

# 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

Date : 28.03.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : FBK 3975K / SHF 743M ON 23.02.2022

We are the authorized repair workshop for the owner of motor vehicle no: **FBK 3975K**, which was involved in the captioned accident with your insured vehicle no: **SHF 743M**. 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)	\$	5,350.00
2) Loss of Use (10 days + 2 Sunday X \$60)	\$	720.00
3) LTA Search Fee	\$	7.45
	<u>\$</u>	<u>6,077.45</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) GIA Report                    |
| e) Police Report                   | f) I/C & Driving Licence         |
| g) Insurance Certificate           | h) 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**

**Tax Invoice : 22860**

**AXA Insurance Pte Ltd**

Date : 28.03.2022  
Vehicle No : FBK 3975K  
Make/Model : K.T.M 200 DUKE  
Chassis/Eng# :  
Accident Date : 23.02.2022  
Claim No :  
Reference : 0222 -22860  
Policy No :

**Attn : Motor Claim Department**

**Amount**

To proceed on lump sum repair S\$ 5000.00

**E. & O. E.**

**Total : S\$ 5000.00**

**GST @ 7% : S\$ 350.00**

**Amount Due : S\$ 5350.00**



**for FASTECH AUTO PTE LTD**

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Feb 2022 / 17:09:01

Receipt Date/Time : 25 Feb 2022 / 17:09:01

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220225-003601

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHF743M				
As at 23 Feb 2022/20:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHF743M			
	Enquiry Fee	7.00	0.49	7.49
	20220225170825041350			
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
20220225170833113		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.**

## AUTHORISATION TO ACT

I/We, Muhammed Isa Bin Mohamed Rashid (the third party claimant) of 2 Spooner Road  
#06-32 Singapore 168790 (address), owner of FBK 3975K (vehicle no.) hereby  
authorize Fastech Auto Pte Ltd ("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 no.  
FBK 3975K that was damaged pursuant to the accident which occurred on 23.07.2021 (date)  
along Outram Rd Towards Tiong Bahru Road (location) involving  
vehicle no/s SHE743M ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they  
deem fit and the workshop is further authorized to receive payment further to 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.

Dated this 26 (day) of 07 (month) 2021 (year)



Signed by "the third party claimant"  
(with company stamp if applicable)



  
Signed by "the workshop"  
(with company stamp)

## 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	28/02/2022 15:48 (SGT)
Date of Accident	23/02/2022 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM RD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3975K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ISA BIN MOHAMED RASHID
NRIC No	SXXXX041E
Email Address	XVHSX9@GMAIL.COM
Mobile Phone No	(Phone) +65-89509562
Alternative Phone No	(Home) +65-89509562

#### VEHICLE PARTICULARS

Manufacturer	Ktm
Model	200
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	Motorcycle
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122830812
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD ISA BIN MOHAMED RASHID
NRIC No	SXXXX041E

Date Of Birth	25/12/1998
Occupation	Outdoor
Date Of Driving Pass	09/05/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89509562
Alt. Phone Number	(Home) +65-89509562
Email Address	XVIISX9@GMAIL.COM
Address	2 SPOONER ROAD #06-32
Address complement	
Postcode	168790
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	Side Swipe
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?	Yes
Was any other vehicle 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

#### 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	SHF743M
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle

Name of Driver	
Contact Number	(Phone) +65-91706771
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	MUHAMMAD ISA BIN MOHAMED RASHID
Gender	Male
Phone No	(Phone) +65-89509562
Address	
Address Complement	
Post Code	168790
Approximate Age Years Old	
Injuries Sustained	REFER TO ATTACHED
Injured person in which vehicle?	FBK3975K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name	K KAVINDRAN JAYRAJ
Phone	(Phone) +65-90032847
Email	KAVIN.VAN.BURREN@GMAIL.COM

## 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 willful 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.

*[Signature]*

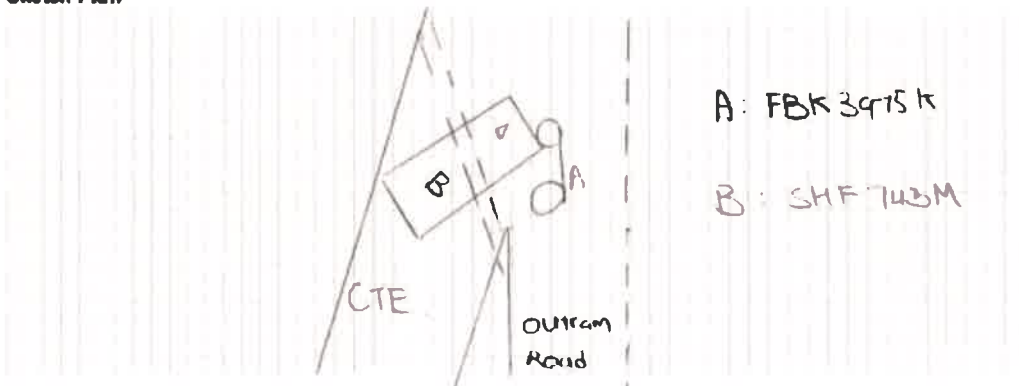
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

Refer to Police Report  
Attached with witness Report.

## 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**



T/20220225/7030

1 of 4

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

Report No. T/20220225/7030

**REPORT OF A TRAFFIC ACCIDENT**

<b>Date/Time Report Made:</b> 25/02/2022 16:27	<b>Vide Report No.:</b> T/20220224/2043	<b>Station Diary No.:</b>
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**Informant's Particulars**

<b>Name of Informant:</b> MUHAMMED ISA BIN MOHAMED RASHID			<b>Address:</b> 2 SPOONER ROAD #06-32 SINGAPORE 168790		
<b>ID Type / ID No.:</b> NRIC NO / S9843041E			<b>Contact No.:</b> Home/Office: Mobile: 89509562		
<b>Nationality:</b> SINGAPORE CITIZEN			<b>Email:</b> XVIISX9@GMAIL.COM		
<b>Sex:</b> Male	<b>Age:</b> 23	<b>Date of Birth:</b> 25/12/1998	<b>Type of Informant:</b> Rider		
<b>Race:</b> Malay			<b>Language:</b> English	<b>Institution / School Name:</b>	
<b>Occupation:</b> GRABFOOD RIDER			<b>Driving Licence Information:</b> Class: 2B		<b>Date of Expiry:</b>

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2022 20:20	Type of Location: Filter Lane
Location:  OUTRAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK3975K	Motorcycle	KTM	200 DUKE	Orange		0
SHF743M	Taxi			Red		0

**Details of Vehicle Insurance**

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



T/20220225/7030

2 of 4

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

Report No. T/20220225/7030

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3975K	NTUC Income Insurance Co-Operative Limited	5122830812	06/07/2021	06/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMED ISA BIN MOHAMED RASHID	ID No.	S9843041E
Related Vehicle	FBK3975K (Motorcycle)	Contact No.	89509562
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	13	Degree of	Slight
<b>Driver</b>			
Name	MR PEH	ID No.	NIL
Related Vehicle	SHF743M (Taxi)	Contact No.	91706771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I wish to add details to my previous Traffic Police Accident Report No. T/20220224/2043.

I wish to state that I was riding my motorcycle no. FBK 3975 K along 3rd lane of Outram Road when suddenly a motortaxi no. SHF 743 M dashed out from the CTE filter lane towards Tiong Bahru Road without stopping behind the give-way line to make sure the road is clear from other motorists along the main road who have the right of way and the front right side of the motortaxi hit onto my rear left motorcycle. I have an eye-witness by the name of K Kavindran Jayraj (HP:90032847) who was riding on the 2nd lane of the same road behind me who saw the accident. Mr K Kavindran Jayraj has made a Traffic Police Report no. T/20220225/7025 and willing to testify that the driver of the motortaxi is totally in the wrong.

I have an additional Medical Certificate whereby I was given another 10 days of Outpatient Sick Leave from 25/02/2022 to 06/03/2022 by Bukit Merah Polyclinic excluding the 3 days



**SINGAPORE  
POLICE FORCE**



T/20220225/7030

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

**3 of 4**  
**Report No. T/20220225/7030**

**CONTINUATION OF REPORT**

**MC from Singapore General Hospital.**

**I also wish to state that my Lazer Tango Dragon helmet and my iPhone 12 Pro Max were damaged caused by the accident and I wish to claim for these damages besides my injuries and motorcycle damage.**

**SINGAPORE  
POLICE FORCE**

T/20220225/7030

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

4 of 4

Report No. T/20220225/7030

**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 / TP18 /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Signature Of Informant:

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

Date/Time:  
25/02/2022 16:27

Classification Of Case:

NP158



**SINGAPORE  
POLICE FORCE**



T/20220225/7025

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

1 of 3

Report No. T/20220225/7025

### Witness Police Report

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2022 15:12		Vide Report No.: A/20220223/0124		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: K KAVINDRAN JAYRAJ			Address: 527B PASIR RIS STREET 51 #02-727 SINGAPORE 512527		
ID Type / ID No.: NRIC NO / S9606737B			Contact No.: Home/Office: Mobile: 90032847		
Nationality: SINGAPORE CITIZEN			Email: kavin.van.burren@gmail.com		
Sex: Male	Age: 26	Date of Birth: 01/02/1996	Type of Informant: Witness		
Race: Indian			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2022 20:15	Type of Location: Straight Road
Location: OUTRAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBK3975K	Motorcycle	KTM	200 Duke	Orange	Slightly Damaged	1
SHF743M	Car					0

#### Details of Vehicle Insurance

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



T/20220225/7025

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

2 of 3

Report No. T/20220225/7025

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3975K	NTUC Income Insurance Co-Operative Limited	5122830812	06/07/2021	05/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMED ISA BIN MOHAMED RASHID		ID No. S9843041E
Related Vehicle	NIL		Contact No. 89509562
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

At about 8:15PM along Outram road towards Tiong Bahru road FBK3975K was travelling along the 3rd lane. I was on the 2nd lane. To the left there is an exit from CTE. Red Taxi SHF743M failed to conform to the stop line and without checking proceeded to accelerate and turn out, hitting the Rider of above mentioned bike who had the right of way. Rider was conscious but in pain. Couldn't move his back.

**SINGAPORE  
POLICE FORCE**

T/20220225/7025

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

3 of 3  
Report No. T/20220225/7025

**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 / TP1B /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476238

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

Date/Time:  
25/02/2022 15:12

Classification Of Case:

NP 168



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9843041E**

Name: **MUHAMMED ISA BIN MOHAMED RASHID**

Birth Date: **25 Dec 1998**

Issue Date: **09 May 2019**

002931852H

For Insurance Reporting And  
Claim Purposes Only

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9843041E**

Name: **MUHAMMED ISA BIN MOHAMED RASHID**

Race: **MALAY**

Date of birth: **25-12-1998**

Sex: **M**

Country/Place of birth: **SINGAPORE**

6747142

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

**Class 2B Motorcycles <= 200 cc**

**EFFECTIVE DATE 09 May 2019**

**Licence No: S9843041E**

**NP 428A**

**For Insurance Reporting And  
Claim Purposes Only**

**6747142**

**NPIC No. S9843041E**

**Date of issue 15-11-2021**

**Address**  
**2 SPOONER ROAD**  
**#06-32**  
**SINGAPORE 168790**

## 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** : 5122830812

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FBK3975K**  
 Chassis Number : VBKJUC404EC027646
  2. Name of Policyholder : MUHAMMAD ISA BIN MOHAMED RASHID
  3. Effective Date of Insurance : 06 Jul 2021
  4. Expiry Date of Insurance : 05 Jul 2022
  5. Persons or Classes of Persons entitled to drive#  
 (a) Named Driver(s) Only.  
 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.  
 (b) Use for food/parcel/other delivery services.
- 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD ISA BIN MOHAMED RASHID
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 24 Sep 2021 09:34 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	041E
<b>Vehicle Details</b>	
Vehicle No.:	FBK3975K
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2022
Vehicle Make:	K.T.M.
Vehicle Model:	200 DUKE
Primary Colour:	Orange
Secondary Colour:	Black
Manufacturing Year:	2014
Engine No.:	0490658408
Chassis No.:	VBKJUC404EC027646
Maximum Power Output:	-
Open Market Value:	\$2,805.00
Original Registration Date:	05 Aug 2015
First Registration Date:	05 Aug 2015
Transfer Count:	5
Actual ARF Paid:	\$421.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Aug 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,508.00
COE Rebate Amount:	\$2,244.00
<b>Total Rebate Amount:</b>	<b>\$2,244.00</b>

The information contained herein is correct as at 26 Feb 2022

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