

# 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 : 12.03.2021

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 : SGU 2594X / GT 2211G AND OTHER ON 22.01.2021

We are the authorized repair workshop for the owner of motor vehicle no: **SGU 2594X** , which was involved in the captioned accident with your insured vehicle no: **GT 2211G** . 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)	\$ 16,050.00
2) Loss of Use (10 days + 2 Sunday X \$100)	\$ 1,200.00
3) Towing Fee	\$ 60.00
4) LTA Search Fee	\$ 7.45
	<u>\$ 17,317.45</u>

We enclosed herewith the following documents to support the claims:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| a) Final Repair Invoice          | b) Towing Bill                     |
| c) LTA Search Result             | d) Letter of Authorisation, etc... |
| e) GIA Report                    | f) Police Report                   |
| g) I/C & Driving Licence         | 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 : 22207

Date : 12.03.2021

Vehicle No : SGU 2594X

Make/Model : TOYOTA ISIS 1.8A

Chassis/Eng# :

Accident Date : 22.01.2021

Claim No :

Reference : 0121 -22207

Policy No :

Amount

To proceed on lump sum repair

S\$

15000.00

E. & O. E.

Total : S\$

15000.00

GST @ 7% : S\$

1050.00

*Amount Due* : S\$

**16050.00**



for FASTECH AUTO PTE LTD

CASH SALES / WORK ORDER

**MENG RECOVERY SERVICES**

24 HOURS TOWING SERVICE

Blk 1062 Eunos Ave 4 #01-215 Eunos Industrial Estate  
Singapore 409796

**HOTLINE: 9129 1935**

NO. 9036

Date: 23. 01. 21

宝号 CASH

Messrs: \_\_\_\_\_

车号 SGU 2594x

Vehicle No: \_\_\_\_\_

车型 TOYOTA

Model No: \_\_\_\_\_

由 ANCHUR VALLE ST

From: \_\_\_\_\_

到 WJ

To: \_\_\_\_\_

时间(日/夜) 11.39 AM

Time (day/night): \_\_\_\_\_

司机 126

Driver: \_\_\_\_\_

其他

Others: \_\_\_\_\_

CASH \$: 60.00

☒ ACC

☐ M/S

☐ C/W

☐ D/W

注意: 本公对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。

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

Received Signature

for **MENG RECOVERY SERVICES**



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

Print Date/Time : 23 Jan 2021 / 11:29:26

Receipt Date/Time : 23 Jan 2021 / 11:29:26

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210123-000729

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 - GT2211G

As at 22 Jan 2021/17:00:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - GT2211G  
Enquiry Fee  
20210123112845739600

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

20210123112857261

Direct Debit: eNETS Debit  
(Internet Banking) 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

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

DATE : 13.01.2021

TO : China Taiping Insurance Pte Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. SGU 2594X / GT 2211G  
and other

ALONG TPE Twrds Jala Kayu (After Punggol Road Exit 9)

ON 22.01.2021

I/We, Ku Chi Fa

of (NRIC No./ROC No.) S 2766836D.

of 5 Rivervale Crescent #07-05 Singapore 545084

owner of vehicle no. SGU 2594X in consideration of M/s FASTECH AUTO  
PTE LTD repairing my/our vehicle SGU 2594X 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 : chi fa ku

Name of Owner : Ku Chi Fa

## 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 Submission	25/01/2021 13:22 (SGT)
Date of Accident	22/01/2021 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWRDS JALA KAYU(AFTER PUNGGOL ROAD EXIT 9)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU2594X
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KU CHI FA
Company Reg No	SXXXXX836D
Email Address	chifaku@gmail.com
Mobile Phone No	(Phone) +65-82682635
Alternative Phone No	+65-82682635

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / ISIS 1.8 A
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5020810632-13
Cover Note Number	-

### DRIVER

Name of Driver	KU CHI FA
Company Reg No	SXXXXX836D
Date Of Birth	13/01/1967
Occupation	Indoor

Date Of Driving Pass .....	07/04/2007
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82682635
Alt. Phone Number .....	+65-82682635
Email Address .....	chifaku@gmail.com
Address .....	5 RIVERVALE CRESCENT #07-05 RIVERVALE CREST
Address complement .....	-
Postcode .....	545084
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	AFTER RAIN/DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210212/7000;

#### 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 .....	GT2211G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	TOYOTA / TOYOACE 3.0 MANUAL
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-



Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SFK8766S
Vehicle Manufacturer .....	Chevrolet
Vehicle Model .....	CHEVROLET / CRUZE NB 1.4D 6AT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJY4366T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	HONDA / CIVIC 1.6 VTI CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SKE7373X
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	NISSAN / MURANO 2.5 CVT ABS D/AB 2WD 5DR GAS/D SR
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



# 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.

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

*Chit Ku*

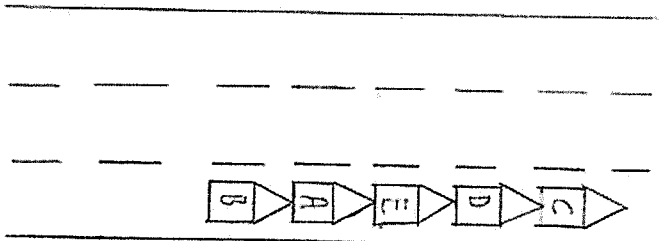
Policyholder's Signature / Date & Time

*Chit Ku*

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

Witnessed by Reporting Centre Personnel  
25 JAN 2021

Sketch Plan



A) 8GU 2594X

B) GT 2211G

C) SFL 8735S

D) SJY 4366T

E) SKE 3373X

**Describe Circumstances of the Accident**

On 22.01.2021 at about 5.47pm, I was travelling along TPE Towards  
 Jalan Kayu (After Ponggol Road Exit 9). The front Vehicle slow down and  
 stopped. I follow. Suddenly I felt an impact from my rear and my car move  
 forward and hit the front vehicle. I was involved in a 5 vehicles chain  
 collision.

**Declaration**

We declare the foregoing particulars are true in every respect.

Chirk Ku  
 Policyholder's Signature / Date &  
 Time

Chirk Ku  
 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: vac@vicom.com.sg  
 Witnessed by Reporting Centre  
 Personnel

25 JAN 2021



**SINGAPORE  
POLICE FORCE**



T/20210212/7000

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

1 of 3

Report No. T/20210212/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2021 00:37		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: KU CHI FA		Address: 5 RIVERVALE CRESCENT #07-05 SINGAPORE 545084		
ID Type / ID No.: NRIC NO / S2766836D		Contact No.: Home/Office: Mobile: 82682635		
Nationality: TAIWANESE		Email: CHIFAKU@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 13/01/1967	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Semi-conductor engineer		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/01/2021 17:40	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SGU2594X	Car	TOYOTA	ISIS+1.8+A	Silver	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210212/7000

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

2 of 3

Report No. T/20210212/7000

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KU CHI FA	ID No.	S2766836D
Related Vehicle	SGU2594X (Car)	Contact No.	82682635
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

1. Have no video, yet have some photos taken after the accident.
2. Was traveling along TPE after ext-9 Punggol Road toward Jalan Kayu.
3. Chain collision happened in Lane-1 after emergency brakes taken. My car is 4th car in the chain collision of total 5 cars.



SINGAPORE  
POLICE FORCE



T/20210212/7000

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

3 of 3

Report No, T/20210212/7000

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

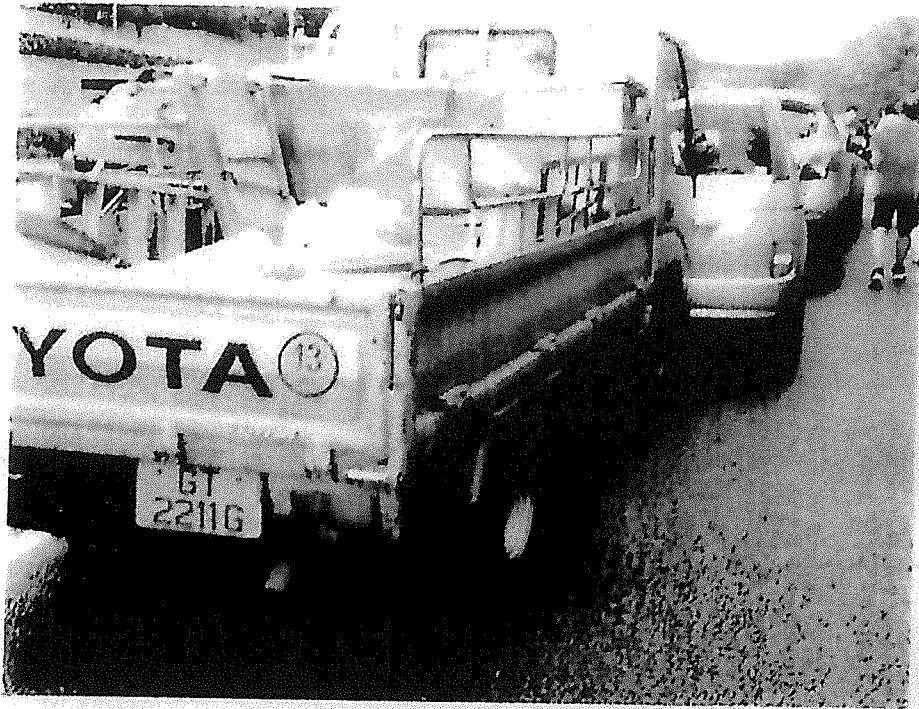
Authentication Stamp

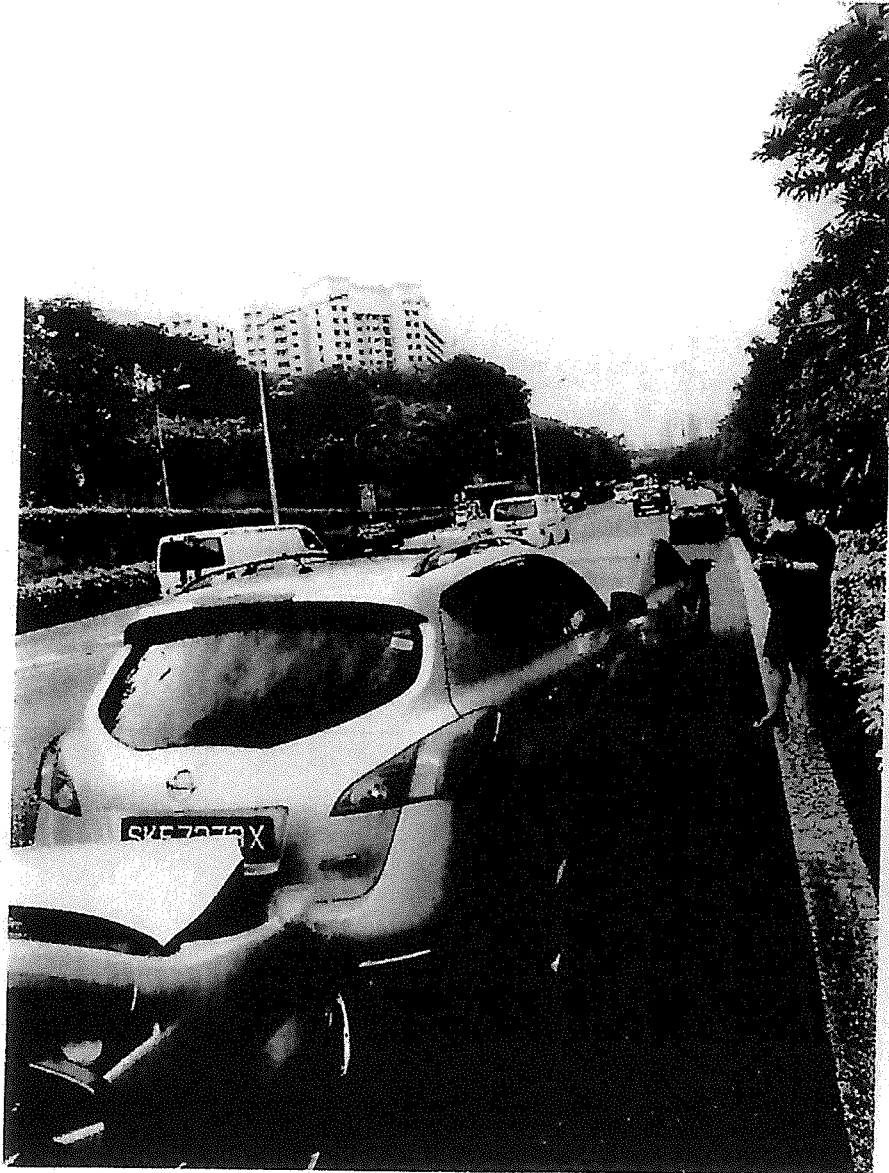
Signature Of Informant:

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

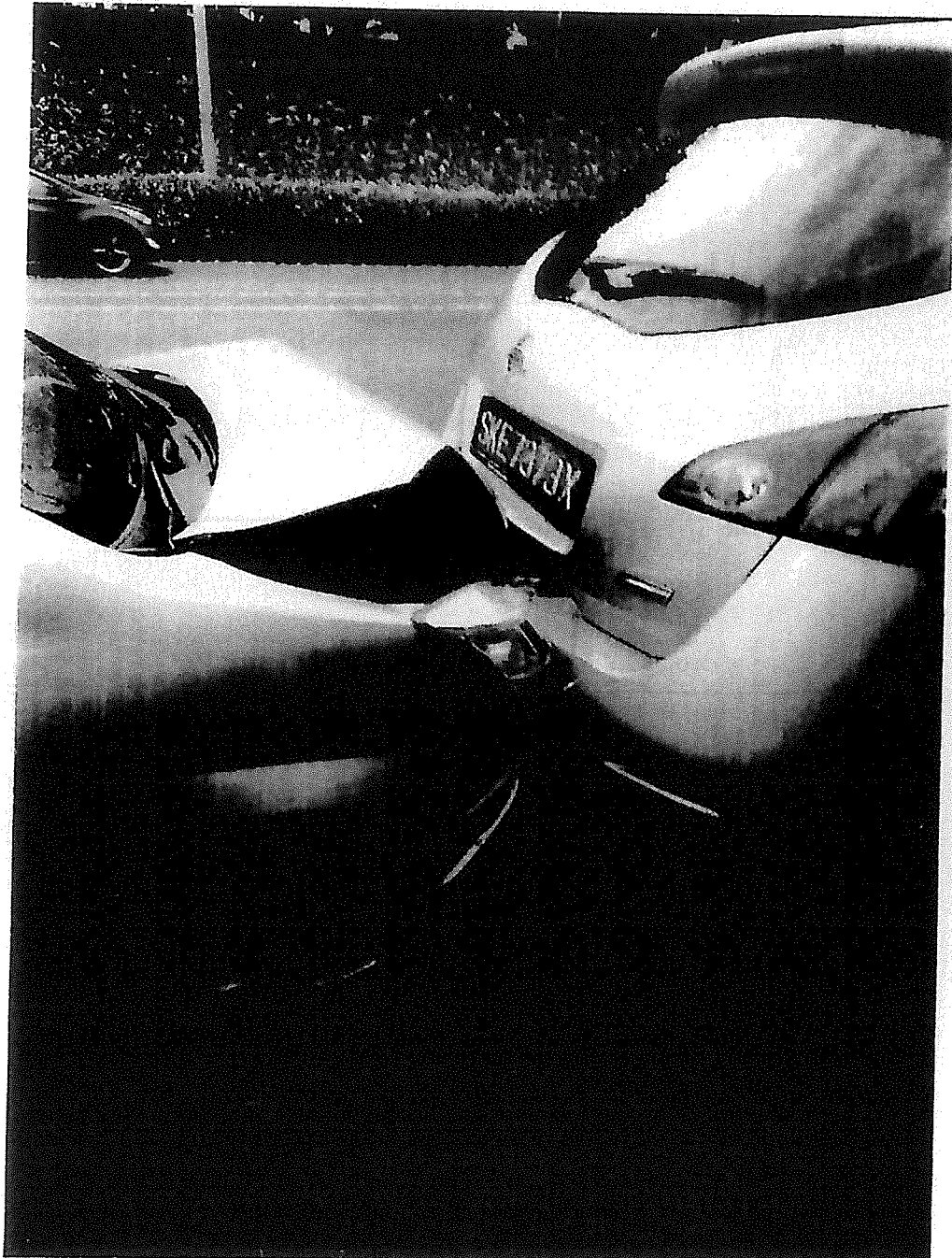
Date/Time:  
12/02/2021 00:37

Classification Of Case:













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M490017735

**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 : SV0L211P0009 Vehicle Registration No: SGU 2594X  
Name (as shown in NRIC) : Ku Chi Fa NRIC/FIN/Passport No : S2766836D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 5 Rivervale Crescent #07-05 Singapore (545084)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8268 2635  
Email Address : chifaku@gmail.com  
Date of Accident : 22.01.2021 Time of Accident: 17:40 pm  
Place of Accident : TPE twrds Jala Koyu (After Punggol Road Exit 9)  
Insurance Company: NTUC

#### (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:

- Was the accident reported to the police? (No → Yes)
- Enclose with police result and scene photo.

Chifaku  
Policyholder / Driver's Signature  
Date:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg  
Reporting Centre Personnel's Signature  
Name:  
01 MAR 2021



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2766836D

Name KU CHI FA

Birth Date 13 Jan 1967

Issue Date 28 Apr 2012

002063918K

For Insurance Reporting And  
Claim Purposes Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2766836D

Name KU CHI FA

古 其 发

Race CHINESE

Date of birth 13-01-1967

Sex M

Country of birth TAIWAN

82766836D

chif ku

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

EFFECTIVE DATE 07 Apr 2007

NP 428A

Licence No: S2766836D

9121294

Barcode

NRIC No. S2766836D

Nationality TAIWANESE

Date of issue 01-04-2011

5 RIVERVALE CRESCENT #07-05

SINGAPORE 545004

S2766836D

26/09/2013



## 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:** 5020810632-13

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SGU2594X  
Chassis Number : ZNM100038676  
2. Name of Policyholder : KU CHI FA  
3. Effective Date of Insurance : 08 May 2020  
4. Expiry Date of Insurance : 07 May 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 business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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.

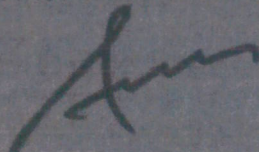
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: KU CHI FA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: 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 : HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue : 02 Apr 2020 23:41 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: 836D

### Vehicle Details

Vehicle No.: SGU2594X  
Vehicle to be Exported: No  
Intended Deregistration Date: 23 Jan 2021  
Vehicle Make: TOYOTA  
Vehicle Model: ISIS 1.8 A  
Primary Colour: Silver  
Manufacturing Year: 2007  
Engine No.: 1ZZ2779908  
Chassis No.: ZNM100038676  
Maximum Power Output: 97.0 kW (130 bhp)  
Open Market Value: \$18,522.00  
Original Registration Date: 08 May 2007  
First Registration Date: 08 May 2007  
Transfer Count: 0  
Actual ARF Paid: \$20,375.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date: 30 Apr 2027  
COE Category: B - Car (1601cc & above)  
COE Period(Years): 10  
PQP Paid: \$52,008.00  
COE Rebate Amount: \$32,606.00  
Total Rebate Amount: \$32,606.00

The information contained herein is correct as at 23 Jan 2021

OK