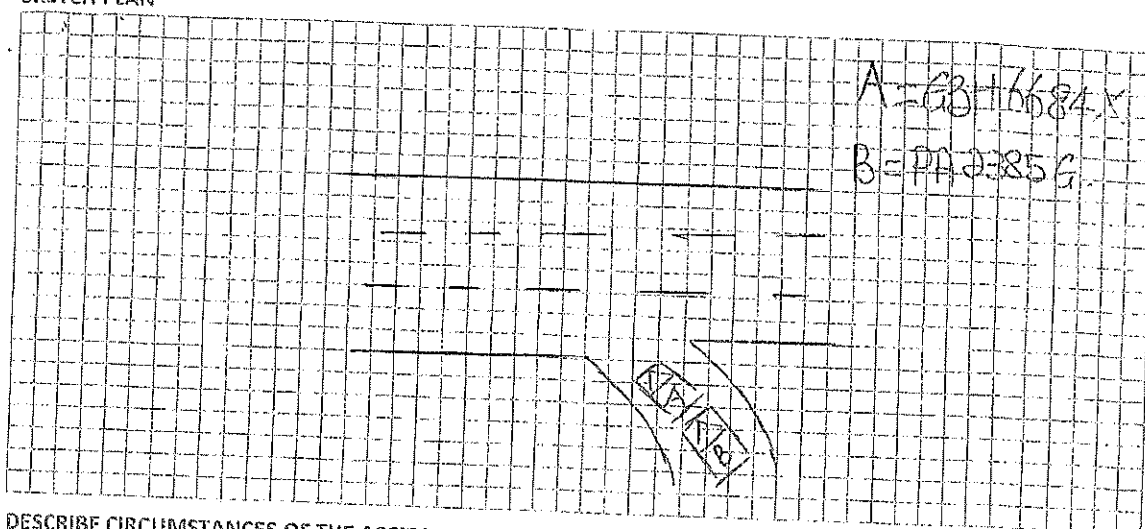
Reporting Centre Personnel's Signature  
Name  
IPIC/FIN No :

LEE BROTHERS

Appendix Sketch Plan Form 02

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY AT THE JIP ROAD LOOK OUT FOR ONCOMING  
VEHICLE ON MAIN ROAD. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR.

## DECLARATION

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

JRONGTIAN JIN  
福榕贸易

Policyholder's Signature

Date & Time:

16/9/20

SRPAC Sketchplan ref: 05

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200929/7015

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

1 of 3

Report No. T/20200929/7015

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |   |                            |  |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made:<br>29/09/2020 14:42 |            | Vide Report No.:                                       |   | Station Diary No.:         |  |
| <b>Informant's Particulars</b>             |            |  |   |                            |  |
| Name of Informant:<br>LI XUECHAI           |            |  | Address:<br>705 JURONG WEST STREET 71 #10-84 SINGAPORE 640705 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S2609988I   |            |  | Contact No.:<br>Home/Office: Mobile: 98425279                 |                            |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |  | Email:<br>OWLIANG123@YAHOO.COM.SG                             |                            |  |
| Sex:<br>Female                             | Age:<br>53 | Date of Birth:<br>12/01/1967                           | Type of Informant:<br>Driver                                  |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English                                   |   | Institution / School Name: |  |
| Occupation:<br>SELF - EMPLOYED             |            | Driving Licence Information:<br>Class: Date of Expiry: |   |                            |  |

|  |                  |                       |  |                                     |
|--|------------------|-----------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                       |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of Accident:<br>15/09/2020 16:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>WOODLANDS AVENUE 1 TO WOODLAND AVE 3        |                  |                       |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry  |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:      |  | Traffic Volume:                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                       |  | Anyone conveyed by ambulance:<br>No |

|                                    |      |      |       |       |          |       |
|------------------------------------|------|------|-------|-------|----------|-------|
| <b>Details of Vehicle Involved</b> |      |      |       |       |          |       |
| Vehicle No.                        | Type | Make | Model | Color | Conditio | No of |
| GBH6684X                           | Car  |      |       |       |          | 0     |
| PA2385G                            | Van  |      |       |       |          | 0     |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20200929/7015

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

2 of 3

Report No. T/20200929/7015

**CONTINUATION OF REPORT**

|                                   |                          |                                   |                                   |
|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| <b>Driver</b>                     |                          |                                   |                                   |
| Name                              | LI XUECHAI               | ID No.                            | S2609988I                         |
| Related Vehicle                   | GBH6684X (Car)           | Contact No.                       | 98425279                          |
| Hospital/Clinic                   | HEALTHWAY MEDICAL CLINIC | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 16/09/2020               | Date                              | NIL                               |
| No. of Days granted Medical Leave | 06                       | Degree of                         | Slight                            |
| <b>Driver</b>                     |                          |                                   |                                   |
| Name                              | ANG CHWEE GUAN           | ID No.                            | S0184806B                         |
| Related Vehicle                   | NIL                      | Contact No.                       | 94235537                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                      | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of                         | NIL                               |

Brief Details.

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD LOOK-OUT FOR ONCOMING VEHICLE ON MAIN ROAD. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR



**SINGAPORE  
POLICE FORCE**



T/20200929/7015

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

3 of 3

Report No. T/20200929/7015

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

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

Date/Time:  
29/09/2020 14:42

Classification Of Case:

## 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 : 5118338654

Cover : Comprehensive

- |  |                   |
|--|-------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBH6684X        |
| Chassis Number   | : VM20122337      |
| 2. Name of Policyholder  | : FU RONG TRADING |
| 3. Effective Date of Insurance   | : 23 Aug 2020     |
| 4. Expiry Date of Insurance  | : 22 Aug 2021     |
| 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.<br>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.  |                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

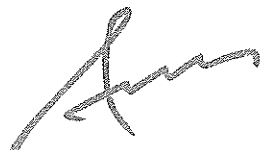
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                       |   |
|-----------------------|---|
| EXCESS (SECTION 1)    | : S\$600  |
| EXCESS (SECTION 2)    | : N/A   |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : HL BANK   |
| 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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)  
Date of Issue : 04 Aug 2020 16:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**REPUBLIC OF SINGAPORE DRIVING LICENCE**




NRIC Number: **S26099881**  
 Name: **LI XUECHAI**  
 Birth Date: **12 Jan 1967**  
 Issue Date: **05 Apr 2013**


002167851D



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S26099881**



Name: **LI XUECHAI**  
**李雪钗**  
 Race: **CHINESE**  
 Date of Birth: **12-01-1967** Sex: **F**  
 Country of Birth: **CHINA**

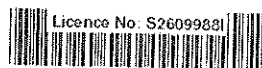


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**


**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

**EFFECTIVE DATE** 05 Apr 2013


NP 428A



2989441



NRIC No: **S26099881**



Blood Group: **B+** Date of issue: **11-11-1997**

APT BLK 705 JURONG WEST STREET 71 #0-04  
 SINGAPORE 630705

NRIC No: **S26099881** Date: **27-08-1998** No: **2646797**



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

### Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

### Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

### Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Business

219D

GBH6684X

No

16 Sep 2020

NISSAN

NV200 DX 1.6 AUTO

White

2018

HR16117467D

VM20122337

-

\$20,710.00

23 Aug 2018

23 Aug 2018

1

\$1,036.00

No

-

\$0.00

22 Aug 2028

C - Goods Vehicle & Bus

10

\$25,968.00

\$20,599.00

\$20,599.00

The information contained herein is correct as at 16 Sep 2020

OK