趙 源 摩 哆 Chew Goon Motor

新加坡宏茂桥第 2A 工业园第五道大牌十号门牌十五,十六,十七(一楼)及门牌五(三楼) Blk 10, Ang Mo Kio Industrial Park 2A, Ave. 5, #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047

Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

TEL: 6484 1626 (24Hrs) FAX: 6484 0465

【修理各种汽车敲焊打吗咭喷漆等】

Date: 23.11.2021

Your Reference: SMR4332S

THE MOTOR CLAIM DEPARTMENT AIG ASIA PACIFIC INSURANCE PTE. LTD 78 Shenton Way #07-16 AIG Building Singapore 079120

Dear Sir,

ACCIDENT ON: 27.08.2021

ALONG / AT : KPE ECP BEFORE TUNNEL INVOLVING : SGC6543L & SMR4332S

We wish to have a "Direct Settle" to the above matter.

We enclose herewith the following documents for your perusal and attention.

- 1. Final repair bill for \$5,617.50 (Include GST)
- 2. Letter of Authority
- 3. Third Party Discharge Voucher
- 4. Motor Accident Report made by SGC6543L
- 5. Certificate of Insurance
- 6. Vehicle of Registration Log Card
- 7. Third Party Insure Enquiry Charges @2.00 (SMR4332S)
- 8. Loss of Use (13days X \$ 120/-) @\$1,560.00 (Surveyor Recommend 5D Working + 6D Pre-repair Inspec + 2D Weekend) (In 28.08.2021 Out 09.09.2021)

Thank you. Yours faithfully

chew

TAX INVOICE NO. 24863

趙 源 摩 哆 Chew Goon Motor

新加坡宏茂桥第2A工业园第五道大牌十号门牌十五,十六,十七,(一楼)及门牌五(三楼)

Blk 10, Ang Mo Kio Industrial Park 2A, Ave. 5, #01-15, 16, 17 & #03-05, AMK Autopoint

Singapore 568047 Email: chewgoon@singnet.com.sg
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

TEL: 6484 1626 (24Hrs) FAX: 6484 0465

◀ 修理各种汽车烧焊打吗咭喷漆等 ▶

▼ 修理各种汽车烷炸打吗唔呗徐寺 ▶

AIG ASIA PACIFIC INSURANCE PTE. LTD

	ACCIDENT DATE : 27.08.2021	Date	
Quantity	PARTICULARS	AMOUNT \$ Cts	
	COST FOR REPAIR TO "KIA FORTE" REG. NO. SGC6543L CLAIMING AGAINST YOUR INSURED VEH. NO. SMR4332S		
	Lumpsum repair as recommended by LKK	5,250.00	
	(Mr. Kenneth)		
	ADD 7% GST	367.50	
	GRAND TOTAL:	5,617.50	
	DOLLARS : FIVE THOUSAND SIX HUNDRED SEVENTEEN		
	AND CENTS FIFTY ONLY		

趙源摩哆 CHEW GOON MOTOR C/O BLK 10 ANG MO KIO IND. PARK 2A AVE 5, #01-15, 16 & 17 AMK AUTOPOINT SINGAPORE 568047

DATE:

THE MOTOR CLAIMS DEPARTMENT

AIG ASIA PACIFIC INSURANCE PTE LTD 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

DEAR SIRS,

ACCIDENT ON:

27.8.2021

ALONG/AT INVOLVING

KPE ECP BEFORE TUNNEL SGC6543L & SMR4332S

As the accident was caused due to the gross negligence on the part of your insured driver of vehicle no. _____SMR4332S___. I/we have no alternative but to look to you for compensation for the losses sustained as a result of the above accident.

Presently, my/ our vehicle is lying at M/S CHEW GOON MOTOR of Blk 10, Ang Mo Kio Industrial Park 2A, Ave 5, #01-15, 16 & 17 AMK Autopoint, Singapore 568047. Telephone 6484 1626. Kindly arrange to have it surveyed by your assessor, failing which I / we shall authorised my/ our repairer to proceed on with the repairs and the final bills will be forwarded to you for settlement.

Thank you.

Yours faithfully

TO WHOM IT MAY CONCERN LETTER OF AUTHORITY

ACCIDENT ON27.8.2021	ATKPW	ECP BEFOR	E TUNNEL	
INVOLVING SGC6543L & SMR4332	S			
		NO NE	CVVVVEZZD	
, LOO JOO YEE AILVERA				
OFBLK 172C EDGEDALE PLAINS #C	9-468 SINGAPO	RE 823172		
Owner of motor vehicle registration No	SGC6543L	At		
nsured byNTUC INCOME INSURA	NCE			
under policy no. 5117831414-01	do hereby autho	orice M/S (CHEM COON MC	TOP of
made policy no.	do noroby dutile	7113C 1117C V	STILLY GOOD INC	71010
Blk 10 Ang Mo Kio Ind. Park 2A, Av	re 5, #01-15, 16	3 & 17 AN	IK Autopoint Sir	ngapore
668047 as my authorised representative	to write, negotia	ate & settle	claim on my beha	alf in my
laim against the owner and/or driver of	motor vehicle red	gistration n	o. SMR4332S	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
n respect of the above mentioned accide	ent.			
also hereby authorise that the agr	reed settlement	sum be	made in favour	of my
epresentative M/S CHEW GOON MOT	OR and that the	said paym	ent be forwarded	to them
s full and final discharge				
AIG ASIA PACIFIC	and/or t	their insure	ed and/or driver of	f vehicle
oSMR4332S from any lia	ability after payr	nent of an	y claim to my au	thorised
epresentative M/S CHEW GOON MOTO	R.			
The state of the s				
ignature : (Company's stamp if necessary)				
(company o stamp in necessary)				
6	Wi	THOUT D	REJUDICE to:	
eated :	(a)	Insurers' Sub	rogated Claim and/or	
	[Note	e: This Notic	Injury Claims e supersedes any in	consistenc
	fouri	d in this Dis	charge Voucher]	

THIRD PARTY'S DISCHARGE AGREEMENT

Claim ref. :	
To M/s : AIG ASIA PACIFIC	
In consideration of your paying at my request	to M/S CHEW GOON MOTOR of Blk 10
Ang Mo Kio Ind. Park 2A, #01-15, 16 &17, Av	re 5, Singapore 568047 the sum of Dollars
: SEVEN THOUSAND ONE HUNDRED SEVENTY	NINE AND CENTS FIFTY ONLY
($$\underline{}$,179.50) being cost of repair of	carried out to my/our motor vehicle no :
SGC6543L . All actions, claims	and damages arising out of and, in
consequence of an accident occurring on	27.8.2021
at KPE ECP BEFORE TUNNEL	
betweenSGC6543L & SMR4332S	
I/We furthermore agree that the foregoing su	m is voluntarily accepted as full and final
compromise and settlement of all claims, that the	he payment of the said amount shall never
be construed as an admission of liability by the	parties hereby reached.
	•
Signature : 📈 🛴	Witness:
Name : Loo Joo Yee Ailverg	Name :
NRIC No. : SXXXX573D	Date :
Address : Blk 1720 Edgedale	
Plains \$09-468 8823172 Date :	WITHOUT PREJUDICE to: (a) Insurers' Subrogated Claim and/or (b) Any Personal Injury Claims [Note: This Notice supersedes any inconsistencie found in this Discharge Voucher]



RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/l, CHEW GOON MOTOR ("the workshop") hereby confirm that we/l
have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd.
KENNETH ("name of surveyor") with respect to the amount claimed for
S\$ $5,617.50$ (repair costs), S\$ $1,560.00$ (loss of use/rental) S\$ 2.00 (search fees)
for vehicle no. SGC6543L that was damaged pursuant to the accident which occurred
on 27.8.21 (date) along KPE ECP BEFORE TUNNEL (location) involving
vehicle no/s_SGC6543L & SMR4332S
This is pursuant to the inspection conducted on (date) at "the workshop".
We/I confirm that we/I are/am authorized by the owner LOO JOO YEE ALLVERA ("third party claimant")
of vehicle no. SGC6543L to make the claim as set out in the above paragraph and we/l have full
authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of
authority given by "the third party claimant".
We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or
expense that they will or have already incurred in the event that "the third party claimant" after the above said
agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of
repairs and/or rental and/or loss of use pursuant to the damage to SGC6543L (vehicle no.) as a result
of the accident.
We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party
claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without
admission of liability basis.
This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive
jurisdication over any dispute arising out of the same.
Dated thisday of(month) 20(year)
ZOOD MAIN
Signed by AIG appointed surveyor Chopped & Signed by "the workshop"

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or (b) Any Personal Injury Claims [Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]



AUTHORIZATION TO ACT (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, LOO JOO YEE AILVERA ("the third party claimant")
of _BLK 172C EDGEDALE PLAINS #091-468 SINGAPORE 823172 (address)
owner of SGC6543L (vehicle no.) hereby authorize
CHEW GOON MOTOR
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle nosgc6543L that was
damaged pursuant to the accident which occurred on 27.8.21 (date) along
KPE ECP BEFORE TUNNEL (location)
involving vehicle no/s SGC6543L & SMR4332S ("the accident").
(o sicolacini).
I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment furtherto settlement of my claim with payment cheque/s being made in
favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.
the other verificies is concerned.
Date thisday of(month) 20(year)
X WOOD THE W
Signed by "the third party claimant" Signed by "the workshop"

WITHOUT PREJUDICE to:
(a) Insurers' Subrogated Claim and/or
(b) Any Personal Injury Claims

found in this Discharge Voucher]

[Note: This Notice supersedes any inconsistencies

SN07218S000C / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 28/08/2021 12:45 (SGT) SUBMITTED BY: Tang Chun Kiet VERSION: 1 (28/08/2021 12:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

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 28/08/2021 12:45 (SGT) Date of Accident 27/08/2021 09:15 (SGT) Exact Location of Accident Singapore Additional Location Information KPE ECP before Tunnel Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGC6543L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Loo Joo Yee Ailvera NRIC No S8208573D Email Address ALLENENG@GMAIL.COM Mobile Phone No (Phone) +65-97962360 Alternative Phone No +65-97962360

VEHICLE PARTICULARS

Manufacturer Kia Model Forte Variant K3 Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5117831414-01 Cover Note Number drivo CLASSIC

DRIVER

Name of Driver Eng Khim Thye Allen NRIC No S8022746I



Date Of Birth 17/07/1980 Occupation Indoor Date Of Driving Pass 03/07/2001 Driving experience 20 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97962360 Alt. Phone Number Email Address ALLENENG@GMAIL.COM Address 56 EDGEDALE PLAINS #08-09 Address complement Postcode 828822 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Refer to Police Report / Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FIle size too big to be uploaded Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMM6154C Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Private hire Name of Driver **THIRU** Contact Number (Phone) +65-88703518 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name Passenger Gender Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMR4332S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car CLARENCE (OWNER) Name of Driver Contact Number (Phone) +65-96187663 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name Passenger Female

INJURED PERSONS DETAILS

INJURED 1

 Name of injured person
 THIRU

 Gender

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained

 Injured person in which vehicle?
 SMM6154C

 Were seat belts worn?

 Was this injured conveyed to hospital by ambulance?
 Yes

INCOME	MOTOR	SERVICE	E CENTRE

Report Date & Start Time: 28/08/2021 / 12:26

Report No; MT/____

D.O.A: 27/08/2021 Time: 09:15 hrs Vehicle No: SGC6543L Reporting Type:

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.
- 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:
 - 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:
 - 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.

28/08/21 / 12:26

Policyholder's Signature / Date & Time

28/08/21 / 12:26

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

Alan Tang (S098825) Customer Care Executive Motor Service Centre

K

Witnessed by Reporting Centre Peronnel

KPE ECP before Tunnel

Vehicle A: SGC6543L

Vehicle B: SMR4332S

Vehicle C: SMM6154C

DESCRIBE	CIRCUMSTA	ANCES OF	THE	ACCIDENT
DESCRIBE	CINCOMISTA	THOUS OF	1116 /	ACCIDEIA I

Refer to Police Report		

Declaration

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

28/08/21 / 12:26

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

28/08/21 / 12:26

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time





1 of 4 Report No. T/20210828/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2021 12:25			Vide Report No.: G/20210827/0070	Station Diary No.:	
Informa	nt's Partic	ulars	EFFERRENCE CONTRACTOR		
	ne of Informant. Address: 56 EDGEDALE PLAINS #08-09 SINGAPORE 82883				
ID Type / ID No.: NRIC NO / S8022746I			Contact No.: Home/Office:	Mobile: 97962360	
Nationality; SINGAPORE CITIZEN			Email: alleneng@gmail.com		
Sex: Male	Age:	Date of Birth: 17/07/1980	Type of Informant. Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Energy manager			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2021 09:1	Type of Location Gradient
Location: KALLANG PA	NY A LEBAR EXPRESSW	AY		
VA/a ath as		Deed Surface:		Dood Spood Limit
Weather Clear		Road Surface: Dry		Road Speed Limit
				Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGC6543L	Car					0
SMM6154C	Car	MAZDA	AXELA	Silver		2
SMR4332S	Car			Grey		2





2 of 4 Report No. T/20210828/7010

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No			
No. of Pedestrian		Use of Pe	destrian Cross	sina: NA
Driver				
Name	ENG KHIM THYE ALLEN		ID No.	S8022746I
Related Vehicle	SGC6543L (Car)		Contact No.	97962360
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days gran	Degree of	NIL		
Driver				
Name	THIRU		ID No.	NIL
Related Vehicle	SMM6154C (Car)		Contact No.	88703518
Hospital/Clinic	NL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
	ted Medical Leave NIL	Degree of		
Vehicle Owner				
Name	CLARENCE		ID No.	NIL
Related Vehicle	SMR4332S (Car)		Contact No.	96187663
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No of Dave gran	ted Medical Leave NIL	Degree of	f NIL	

Brief Details.

My car (SGC6543L) has in car front and rear camera. Videos capturing before and after of accident was recorded.

I was travelling from Punggol towards KPE tunnel on lane 2.

On the down slope nearing the entrance of the KPE tunnel, a black car filtered from lane 1 to lane 2 in front of a Silver Mazda (SMM6154C) which was travelling in front of my car (SGC6543L). SMM6154C driver brake and came to a halt. I managed to stop in time behind SMM6154C. However, the grey car (SMR4332S) behind me hit my car (SGC6543L) from behind and pushed my car forward to touch the car (SMM6154C) in front.





3 of 4 Report No. T/20210828/7010

CONTINUATION OF REPORT

Thereafter, we came out to take preliminary photos and drove to the road shoulder to exchange contact information and took more photos of the 3 cars involved.

Traffic Police SSGT Khairulanwar came and took record of the in car camera SD cards. Investigating Officer David (Contact 65476138) has downloaded the in car videos and reviewed them. I have collected back my SD card from Traffic Police at 10 Ubi Ave 3.





4 of 4 Report No. T/20210828/7010

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report.
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
28/08/2021 12:25

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$80227461





Name

ENG KHIM THYE ALLEN (WENG JINTAI ALLEN)





CHINESE

Sex

Date of birth 17-07-1980

Country of birth

SINGAPORE



4701419





NRIC No. S80227461

Date of issue 31-03-2011

56 EDGEDALE PLAINS #08-09 SINGAPORE 828822

NRIC No: \$80227461

Date: 01/07/2019 (R)



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

PASS DATE

Class 3

Class 2B Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

08 Aug 2001 03 Jul 2001

NP 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8208573D





Name

LOO JOO YEE, AILVERA (LU RUYU, AILVERA)

Sex

吕如玉

Race

CHINESE

Date of birth

22-03-1982 F

Country of birth SINGAPORE



4921243



NRIC No. S8208573D



Date of Issue 08-01-2013

APT BLK 172C EDGEDALE PLAINS #09-468 SINGAPORE 823172

NRIC No: \$8208573D

Date: 28/04/2018



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: 5117831414-01

Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGC6543L

Chassis Number

: KNAFX411MF5522351

2. Name of Policyholder

: LOO JOO YEE, AILVERA

3. Effective Date of Insurance

: 25 Aug 2021

4. Expiry Date of Insurance

: 16 Jun 2022

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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : \$\$600 : N/A **EXCESS (SECTION 2)** : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES **INSURE WITH COE** : NO NCD PROTECTION TRANSPORT ALLOWANCE : NO · NO **FYCESS WAIVER**

: LOO JOO YEE AILVERA PRIMARY DRIVER : ENG KHIM THYE ALLEN NAMED DRIVER (1)

: N/A NAMED DRIVER (2)

: HONG LEONG FINANCE LIMITED HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 11 Jun 2021 19:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

smr4332s

Date of Accident

27/08/2021

苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	
Requested By	CG Pei Kee (Chew Goon Motor)
Requested Date	28/08/2021 17:32

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	573D	
Vehicle No.:	SGC6543L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	30 Aug 2021	
Vehicle Make:	KIA	
Vehicle Model:	FORTE K3 1.6A EX	
Primary Colour:	Grey	
Manufacturing Year:	2015	
Engine No.:	G4FGFH796890	
Chassis No.:	KNAFX411MF5522351	
Maximum Power Output:	95.3 kW (127 bhp)	
Open Market Value:	\$14,618.00	
Original Registration Date:	17 Dec 2015	
First Registration Date:	17 Dec 2015	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$14,618.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	16 Dec 2025	
PARF Rebate Amount: Intended COE Rebate Details	\$10,232.00	
COE Expiry Date:	16 Dec 2025	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$55,399.00	
COE Rebate Amount:	\$23,782.00	
Total Rebate Amount:	\$34,014.00	

The information contained herein is correct as at 30 Aug 2021