## **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: 30.11.2020

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: SMQ 3306E / GBB 9875Z ON 31.10.2020

We are the authorized repair workshop for the owner of motor vehicle no: SMQ~3306E, which was involved in the captioned accident with your insured vehicle no: GBB~9875Z. 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.

		\$	6,286.00
3)	GIA Search Fee	\$	2.00
,	Loss of Rental	\$	720.00
1)	Cost of Repair (inclusive of GST)	\$	5,564.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) GIA Search Result

e) GIA Report

g) I/C & Driving Licence

i) Vehicle Registration Log Card

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) Police Report

h) Insurance Certificate

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: 22059

Date

:30.11.2020

Vehicle No

:SMQ 3306E

Make/Model : TOYOTA WISH

Chassis/Eng# :

Accident Date :31.10.2020

Claim No

: 1120 -22059

Reference Policy No

Amount

To proceed on lump sum repair

S\$

5200.00

E. & O. E.

Total: S\$

5200.00

GST @ 7% : S\$

364.00

Amount Due: \$\$

5564.00

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: LIM AH CHUAN

Invoice

: DCR-2020-11-09

Date : 04.11.2020

Agreement No: 21497

Payment Terms: LOD

**DESCRIPTION** 

**AMOUNT** 

Rental charges for vehicle: SGW 3601S ( 1120-22059 )

720.00

Rental Period from 31.10.2020 to

04.11.2020

E. & O. E.

Total \$ 720.00

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. 21497

Name Lim Ah	Chuan (Lin Ya	auan )	REG. No. MAK	REG. No. MAKE MODEL:			
ADDRESS	become lighte to setaure con way contrary to law.	yem stalled and damw to n	SGW 3601S DIE	SEL PETROL	E 1/4 1/2 3/4		
sestion mile bus? office	_		KM IN	DATE & TIME IN	(2) II ATMAA		
	AL DES HORS HE REMERS HEAT	e buder this agreement and s	KM	DATE & TIME OUT			
el value and shall bear	ion of clause 2(c), of this Agr with a similar vehicle of equ	ed under the foregoing provide re same at his own expense	KM	31.10.2020 (	3.30pm		
NAMED DRIVER	be out or exposed.	rich the Owner may incut or	DRIVEN	eaffanag ig earli stees			
DRIVING LICENCE NO	DATE OF EXPIRY	clases of the Republic of Sing	n.eustody and control and not light in the Mariete cost of the	ot to whole will a	(c) Kee		
S-1227942 E	DATE OF EXPIRY	PLACE OF ISSUE	HOURS	@S\$			
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	L DAYS	@ss  80.00	#720.00		
ADD NAMED DRIVER	Literito no estrate dell'i vievo	to one solidey and of aguing	WEEKS	@S\$	sm 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	MONTHS	@S\$	LA SAT		
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, RENTER	g earl onwinualso vrus	Vd. (8)		
			AGREES TO PAY ADD FEE FOR COLLISION DAMAGES	SOD-TOTAL	o) (d)		
IMPORTANT NOTES: This vehicle is licenced to carry 04 par	ssengers only.		WAIVER (C.D.W.)		(I) (0)		
No refund will be given for vehicle re No refund will be given for period left	turns early, t in vehicle,		influence of slocked or dailes	TOTAL RENTAL	# 720.00		
Hirer is liable to pay all parking fee an Vehicle return during office hour only	<i>t</i> .		ning by retaiong possession 3 & 4 of this Agraement.	DELIVERY FEE			
No service on Public Holiday and Sund Geographical areas: Singapore & Wes Driver must be:			the Hirer shall take due batch derence with spare parts and	COLLECTION FEE	G. Dunnga		
a) 18 years old and above.     b) Holding a valid relevant class of dri	ving license.		s at current value in Si X		1801 10		
The vehicle is strictly to be driven by t The hirer is not allowed to sub-let the	the person to whom it is hired to and the addit evehicle to another party and subletting is not	ional driver named in the agreement. covered.	PER DAY PER WEEK S				
ADDITIONAL CONDITIONS:			DV ISUTIALLUIG TOTAL	\$ ebds	ent vd		
*Section I - Used in S'pore Only: SGE *Section II - Used in S'pore Only: SGE *Section II - Used in S'pore Only: SGE	2000.00 *Section I - Used Outside S'pore:	SGD 4000.00	BY INITIALLING, RENTER AGREES TO PAY ADD FEE	dition thereof	co bng		
*W/screen Excess In S'pore : SGD 100.		: SGD 3000.00 : SGD 100.00	FOR PERSONAL ACCIDENT INSURANCE (P.A.I.)	y to async sitt to a partial to			
*Hirer must bear all costs to the dama	ges of the return vehicle.		for loss of or damages of the the venicle either before of a	dall ed ton llada ter	O entrophre		
*Section II - Used in S'pore Only: SGD  *Hirer must bear all costs to the dama *Section II - Used Outside S'pore: SG	ges of the return vehicle.		sell gunce of the owner.	demand of training to the state of the state	no Paol		
YOUNG AND INEXPERIENCE DRIV	/ER		PER DAY PER WEEK S	PER MONTH \$			
Hirer or any authorised driver who is a 18 month or less driving experience.	ge 22 years old (on the date accident) and belo	ow or possess			A BILL SI		
COMPREHENSIVE COVERED EXCE *Section I - Used in S'pore Only : SGD		The Control of the Co	PREPAYMENT	TOTAL CHARGE	n ilans		
*Section II - Used in S'pore Only: SGD *W/screen Excess In S'pore: SGD 100.0	6000.00 *Section II - Used Outside S'pore :	SGD 12,000.00	CHECK	DEPOSIT	SWIGHT.		
THIRD PARTY COVERED EXCESS:			CASH .	geemant.			
*Hirer must bear all costs to the damag *Section II - Used in S'pore Only: SGD *Hirer must bear all costs to the damag	6000.00		RECEIPT NO.	NETT CHARGE	(5. Where		
*Section II - Used Outside S'pore : SGE	0 12,000.00		part (nereot.	heve bas inemesso.	of this		
Hirer is responsible for any costs to the THIRD PARTY DAMAGE / INJURY claims.				n Owner not being the lifty resudption files.	7 (a) 3r		
THIRD PARTY DAIWAGE / INJURY Claims.			AMOUNT DUE / REFUND	he Hirse hereby agrees			
HAVE READ THE TERMS	S AND CONDITIONS ON BOT MENT AND AGREE THEREO	H SIDES	whole contract inside provided for an angular to be or an anguements that may have be the Agraement shall be valid or broat				
DI THIS RENTAL AGREEM	WENT AND AGREE THEREO						
SIGNED BY THE PARTIES I	HERETO ON THE	be liable to pay siturpair or	DAY OF	d Hist talks to observe	18. Show		
	of to the said Agri ment and						
	interest calculated bee daily		uch unpeid anital or tental at the ra				
X			i i				
DYN	NAMIC CAR RENTAL		BENTER'S/I	DRIVER'S SIGNAT	TIDE		



#### 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

## Third Party Insurer Enquiry

Our Ref No:

GR-20-133450

Date of Request:

31/10/2020

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** 

31/10/2020

F quiry By

Jason Tang Jun Zhong

Vehicle No.

GBB9875Z

**Accident Date** 

31/10/2020

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB9875Z	NTUC Income Insurance Co-operative Ltd	09/12/2019-08/12/2020	
GBB9875Z /	China Taiping Insurance (Singapore) Pte. Ltd.	05/08/2020-04/08/2021	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.

This is a computer generated document and requires no signature.



#### 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-20-133450

Date of Request:

31/10/2020

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** 

31/10/2020

quiry By

Jason Tang Jun Zhong

∀ehicle No.

GBB9875Z

Accident Date

31/10/2020

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:

Data:

[X] GIRO [] Cash [] Cheque

DATE : 31.10.2020
TO: China Taiping Insurance (Singapore) He Ltd
RE: ACCIDENT INVOLVING VEHICLE NO. SMG 3306 E / GBB 98752
ALONG PIE Towards Tuas ( Before Adam Road )
on 31-10-2020
I/We, <u>lim Ah Chuan (Lin Yaduan)</u>
of (NRIC No./ROC No.) \$ \frac{1}{227942}E
of BIK 772 Bedok Reservoir View # 12-139 Singapore 470772
owner of vehicle no. SMQ 3306 E in consideration of M/s FASTECH AUTO  PTE LTD repairing my/our vehicle SMQ 3306 E at my/our instruction and hereby
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.
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:

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
PARTY STATES OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	02/11/2020 09:41
Date Of Accident	31/10/2020 14:20
Exact Location Of Accident	PIE TOWARDS TUAS(BEFORE ADAM ROAD)
Country/State of Loss	SINGAPORE
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ3306E
Insured/Policyholder	
Name Of Registered Owner	LIM AH CHUAN
NRIC No	SXXXX942E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97971316
Alternative Phone No	OTHERS-97971316
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA / WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114242059
Cover Note Number	
Driver	
Name of Driver	LIM AH CHUAN
NRIC No	SXXXX942E
Date Of Birth	13/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1992
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97971316
ax Number	
Daniela at Nicosale au	

OTHERS-97971316

**NOEMAIL** 

Address BLK 772 #12-139 BEDOK RESERVOIR VIEW

Postcode 470772

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : GRAB PASSENGER

2

4

GENDER: : MALE

Passenger 2 NAME: : GRAB PASSENGER

GENDER: : MALE

Passenger 3 NAME: : GRAB PASSENGER

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629 , **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-4439999 - **FAX NO**: 62444376

NO

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

AS PER POLICE REPORT No.T/2020110/2033;

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 GBB9875Z

Vehicle Make/Model/Colour NISSAN / URVAN 3.0 5MT ABS AB 5DR LWB PANEL

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE ALAGU PALANIAPPAN FXXXX812U

3	
PARTICULAR TO A STATE OF THE S	DETAILS OF INJURED PERSON 1
Name	LIM AH CHUAN
Approximate Age	48
Injuries Sustain	
Injured person in which vehicle?	SMQ3306E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 772 #12-139 BEDOK RESERVOIR VIEW
Postcode	470772

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GiA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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Policyholder's Signature Date & Time: Driver'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

	manager by and the green's angroup - by - manager and and and a second	
	A) SM@ 3	306E
	B) 688 98	71-52
	8	
ESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT	
On 31 · 10 · 2020	0 at about 2-20 pm. I was travelling along PIE	Tomords
Tuas ( Before Ac	dam Road ) In front the Vehicle Slow down	ond
Stopped . I folk	lovy, Suddenly Yehicle 8 hit on my vehicle A.	
	V I I I I I I I I I I I I I I I I I I I	
The state of the s	IDAC KAKI BUK	IT (VAC)
The state of the s	ticulars are true in every respect, 23 Kaki Bukit Ave	4#02-02
The state of the s	ticulars are true in every respect. 23 Kaki Bukit Ave. Singapore 41: 7 Tel: 67416697 Fax:	4#02-02 5933 6749230
e declare the foregoing part	ticulars are true in every respect.  23 Kaki Bukit Ave Singapore 41: Tel: 67416697 Fax: Email: vackbelvice	4#02-02 5933 6749230
e declare the foregoing part  (yholder's Signature	ticulars are true in every respect.  23 Kaki Bukit Ave Singapore 41: Tel: 67416697 Fax: Email: vackb@vico  Driver's Signature Reporting Centre Personne's S	4 #02-02 5933 6749230 m.com.sg
CLARATION  e declare the foregoing part  :yholder's Signature :& Time:	ticulars are true in every respect.  23 Kaki Bukit Ave. Singapore 41: Tel: 67416697 Fax: Email: vackb@vice	4 #02-02 5933 6749230 m.com.sg



## SINGAPORE POLICE FORCE

Police Station Of Origin. Euros Npp 629 Bedok Reservoir Road #01-1620 SINGAPORE 470829 Tel No: 1800-4439899

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 01/11/2020 13:26

Vide Report No.

Station Diary No.

Report No. 1/20201101/2053

1014

11

Informant's Particu Name of Informant

LIM AH CHUAN

Address

772 BEDOK RESERVOIR VIEW #12-139 SINGAPORE 470772 Contact No.

Home/Office Email:

Mobile: 97971316

ID Type / ID No. NRIC NO / \$7227942E SINGAPORE CITIZEN

Age:

Date of Birth

Type of Informant

Language

Institution / School Name

Race.

Sex

Chinese Occupation: GRAB DRIVER Chinese

Driving Licence Information: Class: 2B,2A,3,4,5

Date of Expiry:

General information of the Accident

Type of Accident: Injury Others **Drink** Drive: No

Road Surface:

Traffic Control:

Not Controlled

Date/Time of Accident: 31/10/2020 14:20 Type of Location: Straight Road

PAN-ISLAND EXPRESSWAY

Weather Raining

Traffic Flow One Way

Type of Collision:

Between Moving Vehicles - Head To Rear

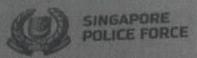
Road Speed Limit:

Traffic Volume Moderate

Anyone conveyed by ambulance:

No

Details of V		Make	Model	Color	Condition	No of Passenge
Vehicle No. GBB9875Z	Van	NISSAN	URVAN 3.0 5MT ABS AB 5DR LWB PANEL	White	Slightly Damaged	0
SMQ3306E	Car	ТОУОТА	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR	Black	Slightly Damaged	3



Police Station Of Origin: Eunos NFF 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No. 1800-4439999



2 of 4 Report No. T/20201101/2033

#### CONTINUATION OF REPORT

	Insurance No	Effective	Expiry Date
NTUC Income Insurance Co-Operative	The second secon	27/11/2019	25/12/2020

Details of Perso Any Pedestrian I					
No. of Pedestrian		Use of Pede	estrian C	rossii	ng: NA
Driver					
Name	ALAGU PALANIAPPAN		ID No.		F8154812U
Related Vehicle	GB89875Z (Van)		Contact	No.	0
Hospital/Clinic	NIL		Class of Driving Licence Expiry (	8	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver					
Name	LIM AH CHUAN		ID No.		S7227942E
Related Vehicle	SMQ3306E (Car)		Contac	t No.	97971316
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licence Expiry	e &	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	31/10/2020	Date Disc	harge	31/1	0/2020
	ed Medical Leave 04	Degree o	Injury	Slig	http://www.news.com/

#### Brief Details.

On the 31st of October 2020, at around 1420hrs, I was travelling along PIE towards Tuas in my vehicle bearing registration no SMQ3306E. When I was reaching the exit before Adam Road, the traffic came to a stop and I stopped my vehicle as well. All of a sudden, I felt an impact coming from the rear of my vehicle and discovered that another van bearing registration no.GBB9875Z

Both parties alighted and exchanged particulars as well as take photos of the damages. My vehicle suffered a huge dent at the rear but was still able to be driven afterwards.

I went to see a doctor at Mount Alvernia as I felt screness in my neck and waist area and was given a 04 days MC.



Police Station Of Origin Euros NPP 829 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No. 1800-4439999 1/2020510173030

Pulport to Transaction 1/2033

CONTINUATION OF REPORT



Poice Station Of Origin Euros NPP 029 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4438990 THE REPORT OF THE PARTY.

4 of 4 History No. Transport strations

CONTINUATION OF REPORT

Shotch 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

Sgt 3 ANDERITTE LIM JIN CUN

Signature Of Interpreter. Not applicable

Officer in Charge Of Case TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No. 65476219

Authentication Stamp

Signature Of Informant

1

Date/Time: 01/11/2020 13 26

Classification Of Case





# Certificate of Insurance

Cover : drive CLASSIC MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 MOTOR VEHICLES (THIRD PARTY REXS) RULES, 1959 (MALAYSIA) ROAD TRANSFORT (AMENDMENT) ACT, 2018 (MALAYSIA) REDAD THANSPORT ACT, 1987 [MALAYSIA]

1. Index mark and Registration Number of Vehicle Certificate Number: 5114242059

Chassis Number

UM AH CHUAN ZGE206019485 27 Nov 2019 25 Nov 2020

SAKQ3306E

Effective Date of Insurance

Name of Policyholder

5. Persons or Classes of Persons entitled to drive# 4. Expiry Date of Insurance

(a) The Policyholder.

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 (b) Any other person who is driving on the Policyholder's order or with his/her permission.

enactment or regulation in that behalf from driving the Motor Vehicle. Limitations as to Uself 3

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(b) Use for the carriage of goods (other than samples) in connection with any trade or business. (a) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for any purpose in connection with the Motor Trade.

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

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HONG LEONG FINANCE LIMITED PLEASE REFER OVERLEAF LIM AH CHUAN \$\$2,000 551,500 5\$100 ON REPAIR AT OWNER'S PREFERRED WORKSHOP HIRE PURCHASE COMPANY UNNAMED DRIVER EXCESS TRANSPORT ALLOWANCE WINDSCREEN EXCESS ADDITIONAL EXCESS EXCESS (SECTION 1) EXCESS (SECTION 2) NAMED DRIVER (1) NAMED DRIVER (2) INSURE WITH COE NCD PROTECTION PRIMARY DRIVER EXCESS WAIVER

JAMe 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)

SUM INSURED

Date of Issue Agency

希点 存 女 本 人 在 康 公 町 TECK WEI CREDIT PTE LTD

TECK WEI CREDIT PTE, LTD. (00000572499) : 22 Nov 2019 17:02 hrs

FOR NEUC INCOME INSURANCE CO. OPERATIVE LIMITED

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	942E
Vehicle No.:	SMQ3306E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ZR1500182
Chassis No.:	ZGE206019485
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$17,075.00
Original Registration Date:	26 Jun 2015
First Registration Date:	26 Jun 2015
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$12,075.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jun 2025
PARF Rebate Amount: Intended COE Rebate Details	\$8,452.00
COE Expiry Date:	25 Jun 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$71,509.00
COE Rebate Amount:	\$33,231.00
Total Rebate Amount:	\$41,683.00

The information contained herein is correct as at 02 Nov 2020