

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 : 01.02.2021

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 : SJX 8814X / SMU 8071C ON.20.11.2020

We are the authorized repair workshop for the owner of motor vehicle no: **SJX 8814X**, which was involved in the captioned accident with your insured vehicle no: **SMU 8071C**. 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.

1) Cost of Repair (inclusive of GST)	\$ 7,490.00
2) Loss of Use (5 day X 1 Sunday X \$ 60)	\$ 360.00
3) Towing Fee	\$ 120.00
4) GIA Search Fee	\$ 2.00
	<u>\$ 7,972.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|----------------------------------|-------------------------------|
| a) Final Repair Invoice | b) Towing Bill |
| c) GIA Search Result | d) Letter Authorisation , etc |
| e) GIA Report | f) Police Report |
| g) I/C & Driving License | h) Insurance Certificate |
| i) Vehicle Registration Log Card | |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,



Jason Tang (jason@fastechauto.com.sg)

For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 22105

Date : 01.02.2021

Vehicle No : SJX 8814X

Make/Model : Kia Cerato Forte

Chassis/Eng# :

Accident Date : 20.11.2020

Claim No :

Reference : 1120 -22105

Policy No :

Amount

To proceed on lump sum repair

S\$

7000.00

E. & O. E.

Total : S\$

7000.00

GST @ 7% : S\$

490.00

Amount Due : S\$

7490.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Email: peoplevehicle@gmail.com

Reg No: 200415052W



Date: 20/11/20

CASH SALE/WORK ORDER No: PB 2443

寶號: Cash (Kia) Fastech Auto
Messrs: SJX 8814 X
車號: SJX 8814 X
Vehicle No: Model No: KIA

由: Seletar Road
到: Auto Bay
To: PAID

其他:
Remark:
時間: 20:20-21:30
Time: AMOUNT: \$ 120

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人: Seng / 0343
Authorised by: Received by:

- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☒ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)



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-20-145003

Date of Request: 23/11/2020

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 23/11/2020

Enquiry By Tang Kok Wee, Allan

Vehicle No. SMU8071C

Accident Date 20/11/2020

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:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**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-20-145003

Date of Request: 23/11/2020

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 23/11/2020
Enquiry By Tang Kok Wee, Allan
☐ Vehicle No. SMU8071C
Accident Date 20/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMU8071C	China Taiping Insurance (Singapore) Pte. Ltd.	08/10/2020-07/10/2021	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.

DATE : 20.11.2020

TO : China Taiping Insurance (Singapore) Pte. Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. SJX8814X / SMU8071C

ALONG 331 Yio Chu Kang RD

ON 20.11.2020

I/We, Rajasegaran S/o Ramachandran
of (NRIC No./ROC No.) S8408643F
of Blk 641 Hougang Avenue 8 #09-175 Singapore 530641
owner of vehicle no. SJX8814X in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SJX8814X 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 :  X

Name of Owner : Rajasegaran S/o Ramachandran

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	23/11/2020 11:03
Date Of Accident	20/11/2020 19:25
Exact Location Of Accident	331 YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8814X
Insured/Policyholder	
Name Of Registered Owner	RAJASEGARAN S/O RAMACHANDRAN
NRIC No	S8408643F
Email Address	RAJASEGARAN84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83325019
Alternative Phone No	OTHERS-83325019

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE

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 REPORTING ONLY

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	5066298365-06
Cover Note Number	

Driver

Name of Driver	RAJASEGARAN S/O RAMACHANDRAN
NRIC No	S8408643F
Date Of Birth	19/03/1984
Occupation	INDOOR
Date Of Driving Pass	06/01/2011
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-83325019
Fax Number	
Contact Number	OTHERS-83325019
EMail Address	RAJASEGARAN84@HOTMAIL.COM

Address	BLK 641 #09-175 HOUGANG AVENUE 8
Postcode	530641
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	SIDE SWIPE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : LALITHA GENDER: : FEMALE
Passenger 2	NAME: : RITESH LAVIN GENDER: : MALE
Passenger 3	NAME: : RESHANA DIYA GENDER: : FEMALE

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

Was moving straight and slowing at the traffic light suddenly lane from right to left and hit my at the right back hand tyre & door.

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	SMU8071C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LALITHA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJX8814X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RESHANA DIYA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJX8814X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
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 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.
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.

Singapore

21-11-2020 02:33:51 AM

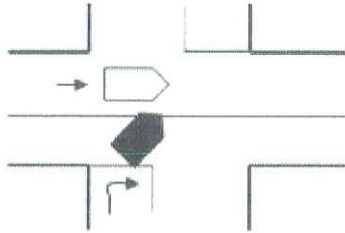
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting
Centre Personnel

Sketch Plan #2

Sketch Plan



Describe Circumstances of the Accident

□ SJX8814X

■ SMU8D71C

Was moving straight and slowing at the traffic light suddenly lane from right to left and hit my at the right back hand tyre & door.

Declaration

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

Singapore

21-11-2020 02:33:51 AM

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting
Centre Personnel

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : SJX8814X
Name(as shown in NRIC): _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : 20/11/2020 Time of Accident : 19:25
Place of Accident : 331 Yio Chu Kang Rd
Insurance Company : NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Replaced Sketch Plan with a clearer display

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm



SINGAPORE POLICE FORCE



T/20201121/2080

1 of 4

Report No. T/20201121/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/11/2020 16:41

Vide Report No.:

Station Diary No.:
82

Informant's Particulars

Name of Informant:
RAJASEGARAN S/O
RAMACHANDRAN

Address:
APT BLK 641 HOUGANG AVENUE 8 #09-175 SINGAPORE
530641

ID Type / ID No.:
NRIC NO / S8408643F

Contact No.:
Home/Office: Mobile: 83325019

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 36 19/03/1984

Type of Informant:
Driver

Race:
Indian

Language:

Institution / School Name:

Occupation:
TECHNICIAN

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
20/11/2020 19:30

Type of Location:
Straight Road

Location:

YIO CHU KANG ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8814X	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Blue	Slightly Damaged	3
SMU8071C	Car					3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201121/2080

2 of 4

Report No. T/20201121/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX8814X	NTUC Income Insurance Co-Operative Limited	5066298365-06	21/07/2020	20/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LALITHA D/O JEYABALAN		ID No.	S8530131D
Related Vehicle	SJX8814X (Car)		Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2020		Date Discharge	20/11/2020
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	RAJASEGARAN S/O RAMACHANDRAN		ID No.	S8408643F
Related Vehicle	SJX8814X (Car)		Contact No.	83325019
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
Passenger				
Name	RESHANA DIYA RAJASEGARAN		ID No.	T1329061F
Related Vehicle	SJX8814X (Car)		Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2020		Date Discharge	20/11/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20201121/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20201121/2080

CONTINUATION OF REPORT

Driver			
Name	LOH SOK HOON HELEN		ID No. S7717834A
Related Vehicle	SMU8071C (Car)		Contact No. 84812257
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 20/11/2020 at about 1930hrs, I was driving along 331 Yio Chu Kang Road. Just as I was driving ahead, I felt an impact on the right side of my vehicle.

Upon further checking, it was discovered that one vehicle, SMU8071C, was driving on the right lane, and hit onto the side of my vehicle as she was trying to filter into the lane.

At that point of time, there was no one injured. There was no police or ambulance at scene.

Due to the accident, the right rear rims of my vehicle was damage and the right side of my vehicle was damage and dented as such I was required to towed my vehicle away. As for the other vehicle, I observed that there was no damage to it.

After the accident, my wife and one of the daughter felt discomfort and pain on the neck and thigh area respectively. My wife and daughter went to seek medical treatment and was given 2 days and 4 days of MC respectively.

There is in-built camera installed in the vehicle however it did not capture the incident however the other's in-built camera did capture the incident . After which, the driver texted me saying that it was her fault who caused the accident.



**SINGAPORE
POLICE FORCE**



T/20201121/2080

4 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20201121/2080

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:

F /

Sgt 3 PHUA JIA JUN, MARK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2020 16:41

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Signature

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8408643F



Name
RAJASEGARAN S/O RAMACHANDRAN
 ராஜாசேகரன்
 Race
INDIAN
 Date of birth
19-03-1984
 Country/Place of birth
SINGAPORE

Sex
M

S8408643F

For Insurance Reporting And Claim Purposes Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8408643F**
 Name
RAJASEGARAN S/O RAMACHANDRAN
 Birth Date **19 Mar 1984**
 Issue Date **13 Dec 2013**



002255848E

For Insurance Reporting And Claim Purposes Only

Signature

For Insurance Reporting And Claim Purposes Only

For Insurance Reporting And Claim Purposes Only

5290178



NRIC No. **S8408643F**



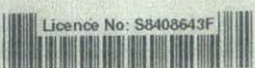
Date of issue
19-03-2014
APT BLK 641 HOUGANG AVENUE 8 #09-175 SINGAPORE 530641
 NRIC No. **S8408643F** Date **17/09/2018**

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	03 Sep 2007
Class 2A	Motorcycles between 201 cc and 400 cc	25 Nov 2008
Class 2	Motorcycles > 400 cc	17 Feb 2011
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	06 Jan 2011

NP 428A

Licence No: **S8408643F**



For Insurance Reporting And
Claim Purposes Only

Land Transport Auth

PDVL/TDVL
33 888 8888
255137



VOCATIONAL LICENCE
Licence No : S8408643F
Name : RAJASEGARAN S/O
RAMACHANDRAN

Please visit www.lta.gov.sg to check
the status of this vocational licence



For Insurance Reporting And
Claim Purposes Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	25/02/2016
03	BUS VL	05/07/2018
04	BUS ATTENDANT	05/07/2018



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: 5066298365-06

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJX8814X**
Chassis Number : KNAFU411MA5199394
2. Name of Policyholder : RAJASEGARAN S/O RAMACHANDRAN
3. Effective Date of Insurance : 21 Jul 2020
4. Expiry Date of Insurance : 20 Jul 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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: RAJASEGARAN S/O RAMACHANDRAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 23 Jun 2020 17:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 643F

Vehicle Details

Vehicle No.: SJX8814X
Vehicle to be Exported: No
Intended Deregistration Date: 23 Nov 2020
Vehicle Make: KIA
Vehicle Model: CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
Primary Colour: Blue
Manufacturing Year: 2010
Engine No.: G4FCAH361939
Chassis No.: KNAFU411MA5199394
Maximum Power Output: 92.7 kW (124 bhp)
Open Market Value: \$11,130.00
Original Registration Date: 21 Jul 2010
First Registration Date: 21 Jul 2010
Transfer Count: 2
Actual ARF Paid: \$11,130.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 20 Jul 2025
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$16,438.00
COE Rebate Amount: \$15,308.00
Total Rebate Amount: \$15,308.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Nov 2020

OK