

**FORZA AUTOHAUS PTE LTD**

COMPANY REG NO : 201833292C

39 Woodlands Close, #01-34/35, Mega @ Woodlands
Singapore 737856

+65-6278 1889

enquiry@forzaauto.sg

Our Ref : SGF 2824L

Your Ref : SHD 3648X

19th Oct 2020

WITHOUT PREJUDICE

FIRST CAPITAL INSURANCE LIMITED,
36 Robinson #16-01
City House
Singapore 068877
Attention: Motor Claims Department

BY EMAIL @ motor_claims@msfirstcapital.com.sg

Dear Sir/Mdm,

CLAIMANT: 87 LEASING

RE: ACCIDENT INVOLVING SGF2824L AND SHD3648X ALONG COLEMAN STREET ON 02/10/2020 AT ABOUT 2015 HOURS.

We refer to the above matter.

Please be informed that the quantum has been agreed between your surveyor Mr Jeffrey and Mike.

Please find our claims as follows:-

1. Cost of Repair (\$850) before GST	\$	909.50
2. Loss of Use for 03 days @ \$100.00 per day	\$	300.00
3. LTA search fee	\$	7.45

TOTAL: \$ 1216.95



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Pre-repair inspection arranged on 05th Oct 2020 and was surveyed on 07th Oct 2020.

A copy each of the following supporting documents is enclosed:

- (1) GIA Report
- (2) Final Repair Bill
- (3) LTA search
- (4) Vehicle Registration Card
- (5) Letter of Authority and Payment Authorisation

Yours faithfully



Forza Autohaus Pte Ltd

Page 2 End



FORZA AUTOHAUS PTE LTD COMPANY REG NO.: 201833292C
GST NO.: 201833292C
39 Woodlands Close, #01-34/35, Mega @ Woodlands,
Singapore 737856
+65 6278 1889 enquiry@forzaauto.sg

87 LEASING
206 JALAN EUNOS #01-56,
EUHABITAT
Singapore 419547
Contact : 91118531

TAX INVOICE

Date : 19/10/2020
Date in : 07/10/2020
Vehicle Num. : SGF2824L
Make/Model : TOYOTA PICNIC AUTO-2006
Chassis/Eng# : JTEGH223B200021573/1AZ5378681
Accident Date : 02/10/2020
Claim No : C100034
Reference :
Policy No. : 5110751842-000012 (28/11/2020)

GLOBAL SUM	Amount \$
AS PER DIRECT SETTLEMENT	850.00
REF : DATED 19/10/2020	
BY LKK AUTO CONSULTANT	

E. & O.E.	Sub \$:	850.00
Add GST (7%) \$:		59.50
Total Amount \$:		909.50



FORZA AUTOHAUS PTE LTD



FORZA AUTOHAUS PTE LTD

39 Woodlands Close #01-34/35, Mega @ Woodlands Singapore 737856
Tel: 6278 1889 Email: enquiry@forzaauto.sg
8 Kaki Bukit Avenue 4 #07-23 Premier @ Kaki Bukit Singapore 415875
Tel: 65 6881 1772 Fax: 65 8166 5437
Registration No.: 201833292C

Letter of Authority

Accident involving no. SGF 2824 L and SHD 3648 X along
COLEMAN STREET on
02/10/2020 at about 2015HR8.

1. I/ We, hereby appointed Forza AutoHaus Pte Ltd to be my agent and I/We authorised my said agent to give you all instructions pertaining to the conduct of my **Third-Party Claim** including instructions to commence legal proceedings in court in my name/our name against the respective insurer/owner/driver or company, if applicable.
2. ** My said agent has my authority to decide on my behalf whether to accept any offer of settlement from the respective insurer/owner/driver or company.
3. I understand and agreed that until I revoke my said agent's authority in writing to you, I am bounded by all instructions given by my said agent to you.
4. ** Upon settlement of the Third-Party Claim and in case the settlement monies were sent to me/us by the insurers/owner/company, I/We undertake to make payment to Forza AutoHaus Pte Ltd for the costs of repairs settled and related expenses and disbursement incurred.
4. The above-mentioned vehicle is to be repair at Forza AutoHaus Pte Ltd on my own will without any inducement, threat or promise.

* 



Signature of Owner/Company
(Company's stamp if applicable)

Name:

RCB/NRIC/Passport No.:

Address:





FORZA AUTOHAUS PTE LTD

39 Woodlands Close #01-34/35, Mega @ Woodlands Singapore 737856
Tel: 6278 1889 Email: enquiry@forzaauto.sg
8 Kaki Bukit Avenue 4 #07-23 Premier @ Kaki Bukit Singapore 415875
Tel: 65 6881 1772 Fax: 65 8166 5437
Registration No.: 201833292C

Payment Authorisation Form

Date: 05th Oct 2020

Attention: Motor Claims Department

M/S FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD #16-01

CITY HOUSE (068877)

Dear Sir/Madam,

Accident involving no. SGF 2824L and SHD 3648X along
COLEMAN STREET on
08/10/2020 at about 2015hrs.

I/We, (Name) 87 LEASING of (RCB/NRIC/Passport No.)
53379062W is the owner of vehicle no. SGF 2824L which was involved in the
above mentioned accident with your insured vehicle no. SHD 3648X.

I/We hereby authorised any settlement payment due to me arising from the above-mentioned accident to be made payable to my appointed repairer M/s Forza AutoHaus Pte Ltd.

I/We hereby agreed to indemnify M/s Forza AutoHaus Pte Ltd against all claims and/or damages which may arise from all actions taken for and on my/our behalf.

I/We hereby affirmed that the above-mentioned statement to be true and correct.

Yours faithfully,

* lu



Signature of Owner/Company
(Company's stamp if applicable)

Name:

RCB/NRIC/Passport No.:

Address:



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	05/10/2020 15:10
Date Of Accident	02/10/2020 20:15
Exact Location Of Accident	ALONG COLEMAN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF2824L
Insured/Policyholder	
Name Of Registered Owner	87 LEASING
Co Reg No	5XXXX062W
Email Address	SHADOWFENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91118531
Alternative Phone No	OFFICE-91118531

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5117904645
Cover Note Number	

Driver

Name of Driver	CHONG SOON HUAT
NRIC No	SXXXX080G
Date Of Birth	09/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2012
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97430058
Fax Number	
Contact Number	
E-Mail Address	SOON_HUAT_24@HOTMAIL.COM

Address	BLK 75 TELOK BLANGAH DRIVE #11-302
Postcode	100075
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SHD3648X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED RAZUWAN BIN MOHAMED NOR
NRIC/Passport Number	SXXXX489E
Contact Number	96158246
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHONG SOON HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGF2824L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

*

lu



Policyholder's Signature
Date & Time:

Sachin

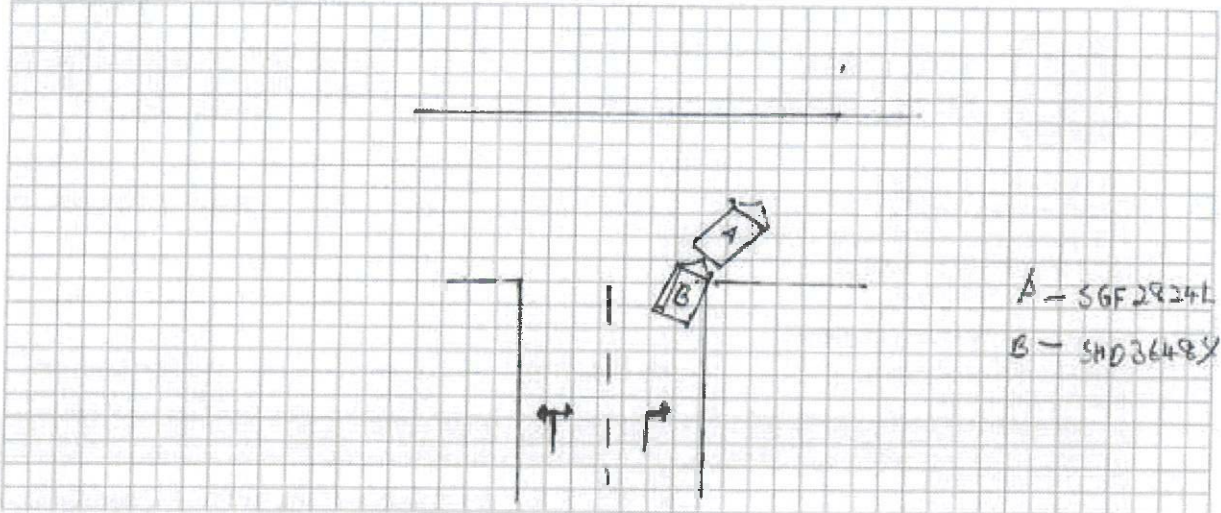
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Lai

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

Sketch Plan #2

SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS PER POLICE REPORT

THIRD PARTY CLAIM AT FORZA AUTOMOBILI PIRELLA
PLEASE EMAIL CIA REPORT TO FORZA AUTOMOBILI PIRELLA

DECLARATION

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

Policyholder's Signature  

Policyholder's Signature _____
Date & Time: _____

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

Jai
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201003/2054

1 of 4

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20201003/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2020 14:21		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: CHONG SOON HUAT			Address: APT BLK 75 TELOK BLANGAH DRIVE #11-302 SINGAPORE 100075		
ID Type / ID No.: NRIC NO / S8922080G			Contact No.: Home/Office: Mobile: 97430058		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 09/07/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2020 20:15	Type of Location: T-Junction
Location: COLEMAN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF2824L	Car	TOYOTA	PICNIC	Silver	Slightly Damaged	0
SHD3648X	TAXI	HYUNDAI		Blue	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201003/2054

2 of 4

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20201003/2054

CONTINUATION OF REPORT

Driver			
Name	CHONG SOON HUAT		ID No. S6922080G
Related Vehicle	SGF2824L (Car)		Contact No. 97430058
Hospital/Clinic	ELYON FAMILY CLINIC AND SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ANTHONY		ID No. NIL
Related Vehicle	SHD3648X (TAXI)		Contact No. 84333209
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED RAZUWAN BIN MOHAMED NOR		ID No. S1693489E
Related Vehicle	SHD3648X (TAXI)		Contact No. 96158246
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/10/2020 at about 2015hrs, I was driving my private hire vehicle bearing plate number SGF2824L along Supreme Court Lane. As I reached the junction at Coleman Street to turn right on the right lane, I stopped my vehicle before the stop line as the traffic light was red. Subsequently, I felt a knock at the rear of my vehicle and discovered that a taxi bearing plate number SHD3648X had just collided unto the middle portion of my car's rear boot. The taxi then reversed slightly. I exchanged particulars with the driver of the taxi and took down the name and contact details of the taxi's passengers. I am not sure if either of them had sustained an injury.

Damages are as follow:

SGF2824L - Scratches and dents on the rear boot

SHD3648X - Right headlight cracked and some scratches on the front right portion

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201003/2054

3 of 4

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

298A SINGAPORE 140111

Tel No: 1800-4749999

Report No. T/20201003/2054

CONTINUATION OF REPORT

No government property was damaged. I had gone to receive treatment for back and neck pain and received 3 days of MC from 03/10/2020 to 05/10/2020.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201003/2054

4 of 4

Report No. T/20201003/2054

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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: D / Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID	Signature Of Informant: Sach
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2020 14:21
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: SN 50
Authentication Stamp NP108	

Accident Photo



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport
/Company Cert
No.: 53379062W

Owner ID Type: Business

Owner Name: 87 LEASING

Registered
Address: 206 JALAN EUNOS #01-56 EUHABITAT SINGAPORE 419547

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: SGF2824L

Previous Vehicle
No.: -

Effective Date of
Ownership: 02 Dec 2019

Original Regn Date: 06 Apr 2006

Registration Date: 06 Apr 2006

Year of
Manufacture: 2006

Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover

Vehicle Scheme: -

Vehicle
Attachment 1: No Attachment

Vehicle
Attachment 2: -

Vehicle
Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: PICNIC AUTO

Primary Colour: Silver

Secondary Colour: -

Passenger
Capacity: 6

Chassis No.: JTEGH23B200021573

Engine No.: 1AZ5378681

Engine Capacity
/Power Rating: 1998 cc / -

Maximum Power
Output: 110.0 kW (147 bhp)

Propellant: Petrol

Max Unladen Weight:	1470 kg
Maximum Laden Weight:	2165 kg
Open Market Value:	\$26,212.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	3
IU Label No.:	1120022750
COE No.:	2006040103001840K
COE Expiry Date:	05 Apr 2021
COE Category:	B - Car (1601cc & above)
COE Registration Category:	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium:	\$13,556.00 / -
PQP Paid:	\$23,725.00
QP (Regn Cat):	\$13,556.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$13,556.00
Additional Registration Fee Rate:	110.00 %
Actual ARF Paid:	\$28,834.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	The vehicle will be de-registered upon expiry of its 5-year COE on 05 Apr 2021. No further renewal will be allowed. This is a public service vehicle.

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: 5110751842-000012

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SGF2824L
 Chassis Number : JTEGH23B200021573
2. Name of Policyholder : 87 LEASING
3. Effective Date of Insurance : 29 Nov 2019
4. Expiry Date of Insurance : 28 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ACE AUTOMOBILE PTE. LTD. (00000615425)

Date of Issue : 27 Jun 2019 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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

Print Date/Time : 05 Oct 2020 / 15:58:15

Receipt Date/Time : 05 Oct 2020 / 15:58:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201005-002629

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3648X (SGF 2824L). As at 02 Oct 2020/20:15:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHD3648X Enquiry Fee 20201005155607003205	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
558860XXXXXX0663		eNETS Credit Card		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.

