

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date : 10.03.2022

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SMX 5053J / SLP 827E ON 23.12.2021

We are the authorized repair workshop for the owner of motor vehicle no: **SMX 5053J** , which was involved in the captioned accident with your insured vehicle no: **SLP 827E** . 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	\$	4,200.00
2) Loss of Use (6 Days + 1 Sun X \$60.00)	\$	420.00
3) LTA Search Fee	\$	7.45
	<u>\$</u>	<u>4,627.45</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|--------------------------|
| a) Final Repair Invoice | b) LTA Search Result |
| c) Letter of Authorisation, etc... | d) Police Result |
| 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 Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn : Motor Claim Department

Tax Invoice : 22746

Date : 10.03.2022

Vehicle No : SMX 5053J

Make/Model : HONDA SHUTTLE 1.5G

Chassis/Eng# :

Accident Date : 23.12.2021

Claim No :

Reference : 1221 -22746

Policy No :

Amount

To proceed on lump sum repair

S\$

4200.00

E. & O. E.

Total : S\$

4200.00



for CHOO MOTOR SPRAY PAINTER

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Dec 2021 / 14:23:55

Receipt Date/Time : 24 Dec 2021 / 14:23:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211224-002066

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 - SLP827E As at 23 Dec 2021/19:08:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SLP827E Enquiry Fee 20211224142318364912	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			
	20211224142324209	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 : 24/12/2021

TO : India International Insurance Pte Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. SMX5053J # SLP827E

ALONG Orchard Rd

ON 23/12/2021

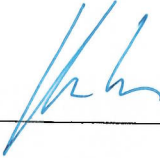
I/We, Cai Hanmin

of (NRIC No./ROC No.) S8723232H

of BLK T52 Choa Chu Kang North 5 #06-197 S680752

owner of vehicle no. SMX5053J in consideration of M/s CHOO MOTOR SPRAY PAINTER repairing my/our vehicle SMX5053J at my/our instruction and hereby authorise M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.

Signature of Owner : 

Name of Owner :

Cai Hanmin



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

Our Ref: TP/IP/01208/2022

CAI HANMIN
752 CHOA CHU KANG NORTH 5
#06 - 197
SINGAPORE 680752

Traffic Police Department
10 Ubi Avenue 3
Singapore 408865
IB Call Centre: 65470000
FAX: 65474883

Date: 11/02/2022

Dear Sir/Mdm

**TRAFFIC ACCIDENT INVOLVING SLP827E AND SMX5053J ALONG ORCHARD ROAD ON
23.12.2021 AT ABOUT 7.05PM**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver/rider of **SLP827E** had committed the offence of **Careless Driving Causing Hurt under Section 65(1)(a) of the Road Traffic Act Chapter 276 p/u Section 65(4)(a) of the same Act**. Action has been initiated against the driver/rider for the said offence.

3. If you have any clarification, you may contact the Investigation Officer, Syed Zayid Muhammad Bin Syed Abdul Wahid Alhinduan at office number 65476404.

4. Thank you.

Yours faithfully,

Syed Zayid Muhammad Bin Syed Abdul Wahid Alhinduan
Investigation Officer (Accident Enquiry & Investigation)
Traffic Police Department
Singapore Police Force

This is a computer-generated letter. No signature is required.

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 27/12/2021 15:17 (SGT)
Date of Accident 23/12/2021 19:05 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX5053J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CAI HANMIN
NRIC No SXXXX232H
Email Address CAIHANMIN87@GMAIL.COM
Mobile Phone No (Phone) +65-96561184
Alternative Phone No (Home) +65-96561184

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120449135
Cover Note Number -

DRIVER

Name of Driver CAI HANMIN
NRIC No SXXXX232H

Date Of Birth	01/08/1987
Occupation	Outdoor
Date Of Driving Pass	10/05/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96561184
Alt. Phone Number	(Home) +65-96561184
Email Address	CAIHANMIN87@GMAIL.COM
Address	APT BLK 752 CHOA CHU KANG NORTH 5 #06-197
Address complement	-
Postcode	680752
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SLP827E
Vehicle Manufacturer	-

Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CAI HANMIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX5053J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

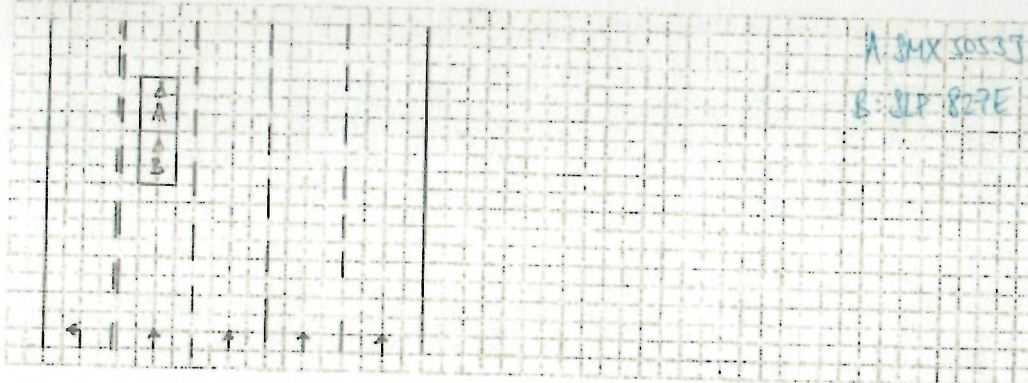
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On 23/12/2021 at about 19:08PM. I was travelling along Orchard Rd. The Vehicles in front slowed down and stopped, I followed. Suddenly, I felt an impact from my rear. Vehicle B has hit the rear portion of my vehicle.



Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

 SINGAPORE POLICE FORCE		 1720211224/2091				
Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999		1 of 3 Report No: 1720211234/2091				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 24/12/2021 21:04		Vide Report No:				
		Station Diary No.: 98				
Informant's Particulars						
Name of Informant: CAI HANMIN		Address: APT BLK 752 CHOA CHU KANG NORTH 5 #06-197 SINGAPORE 680752				
ID Type / ID No : NRIC NO / S8723232H		Contact No.: Home/Office: Mobile: 96561184				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 34	Date of Birth: 01/08/1987	Type of Informant: Driver			
Race: Chinese	Language: English		Institution / School Name:			
Occupation: PRIVATE HIRER	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:			
General Information of the Accident						
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2021 19:05			
Location: ORCHARD ROAD		Type of Location: Straight Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
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			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP827E	Car				Slightly Damaged	0
SMX5053J	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Grey	Slightly Damaged	1
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		



**SINGAPORE
POLICE FORCE**



T/20211224/2091

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No: T/20211224/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX5053J	NTUC Income Insurance Co-Operative Limited	5120449135	15/01/2021	14/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CAI HANMIN		ID No. S8723232H
Related Vehicle	SMX5053J (Car)		Contact No. 96561184
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 23/12/2021 at 1908hrs, I was driving on the 2nd lane of orchard road. Traffic was moving slowly as there was a traffic jam. The vehicle in front of my stopped and I too made a stop. Suddenly, I felt a collision from the back of my vehicle. The front of vehicle SLP827E has collided onto the back of my vehicle. Minor damages on both vehicles. I received 5 days MC due to injuries.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20211224/2091

3 of 3

Report No. T/20211224/2091

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

Sgt 3 NUR RAQIB BIN RASMAN

Signature Of Informant:

Signature Of Interpreter _____

Not applicable



SINGAPORE
POLICE FORCE

Date/Time:

24/12/2021 21:04

Officer in Charge Of Case

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No: 65476404

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211224/2091

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20211224/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2021 21:04	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: CAI HANMIN			Address: APT BLK 752 CHOA CHU KANG NORTH 5 #06-197 SINGAPORE 680752	
ID Type / ID No.: NRIC NO / S8723232H			Contact No.: Home/Office: Mobile: 96561184	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 01/08/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2021 19:05	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP827E	Car				Slightly Damaged	0
SMX5053J	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Grey	Slightly Damaged	1

Details of Vehicle Insurance

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



T/20211224/2091

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20211224/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX5053J	NTUC Income Insurance Co-Operative Limited	5120449135	15/01/2021	14/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CAI HANMIN		ID No. S8723232H
Related Vehicle	SMX5053J (Car)		Contact No. 96561184
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 23/12/2021 at 1908hrs, I was driving on the 2nd lane of orchard road. Traffic was moving slowly as there was a traffic jam. The vehicle in front of my stopped and I too made a stop. Suddenly, I felt a collision from the back of my vehicle. The front of vehicle SLP827E has collided onto the back of my vehicle. Minor damages on both vehicles. I received 5 days MC due to injuries.



SINGAPORE
POLICE FORCE



T/20211224/2091

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20211224/2091

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

J /

Sgt 3 NUR RAQIB BIN RASMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable



SINGAPORE
POLICE FORCE
ATTENDING YOU EVERY DAY

Date/Time:

24/12/2021 21:04

Officer In Charge Of Case:

TP / AEIT /


Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

SIGNATURE

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8723232H



Name
CAI HANMIN
蔡 漢 民

Race
CHINESE

Date of birth
01-08-1987

Country/Place of birth
SINGAPORE

Sex
M

S8723232H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8723232H

Name
CAI HANMIN

Birth Date 01 Aug 1987

Issue Date 29 Aug 2014



002340133K

For Insurance Reporting And
Claim Purposes Only

[Handwritten signature]

5384355



NRIC No. S8723232H



Date of issue
06-11-2014

Address
APT BLK 752 CHOA CHU KANG NORTH 5
#06-197
SINGAPORE 680752

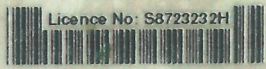
For Insurance Reporting And
Claim Purposes Only

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	24 Jul 2006
Class 2A Motorcycles between 201 cc and 400 cc	02 Oct 2007
Class 2 Motorcycles > 400 cc	27 Apr 2010
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 May 2006

NP 428A

Licence No: S8723232H



For Insurance Reporting And
Claim Purposes Only

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8723232H

Name : CAI HANMIN

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

[Handwritten signature]

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	17/08/2018



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: 5120449135

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMX5053J**
Chassis Number : **GK82101707**
2. Name of Policyholder : **CAI HANMIN**
3. Effective Date of Insurance : **15 Jan 2021**
4. Expiry Date of Insurance : **14 Jan 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 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	: CAI HANMIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 13 Jan 2021 14:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	232H
Vehicle Details	
Vehicle No.:	SMX5053J
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2021
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT SENSING
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	L15B6022009
Chassis No.:	GK82101707
Maximum Power Output:	95.0 kW (127 bhp)
Open Market Value:	\$20,277.00
Original Registration Date:	15 Jan 2021
First Registration Date:	15 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$5,388.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2031
PARF Rebate Amount:	\$4,041.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$40,609.00
COE Rebate Amount:	\$36,777.00
Total Rebate Amount:	\$40,818.00

The information contained herein is correct as at 24 Dec 2021

OK