张景祥大律师楼

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676 / 5688
ROC: 201512228C GST Reg No.: 201512228C Email: KSTEO2@singnet.com.sg
(FAX NOT FOR SERVICE OF COURT DOCUMENTS)

Secretary in charge: Shirley
Tel : 6333 4222 (ext 59)
Fax : 6333 5676/6333 5688
Email : shirley.loh@ksteopte.com

Our Ref : TKSF/E482-ACC-440/ 5.20/sl (mc)
Your Ref : SHA 3011 Z
Date : 28 October 2020

To: **India International Insurance Pte Ltd**
64 Cecil Street
#04-05 IOB Building
Singapore 049711
Attn: Motor Claim Dept

WITHOUT PREJUDICE
BY EMAIL

cc: **Comfort Transportation Pte Ltd**
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF POSTING
(For your information only)

Dear Sirs,

RE: ACCIDENT INVOLVING SLR 5195 B / SHA 3011 Z ON 17/10/20 ALONG BLK 159 ANG MO KIO AVE 4 OPEN SPACE CARPARK

We are instructed by **Chou Choon Lock** to claim damages against you in connection with a road accident **ON 17/10/20 ALONG BLK 159 ANG MO KIO AVE 4 OPEN SPACE CARPARK** involving our client's motor vehicle registration number **CLIENT'S SLR 5195 B** and motor vehicle registration number **DEFENDANT'S SHA 3011 Z** driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

• Cost of Repair	$ 3,600.00
• Pre Repair fees ($120 x 2 days)	$ 240.00
• Loss of Use ($120 x 5 days)	$ 600.00
• Surveyor report fee	$ 334.00
• LTA search fee	$ 36.49
• Costs incl. GST	$ 856.00
Total	**$ 5,666.49**

Teo Keng Siang
LL.M (Singapore),
LL.M (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Hertfordshire

张景祥大律師楼
(律师事务公司及宣誓官)

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676 / 5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/E482-ACC-44015.20/sl (mc)
Your Ref : SHA 3011 Z
Date : 28 October 2020

Secretary in charge: Shirley
Tel : 6333 4222 (ext 59)
Fax : 6333 5676/6333 5688
Email : shirley.loh@ksteoptr.com

A copy each of the following supporting documents is enclosed:
(Please note that the enclosures will only be given to insurance company)

- GIA report from **CLIENT'S SLR 5195 B**
- LTA search on **DEFENDANT'S SHA 3011 Z**
- Repairer's bill.
- Surveyor's report.
- Photographs of damage of **CLIENT'S SLR 5195 B** – 24 copies.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.
Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

Teo Keng Siang LLC
encs.

Teo Keng Siang
LL.M(Singapore).
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Excel Motor

Blk 5032 Ang Mo Kio Industrial Park 2 #01-297 S (569535)

H/p: 9619 0161 C. K Tan (Ah Kao)

Date: 26 October 2020

Chew Chuen Lock

Blk 105 Ang Mo Kio Avenue 4

#03-205

Singapore 560105

FINAL REPAIR COSTS

SLR 5195 B

HONDA HRV

Contract: Lump Sum Cost of Repair $3,600.00 NETT

DOLLARS THREE THOUSAND AND SIX HUNDRED ONLY

APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road Noel Building #04-01 Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

TAX INVOICE

Tax Invoice No	**VP 2020-00527**
Tax Invoice Date	**23-Oct-20**
Terms	**30 Days**
Due Date	**22-Nov-20**

Excel Motor
Blk 5032 Ang Mo Kio Industrial Park 2 #01-297
Singapore 569535

Claim Type	: **Third Party Claim**	**Date of Accident**	: **17/10/2020**
Your Reference No.	: **PLS ADVISED**	**Report Date**	: **22/10/2020**
Survey Vehicle No	: **SLR5195B**	**Submit Date**	: **22/10/2020**
		Our Reference No	: **VPA-2020/00423**

Description	Amount (S$)
Survey fee	$250.00
Photograph	$24.00
Transport	$60.00
SGD	$334.00

Cheque payment is preferred and should be made to

Name	: ***Appraisal VP Pte Ltd***
Mailing Address	: ***50 PlayFair Road Noel Building #04-01 Singapore 367995***

Alternatively, Giro or EFT payment should be made to:

Beneficiary Name	: ***Appraisal VP Pte Ltd***
Beneficiary Account No	: **288 901151 0**
Beneficiary Company Address	: 50 PlayFair Road Noel Building #04-01 Singapore 367995
Bank	: DBS
Bank Code	: 7171
Bank Address	: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Center Tower 3, Singapore 018982
Branch Name	: DBS, MBFC
Branch Code	: 288
Swift Code	: DBSSSGSG

*** Fees are due upon receipt of invoices as per our Terms and Conditions.*

APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

VEHICLE DAMAGE ASSESSMENT REPORT

To: **Choo Choon Lock**
Excel Motor
Blk 5032 #01-297
Ang Mo Kio Industrial Park 2
Singapore 569535

REFERENCES

Appraisal VP Ref No	: **VPA-2020/00423**	Date of Report	: **22/10/2020**
Claim Type	: **Third Party Claim**	Date of Request	: **20/10/2020**
Third party vehicle	: **SLR5195B**	Date of Accident	: **17/10/2020**
		Date of Inspection	: **20/10/2020**
Your Reference No	: **PLS ADVISED**		

DAMAGED VEHICAL PARTICULARS

Registration Plate No	: **SLR5195B**	Engine Modification	: **NIL**
Model / Make	: **HONDA HRV**	Pre-accident damage	: **NIL**
Colour	: **BLUE**	General Condition	: **Good**
Manufacturing Year	: **12/08/2017**	General Paint Work	: **Good**
Engine No	: **L15B4532405**	Steering	: **Serviceable**
Engine Capacity	: **1496 CC**	Handbrake	: **Serviceable**
Chassis No	: **JHMRU1830GX202405**	Footbrake	: **Serviceable**
Odometer No	: **064272**		
Transmission	: **AUTO**		

TYRES CONDITION

Front Right	: **6mm**	Rear Left	: **6mm**
Make	: **DUNLOP**	Make	: **DUNLOP**
Size	: **215/60R16**	Size	: **215/60R16**
Front Left	: **6mm**	Rear Right	: **6mm**
Make	: **DUNLOP**	Make	: **DUNLOP**
Size	: **215/60R16**	Size	: **215/60R16**

VEHICAL REPAIR COST

Descriptions	***Repairer (S$)***	***Difference (S$)***	***Adjuster (S$)***
Parts	2,496.42	300.58	2,195.84
Labour	3,490.00	1,210.00	2,280.00
Calculated Cost (S$) :	5,986.42	1,510.58	4,475.84

Recommended Lump Sum Cost (S$)	: **3,600.00**
Estimate Repair Duration	: **5 days**
Survery Inspection At	: Excel Motor
Survery Inspection Address	: Blk 5032 #01-297 Ang Mo Kio Industrial Park 2

APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

ANNEX A

VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : **VPA-2020/00423**
Vehicle No : **SLR5195B**
Workshop **Excel Motor**

List of Damaged Parts

S/No	Qty	Description	Condition	Repairer's Amount (S$)	Adjuster's Amount (S$)
1	1	Rear bumper	Dented	777.90	777.90
2	8	Rear bumper clips	Necessary	13.80	13.80
3	1	Rear bumper side retainer lh	Necessary	17.20	17.20
4	1	Rear bumper side retainer rh	Necessary	17.20	17.20
5	1	Rear bumper corner rh	Not necessary	94.10	0.00
6	1	Rear fender rh	Dented	460.72	460.72
7	1	Rear fender wheel arch	Scrtaches	175.50	175.50
8	1	Rear fender wheel arch clips	Necessary	76.80	76.80
9	1	Rear wheel bearing rh	Malfunction	320.40	320.40
10	1	Wheel aluminium	Scrtaches	721.60	721.60
			Sub Total	2,675.22	2,581.12
			Less 25%	668.81	645.28
			Total	**2,006.42**	**1,935.84**

Special Nett Items

S/No	Qty	Description	Condition	Repairer's Amount (S$)	Adjuster's Amount (S$)
1	1	Tyre 215/60R16	Not necessary	180.00	0.00
2	1 set	Reverse sensor	Malfucntion	250.00	200.00
3	1	Windscreen sealant	Necessary	60.00	60.00
			Sub Total	490.00	260.00
			Total	**490.00**	**260.00**

FINAL TOTAL	**2,496.42**	**2,195.84**

APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

ANNEX B

VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : **VPA-2020/00423**
Vehicle No : **SLR5195B**
Workshop **Excel Motor**

Labour Details

S/No	Description	Repairer's Amount (S$)	Adjuster's Amount (S$)
1	Sundries	50.00	20.00
2	To spray paint on affected area	1,200.00	800.00
3	To check wiring	60.00	40.00
4	To apply undercoating for rust proffing	100.00	60.00
5	To dismatle, replace and / or repair reverse sensor & testing	150.00	60.00
6	To remove and refit rear windscreen	150.00	120.00
7	To remove and refit undercarriage	400.00	200.00
8	X4 Wheel alignment	180.00	180.00
9	Cut & renew rr r fender, straighten inner panel	1,200.00	800.00
	Total Labour	**3,490.00**	**2,280.00**

ANNEX C

Repair Cost

S/No	Description	Repairer's Amount (S$)	Adjuster's Amount (S$)
1	Total Part Cost	2,496.42	2,195.84
2	Total Repair and Labour Cost	3,490.00	2,280.00
	Total Repair Cost	**5,986.42**	**4,475.84**

Adjusted Repair Cost (Lump Sum Repair)	**$3,600.00**

APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : **VPA-2020/00423**
Vehicle No : **SLR5195B**

ACCIDENT BRIEF

From documents sighted, the Insured's vehicle and Third Party's vehicle were involved in a change/cross collision.

On site survey inspection revealed that the damage noted are consistent with the accident as reported.

Damage at the rear bumper, rear fender rh, rear wheel bearing rh, and etc.

ADVICE

Excel motor submitted the estimate report cost of $5,986.42, we have adjusted the repair cost to $4,475.84. We recommend the repair cost on a Lump sum basis of $3,600.00.

The repairs would require a period of 05 working days.

We are pleased to submit our inspection survey report and photographs for your kind attention.
All survey and inspection work was carried out to the best of our ability, knowledge and experience.

Jaclyn

Jaclyn Loh
Appraiser
Appraisal VP Pte Ltd


HONDA MOTOR CO., LTD. JAPAN


HONDA MOTOR CO., LTD. JAPAN


SLR5195B


SLR5195B

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	17/10/2020 13:51
Date Of Accident	17/10/2020 09:25
Exact Location Of Accident	BLK 159 ANG MO KIO AVENUE 4 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5195B
Insured/Policyholder	
Name Of Registered Owner	CHOO CHOON LOCK
NRIC No	SXXXX7168
Email Address	CHOOCHOONLOCK9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91798773
Alternative Phone No	OFFICE-91798773
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5LX CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118574230
Cover Note Number	
Driver	
Name of Driver	CHOO CHOON LOCK
NRIC No	SXXXX7168
Date Of Birth	18/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91798773
Fax Number	
Contact Number	OFFICE-91798773
EMail Address	CHOOCHOONLOCK9@GMAIL.COM

Address	BLK 105 #03-206 ANG MO KIO AVENUE 4 SINGAPORE KEBUN BARU HEIGHTS
Postcode	560105
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	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Occupation	OUTDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 91738773
Fax Number	
Contact Number	OFFICE-91738773
EMail Address	CHOOCHOONLOCK9@GMAIL.COM

Address	BLK 105 #03-205 ANG MO KIO AVENUE 4 SINGAPORE KEBUN BARU HEIGHTS
Postcode	560105
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	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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 TO ATTACHED. REMARKS:TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WILL SEND TO NPUC
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SHA3011Z
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

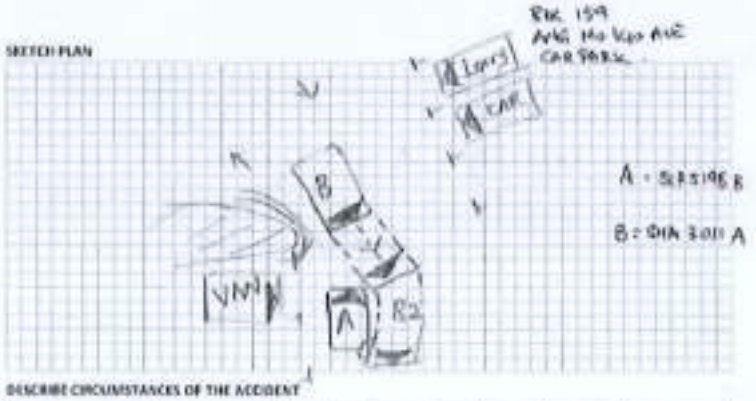
Sketch Plan Pg. 1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3011Z
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Vehicle A heading to exit Car park at Blk 159 Ang Mo Kio Ave 4

Suddenly Vehicle B came from the different direction and very near to my lane.
So, I stationery to give way, but Vehicle B cut into my Lane and damages my rear

I have video footage to attach to claim him.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/01/2020

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

DECLARATION

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

Policyholder's Signature
Date & Time: 8/6/2018

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

4/16

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 His 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 Gift 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 insurers, 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 processed 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 by being about on the envelope or cover of envelope/mail package); 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 risk assessment 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 & Time: 8/6/2018

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

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

Accident Photo

income

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: 5124574230

Cover : drivo CLASSIC

1 Index mark and Registration Number of Vehicle : SJR5195B
Chassis Number : JHMRU1830GK202405
2 Name of Policyholder : CHOO CHOON LOCK
3 Effective Date of Insurance : 12 Aug 2020
4 Expiry Date of Insurance : 10 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
   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 Insured's business.

This Policy does not cover
   (a) Use for racing, pace-making, reliability trial or speed-testing.
   (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
   (c) Use for any purpose in connection with the Motor Trade.
   # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1)	: S$2,000
EXCESS (SECTION 2)	: S$1,000
WINDSCREEN EXCESS	: S$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHOO CHOON LOCK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A

FOR PURPOSE OF CLAIM

CLE AT TIME OF LOSS

the provisions of the Motor
port Act, 1987 (Malaysia)

Land Transport Authority

Enquire Vehicle Owner Details (As At 17 Oct 2020 / 09:25:00)

Vehicle Owner Details

Owner ID Type:
Company

Owner ID:
199303821R

Owner Name:
COMFORT TRANSPORTATION PTE LTD

Registered Address Type:
Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Blk/House No:
393

Registered Street Name:
SIN MING DRIVE

Registered Unit No.
-

Registered Building Name:
GAS BUILDING

Registered Postal Code:
575717

Vehicle Insurance Details

Vehicle No:
SHA3011Z

Make Description/Model:
HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:
INDIA INT'L INS PTE LTD

Printed on 20 Oct 2020 10:46:59

Land Transport Authority

Enquire Vehicle's Insurance Particulars (As At 17 Oct 2020 / 09:25:00)

Vehicle No:

SHA3011Y

Make Description/Model

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

INDIA INTL INS PTE LTD

Business Transaction Reference No:

20201019165455575825

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Transaction History

Transaction History Details

Log Date/Time:	19 Oct 2020 / 16:54:55		
Asset Type:	Vehicle	Transaction Amount:	$7.49
Asset ID:	SHA3011Z		
Transaction Type:	19 19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	FTKSCJJ1 - CHAN JING JING	Business Transaction Reference No.:	20201019165455970805

As at Date of Search:	17 Oct 2020
As at Time:	09:25:00
Vehicle No.:	SHA3011Z
Search Reason:	-
Date of Filing:	
Suit No.:	-
Law Firm Case No.:	-

Information displayed is correct as at the log date and time.

Enquire Related Logs Back to List