# 趙源摩哆

# **Chew Goon Motor**

新加坡宏茂橋第 2A 工業區第五道大牌十號門牌十五,十六,十七(一樓)及門牌五(三樓)

Blk 10 Ang Mo Kio Industrial Park 2A, Ave 5 #01-15, 16 & 17 AMK Autopoint, Singapore 568047

Business Reg. No.: 221880/00C GST Reg. No.: MX-0486007-AO Tel: 6484 1626 (24 Hrs) Fax: 6484 0465

E-mail: <u>chewgoon@singnet.com.sg</u>

◆ 修理各种汽车打吗咭喷漆等

▶

Date: 26.01.2022

Your Reference: SMG6477C

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

Dear Sir,

ACCIDENT ON: 05.12.2021

ALONG / AT : 541 Serangoon North Ave 4 HDB Carpark SE33

INVOLVING : SLH1895T & SMG6477C

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 \$1,791.78 (Include GST)
- 2. Letter of Authority
- 3. Third Party Discharge Voucher
- 4. Motor Accident Report made by SLH1895T
- 5. Certificate of Insurance
- 6. Vehicle of Registration Log Card
- 7. Third Party Insure Enquiry Charges @2.00 (SMG6477C)
- 8. Loss of Use (9days X \$120/-) @\$1,080.00 (Surveyor Recommend 3D Working + 3D Pre-repair Inspec + 2D Weekend) (In 06.12.2021 Out 14.12.2021)

Thank you. Yours faithfully

chew

### TAX INVOICE NO. 24932

# 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 ▶

M

AIG ASIA PACIFIC INSURANCE PTE. LTD

	ACCIDENT DATE : 05.12.2021	Date	26.01.2022
Quantity	PARTICULARS	-	AMOUNT \$ Cts.
	COST FOR REPAIR TO "MAZDA 5" REG. NO. SLH1895T CLAIMING AGAINST YOUR INSURED VEH. NO. SMG64770	3	, , ,
	Part by part repair as recommended by LKK		1,674.56
	(Mr. Kenneth)		1,074.00
	ADD 7% GST		117.22
	GRAND TOTAL :		1,791.78
	DOLLARS : ONE THOUSAND SEVEN HUNDRED NINETY ONE AND CENTS SEVENTY EIGHT ONLY		

趙 源 摩 哆 CHEW GOON MOTOR

Chow

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:** 5.12.2021

ALONG/AT

:541 SERANGOON NORTH AVE 4 HDB CARPARK SE33

INVOLVING :SLH1895T & SMG6477C

I/ We /am /are the registered owner of vehicle no. \_\_SLH1895T \_\_\_\_\_ which was involved in the above mentioned accident with your insured vehicle no. \_\_SMG6477C \_\_\_\_\_.

As the accident was caused due to the gross negligence on the part of your insured driver of vehicle no. \_\_SMG6477C \_\_\_\_\_. 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

	541 SERANGOON NORTH AVE 4 HDB CARPAR
INVOLVING SLH1895T & SMG6477C	SE33
I, ZHENG SHILIN	NRIC NoSXXXX010F
OF 541 SERANGOON NORTH AVE 4 #09-133 S 5	
Owner of motor vehicle registration No. SLH1899	5T
insured byNTUC INCOME INSURANCE	
under policy no5112588409-02 do hereby	authorise M/S CHEW GOON MOTOR of
Blk 10 Ang Mo Kio Ind. Park 2A, Ave 5, #01-	15, 16 & 17 AMK Autopoint Singapore
568047 as my authorised representative to write, n	egotiate & settle claim on my behalf in my
claim against the owner and/or driver of motor vehic	cle registration no. SLH1895T
in respect of the above mentioned accident.	
I also hereby authorise that the agreed settle	ment sum be made in favour of my
representative M/S CHEW GOON MOTOR and that	
as full and final discharge of my	
ATC ASIA DACIETO INCURANCE	
and the second s	d/or their insured and/or driver of vehicle
	payment of any claim to my authorised
representative M/S CHEW GOON MOTOR.	
Signature : Company's stamp if necessary)	

Dated

### 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]

### THIRD PARTY'S DISCHARGE AGREEMENT

Claim ref. :	
To M/s : AIG ASIA PACIFIC INSURANCE	
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, Ave	5, Singapore 568047 the sum of Dollars
: TWO THOUSAND EIGHT HUNDRED SEVENTY T	THREE AND CENTS SEVENTY EIGHT. ONLY
(\$ <u>2,873.78</u> ) being cost of repair car	ried out to my/our motor vehicle no :
SLH1895T . All actions, claims a	and damages arising out of and, in
consequence of an accident occurring on5.12	.2021
at 541 SERANGOON NORTH AVE 4, HDB CARPA	RK SE33
between SLH1895T & SMG6477C	
I/We furthermore agree that the foregoing sum compromise and settlement of all claims, that the be construed as an admission of liability by the pa	payment of the said amount shall never
Name: Zheng Shilin Na	ame :
NRIC No. : SXXXXOIOF DE	ate :
Address: Blk 541 Serangan	
Nerth Ave 4 #09-133 S 550541	
Date :	WITHOUT PREJUDICE to:  (a) Insurers' Subrogated Claim and/or  (b) Any Personal Injury Claims  [Note: This Notice supersedes any inconsistencies and in this Discharge Voucher]



## <u>AUTHORIZATION TO ACT</u> (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

, ZHENG SHILIN		("the	third	narty	claimant"
of BLK 541 SERANGOON NORTH AVE 4 #011-13	33 S 55054				(address)
owner of SLH1895T (V					authorize
CHEW GOON MOTOR					
("the workshop") to act for me with respe	ect to my	claim	for re	pair co	osts and/or
rental and/or loss of use ("claim") for my					
damaged pursuant to the accident which	occurred	on_5.1	2.2021	(0	– late) alonc
541 SERANGOON NORTH AVE 4 HDB CARPARK SE					12 1 <del>2</del>
involving vehicle no/s SLH1895T & SMG647					ccident").
I further authorize the workshop to set manner that they deem fit and the works payment furtherto settlement of my claim of favour of the workshop.  I further acknowledge that any settleme behalf is on a without prejudice and without as the driver/owner/insurers of the other vertical settlements.	shop is for with payment out the wo	urther nent ch orksho	autho eque/ p mag	rized for second	to receive g made in
Date thisday of	(mon	th) 20_		(year)	
		* W. W.	HEW	<b>-</b>	
Signed by "the third party claimant"	Signed by	y "the w	orksho	p"	

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



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

"We/I, CHEW GOON MOTOR	("the workshop") hereby confirm that we/
have reached an agreement with the appointed su	rveyor of AIG Asia Pacific Insurance Pte. Ltd
KENNETH ("name	e of surveyor") with respect to the amount claimed fo
\$\$_1,791.78 (repair costs), \$\$_1,080.00	(loss of use/rental) S\$_2.00 (search fees
for vehicle no. <u>SLH1895T</u> that was damag	
on 5,12.2021(date) along 541 SERANGOON NORTH	H AVE 4 HDB CARPARK SE33 (location) involving
vehicle no/s SLH1895T SMG6477C .	
This is pursuant to the inspection conducted on 9.12.20	021 (date) at "the workshop".
We/I confirm that we/I are/am authorized by the owner	ZHENG SHILIN ("third party claimant"
of vehicle no. $\underline{\rm SLH1895T}$ to make the claim as	set out in the above paragraph and we/I have ful
authority to settle the matter on his/her behalf in a manne	er that we/I deem fit. We/I enclose herein the letter o
authority given by "the third party claimant".	
We/I further confirm that we/I will indemnify AIG Asia Pa expense that they will or have already incurred in the ever agreement lodges a further claim against the former for a repairs and/or rental and/or loss of use pursuant to the datof the accident.	ent that "the third party claimant" after the above said any loss and expenses suffered pertaining to costs of
We/I confirm that the agreement reached above is in full claimant" pursuant to the accident and that further this sett admission of liability basis.	
This agreement is subject to the application of Singapo jurisdication over any dispute arising out of the same.	ore law and the Singapore Courts have exclusive
Dated thisday of	(month) 20(year)
	(B)
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]

SC1Q21C60003-01 / Chew Goon Motor ENTRY DATE & TIME: 06/12/2021 17:13 (SGT) SUBMITTED BY: CG Pei Kee VERSION: 2 (06/12/2021 17:42 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the <u>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 06/12/2021 17:13 (SGT) Date of Accident 05/12/2021 22:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information 541 SERANGOON NORTH AVE 4, HDB CARPARK SE33 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLH1895T** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ZHENG SHILIN NRIC No SXXXX010F **Email Address** GERMAINE.SZ@GMAIL.COM Mobile Phone No (Phone) +65-96541594 Alternative Phone No +65-96541594

VEHICLE PARTICULARS

Manufacturer Mazda Model Variant MAZDA / MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF 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 Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5112588409-02 Cover Note Number

DRIVER

Name of Driver ZHENG SHILIN NRIC No SXXXX010F

Date Of Birth 06/10/1981 Occupation Indoor Date Of Driving Pass 03/08/2002 Driving experience 19 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96541594 Alt. Phone Number +65-96541594 **Email Address** GERMAINE.SZ@GMAIL.COM Address BLK 541 SERANGOON NORTH AVE 4 Address complement 09-133 Postcode 550541 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 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 SKETCH PLAN 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	SGM6477C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	Ē
Vahiala Catagon	
verlicle 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)	-

### WITNESS DETAILS

WITNESS 1

 Name
 BENJAMIN LIM

 Phone
 (Phone) +65-91805533

 Email

#### 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 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
- 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)

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_ 06/12/21

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLH 1895T B: SGM 6477C

HDB Carpark SE 33

Refer to	POTICE	REPORT	F/20211206/7043	
				The second secon
	-			
			- 1	
aration				
leclare the foregoin	g particular	s are true in e	very respect.	
7).				Var.
	12/21			ru girin
older's Signature /	Date &	Deliverty City	nature (If driver is not the policyholder) / Date	_

Personnel



#### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8131010F





ZHENG SHILIN

CHINESE

Date of birth Sex 06-10-1981 F

NRIC No. S8131010F



27-06-2012

APT BLK 541 SERANGOON NORTH AVENUE 4 #09-133 SINGAPORE 550541 NRIC No: S8131010F Date: 10/08/2018





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211206/7033

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 06/12/2021		de:	Vide Report No.:		Station Diary No.:	
Informant's	s Particula	ars				
Name of In ZHENG SH			Address: 541 SERANGOON NORTH AVENUE 4 #09-133 SINGAPORE 550541			
ID Type / ID No.: NRIC NO / S8131010F			Contact No.: Home/Office: Mobile: 96541594			
Nationality: SINGAPORE CITIZEN			Email: germaine.sz@gmail.com			
Sex: Age: Date of Birth: Female 40 06/10/1981			Type of Informant: Vehicle Owner			
Race: Chinese			Language: Institution / School Name: English			
Occupation Housewife	1:		Driving Licence Information: Class:	Date of Ex	piry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/12/2021 22:00		Type of Location Car Park
Location:					
	N NORTH AVENUE 4	Road Surface:		Road	Speed Limit:
Weather:				Ttoac	Ороса Еппи
Clear		l Drv		I	
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		Traffi No T	c Volume: raffic

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLH1895T	Car	MAZDA	5	Red	Slightly Damaged	0
SMG6477C	Car	NISSAN		Brown	Slightly Damaged	0





2 of 3

Report No. T/20211206/7033

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

#### **CONTINUATION OF REPORT**

<b>Details of Perso</b>	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA	
Vehicle Owner							
Name	ZHENG SHILIN			ID No		S8131010F	
Related Vehicle	NIL			Contact No.		96541594	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

#### Brief Details.

Approximately 2200hrs 05/12/2021, my neighbour witnessed a traffic incident involving my parked car and notified me immediately. He saw vehicle SMG6477C(Nissan), during parking manoeuvre, scratched my parked vehicle SLH1895T(Mazda) at HDB carpark SE33. Other car owner was seen walking away before neighbour could make contact. Scratches found on front right of both vehicles. Written note was placed on SMG6477C but unable to locate other party till now (6dec 1500hrs).





\_\_\_\_\_

3 of 3

Report No. T/20211206/7033

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

#### **CONTINUATION OF REPORT**

Sketch Plan			
Informant is	not able	to provide	sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2021 17:28
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168



#### 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: 5112588409-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: **SLH1895T** : PE10380269

2. Name of Policyholder

Chassis Number

: ZHENG SHILIN

3. Effective Date of Insurance

: 26 Oct 2021

4. Expiry Date of Insurance

: 25 Oct 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)
EXCESS (SECTION 2)

: N/A : N/A

WINDSCREEN EXCESS
ADDITIONAL EXCESS

: S\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO : YES : YES (FREE)

INSURE WITH COE
NCD PROTECTION

: YES (FR : NO

ROADSIDE ASSISTANCE AND WELLNESS COVER TRANSPORT ALLOWANCE

: NO : YES

EXCESS WAIVER

: ZHENG SHILIN

PRIMARY DRIVER

. Ellerto silient

NAMED DRIVER (1)

: CHUA CHEN MING BERNARD

NAMED DRIVER (2)

: ZHENG SHILIN

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

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 12 Oct 2021 14:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

**INSURER ENQUIRY** 

### Find insurer

Vehicle reg. no.

SMG6477C

**Date of Accident** 

05/12/2021 🗰

Reset

#### % RESULT & RECEIPT

# **TP Insurer Enquiry** Insurance \_\_\_\_\_ AIG Asia Pacific Insurance Pte.... Period of Insurance 27/12/2020 - 26/12/2021 Requested By ...... CG Pei Kee (Chew Goon Motor)

**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: <b>Vehicle Details</b>	010F	
Vehicle No.:	SLH1895T	
Vehicle to be Exported:	No	
Intended Deregistration Date:	06 Dec 2021	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF	
Primary Colour:	Red	
Manufacturing Year:	2016	
Engine No.:	PE10380269	
Chassis No.:	JM6CW1071G0124468	
Maximum Power Output:	111.0 kW (148 bhp)	
Open Market Value:	\$20,840.00	
Original Registration Date:	26 Oct 2016	
First Registration Date:	26 Oct 2016	
Transfer Count:	0	
Actual ARF Paid: ntended PARF Rebate Details	\$21,176.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	25 Oct 2026	
PARF Rebate Amount: ntended COE Rebate Details	\$14,823.00	
COE Expiry Date:	25 Oct 2026	
COE Category:	E - Open Category	
COE Period(Years):	10	
QP Paid:	\$55,201.00	
COE Rebate Amount:	\$26,962.00	
otal Rebate Amount:	\$41,785.00	

The information contained herein is correct as at 06 Dec 2021