

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 25.04.2022

Lonpac Insurance BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBA 4653K / GY 6095Y ON 02.04.2022

We are the authorized repair workshop for the owner of motor vehicle no: **GBA 4653K**, which was involved in the captioned accident with your insured vehicle no: **GY 6095Y**. 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) | \$ 7,757.50 |
| 2) Loss of Rental | \$ 340.00 |
| 3) GIA Search Fee | \$ 2.00 |
| | <u>\$ 8,099.50</u> |

We enclosed herewith the following documents to support the claims:

- | | |
|----------------------------------|------------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice / Agreement |
| c) GIA Search Result | d) Letter of Authorisation, etc... |
| e) GIA Report | f) Police Report |
| g) I/C & Driving Licence | h) Insurance Certificate |
| i) Vehicle Registration Log Card | |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,



Jason Tang (jason@fastechauto.com.sg)
For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Tax Invoice : 22904

Lonpac Insurance BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attn : Motor Claim Department

Date 25.04.2022
Vehicle No GBA 4653K
Make/Model TOYOTA HIACE MANUAL
Chassis/Eng# :
Accident Date 02.04.2022
Claim No :
Reference 0422 -22904
Policy No

| | Amount |
|-------------------------------|-------------|
| To proceed on lump sum repair | S\$ 7250.00 |

E. & O. E.

Total : S\$ 7250.00

GST @ 7% : S\$ 507.50

Amount Due : S\$ 7757.50



for FASTECH AUTO PTE LTD

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay

Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: MAT BUNGA DELIVERY SERVICES

Invoice : DCR-2022-04-06

Date : 06.04.2022

Agreement No : 22206

Payment Terms : LOD

| DESCRIPTION | AMOUNT |
|--|------------------------|
| Rental charges for vehicle : <u>GBB 5697Y</u> (0422-22904) | \$ 340.00 |
| Rental Period from <u>02.04.2022</u> to <u>06.04.2022</u> | |
| E. & O. E. | Total \$ <u>340.00</u> |

SHI YING
for Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.
TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786
Co. Reg. No. 52928467K

No. 22206

| | | | | | |
|--|--|--|-----------------|----------------------|-----|
| Name | Mot Bungo Delivery Services (53394939D) | REG. No. | GBB5697Y | MAKE MODEL: | |
| ADDRESS | 157 Woodlands Street 13 | DIESEL | | PETROL | |
| #04-743 | | E | 1/4 | 1/2 | 3/4 |
| Singapore 730157. | | F | | | |
| NAMED DRIVER | Muhamad Bin Ahmad Zawawi | KM IN | DATE & TIME IN | 06.04.2022 @ 16:35pm | |
| DRIVING LICENCE NO | S1091680A | KM OUT | DATE & TIME OUT | 02.04.2022 @ 16:15pm | |
| PASSPORT NO | | KM DRIVEN | TIME USED | | |
| ADD NAMED DRIVER | | HOURS | @S\$ | | |
| DRIVING LICENCE NO | | 4 DAYS | @S\$ 85.00 | \$ 340.00 | |
| PASSPORT NO | | WEEKS | @S\$ | | |
| DRIVING LICENCE NO | | MONTHS | @S\$ | | |
| PASSPORT NO | | BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR COLLISION DAMAGES WAIVER (C.D.W.) | SUB-TOTAL | | |
| IMPORTANT NOTES: | This vehicle is licenced to carry 04 passenger only. No refund will be given for vehicle returns early. No refund will be given for period left in vehicle Hirer is liable to pay loss of earnings while damaged vehicle is under repair Hirer is liable to pay all parking fee and traffic summonese Vehicle return during office hour only No service on public holiday and Sunday Geographical areas: Singapore & West Malaysia. Driver must be: a) 18 years old and above b) Holding a valid relevant class of driving license The vehicle is strictly to be driven by the person to whom it is hired to and the additional driver named in the agreement The hirer is not allowed to sub-let the vehicle to another party and subletting is not covered | | | | |
| ADDITIONAL CONDITIONS: | COMPREHENSIVE COVERED EXCESS: *Section I - Used in S'pore only : SGD 2000.00 *Section I - Used outside S'pore : SGD 4000.00 *Section II - Used in S'pore only : SGD 1500.00 *Section II - Used outside S'pore : SGD 3000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 | | | | |
| THIRD PARTY COVERED EXCESS: | *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used in S'pore only : SGD 1500.00 | | | | |
| YOUNG AND INEXPERIENCE DRIVER | *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used outside S'pore : SGD 3000.00 | | | | |
| COMPREHENSIVE COVERED EXCESS: (YOUNG AND INEXPERIENCE DRIVER) | *Section I - Used in S'pore only : SGD 6000.00 *Section I - Used outside S'pore : SGD 12,000.00 *Section II - Used in S'pore only : SGD 6000.00 *Section II - Used outside S'pore : SGD 12,000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 | | | | |
| THIRD PARTY COVERED EXCESS: (YOUNG AND INEXPERIENCE DRIVER) | *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used in S'pore only : SGD 6000.00 | | | | |
| Hirer is responsible for any costs to the THIRD PARTY DAMAGE / INJURY claims. | *Hirer must bear all costs to the damage of the return vehicle. *Section II - Used outside S'pore : SGD 12,000.00 | | | | |
| I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THEREOF. | SIGNATURE | | | | |
| SIGNED BY THE PARTIES HERETO ON THE ... DAY OF ... | DAY OF ... | | | | |
| X | X | | | | |
| RENTER'S/DRIVER'S SIGNATURE | DYNAMIC CAR RENTAL | | | | |


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GY6095Y

Date of Accident

02/04/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **07/06/2021 - 06/06/2022**Requested By **ALLAN TANG (KIM CHWEE AUT...**Requested Date **02/04/2022 12:53****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

DATE : 02.04.2022

TO : Lompac Insurance Bhd.

RE : ACCIDENT INVOLVING VEHICLE NO. GBA 4653K / GY 6095Y

ALONG Commonwealth Ave West Twrds Jurong West

ON 02.04.2022

I/We, Mat Bunga Delivery Services.

of (NRIC No./ROC No.) 53394939D

of 157 Woodlands Street 13 #04-743 Singapore 730157.

owner of vehicle no. GBA 4653K in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle GBA 4653K at my/our instruction and hereby
authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever
amount settled/payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and
all claimed and/or settled shall belong to them absolutely.

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



Signature of Owner : 

Name of Owner : _____

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 | 05/04/2022 19:33 (SGT) |
| Date of Accident | 02/04/2022 12:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | COMMONWEALTH AVE WEST TWDS JURONG EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBA4653K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | MAT BUNGA DELIVERY SERVICES |
| Company Reg No | 5XXXX939D |
| Email Address | 1950MUHAMADAZ@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93382992 |
| Alternative Phone No | (Home) +65-93382992 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 0 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5121019686-01 |
| Cover Note Number | |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | MUHAMAD BIN AHMAD ZAWAWI |
| NRIC No | SXXXX680A |

| | |
|--|---------------------------------|
| Date Of Birth | 14/10/1950 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/06/1986 |
| Driving experience | 35 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93382992 |
| Alt. Phone Number | - |
| Email Address | 1950MUHAMADAZ@GMAIL.COM |
| Address | BLK 157 WOODLANDS ST 13 #04-743 |
| Address complement | - |
| Postcode | 730157 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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) | 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 | Woodlands West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18003639999 |
| Alt. Police Station Phone No | (Fax) +65-63640997 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| 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 | GY6095Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

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

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------------|
| Name of injured person | MUHAMAD BIN AHMAD ZAWAWI |
| Gender | Male |
| Phone No | |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | GBA4653K |
| 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 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.

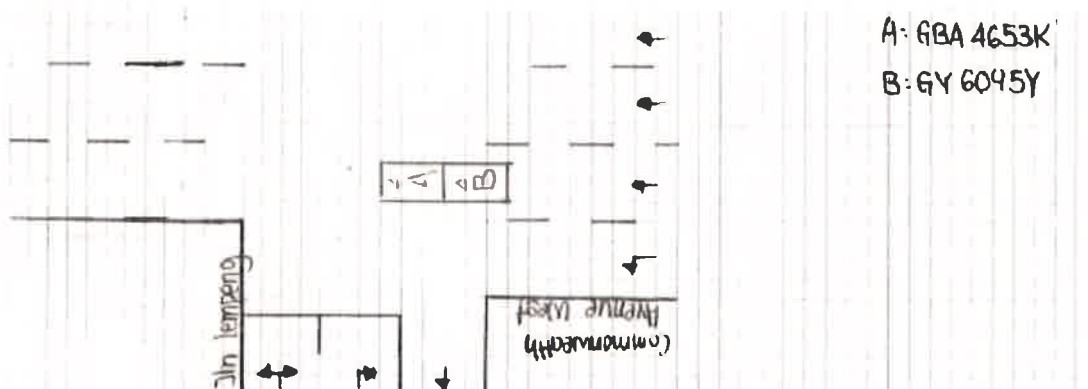


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to the police report (T/20220403/2019)

Refer to the police report (T/20220403/2019)

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

MAC

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20220403/2019

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 03/04/2022 12:27 | | Vide Report No.: | | Station Diary No.: 72 |
| Informant's Particulars | | | | |
| Name of Informant: MUHAMAD BIN AHMAD ZAWAWI | | Address: APT BLK 157 WOODLANDS STREET 13 #04-743 SINGAPORE 730157 | | |
| ID Type / ID No.: NRIC NO / S1091680A | | Contact No.: Home/Office: Mobile: 93382992 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 71 | Date of Birth: 14/10/1950 | Type of Informant: Driver | |
| Race: Malay | | Language: | Institution / School Name: | |
| Occupation: Van driver | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

| | | | | |
|--|---------------|---|--|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drnk Drive: No | Date/Time of Accident: 02/04/2022 12:10 | Type of Location: T-Junction |
| Location: COMMONWEALTH AVENUE WEST | | | | |
| 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: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBA4653K | Van | | | | Slightly Damaged | 0 |
| GY6095Y | Van | | | | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20220403/2019

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------------|--|------------------------------------|
| Driver | | | |
| Name | MUHAMAD BIN AHMAD ZAWAWI | ID No. | S1091680A |
| Related Vehicle | GBA4653K (Van) | Contact No. | 93382992 |
| Hospital/Clinic | LIFEPLUS MEDICAL GROUP (BEDOK) | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 02/04/2022 | Date Discharge | 02/04/2022 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | SOH CHUAN TIONG | ID No. | S0222927G |
| Related Vehicle | GY6095Y (Van) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 02/04/2022 at about 12.10pm, I was driving my van (registration number GBA4653K) along Commonwealth Avenue West heading towards Boon Lay Way. At the traffic junction of Commonwealth Avenue West and Jalan Lempeng, I was driving on Lane 3 and the lane on my left is for left turn only. As the traffic light was still green, I continue driving forward. Suddenly, a car on my left, which was on the left turn only lane, drove in front of my van causing me to slow down and eventually stopped my vehicle so that I don't hit the car. When my van was already stationary, shortly after, I heard screeching sound from my back and a vehicle then hit my van from the back.

I managed to park my van safely and make a check. A van (registration number GY6095Y) has hit the rear of my van. I checked that there was some dents and scratches on the rear of my van. The other vehicle has scratches and dents on the front part of his van. At that time, no one was injured. The van driver and I exchange our particulars.

Subsequently, I felt pain and decided to seek medical treatment at LifePlus Medical Group (Bedok). I was given 3 days medical leave due to neck strain and back contusion.

I wished to include that the car which was on my left and cut my lane at the traffic junction did not stopped the car. I was not able to note the vehicle number of the said car.

**SINGAPORE
POLICE FORCE**

T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220403/2019

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:

L /

SR STAFF SGT NADIAH BINTE
KAMSIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Signature Of Informant:

Date/Time:

03/04/2022 12:27

Classification Of Case:

NP168

WOODLANDS WEST N.P.C.
WOODLANDS STREET
SINGAPORE 738622
1800-363 9999

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1091680A**

Name **MUHAMAD BIN AHMAD ZAWAWI**

Birth Date **14 Oct 1950**

Expiry Date **26 Mar 2014**

00126880E






For Insurance Reporting And
Claim Purposes Only

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class of Class of Motorcycles up to 100 cc
Motor Cars, passing up to and passenger's exclusive
of the driver, and other motor vehicles as permitted

EFFECTIVE DATE
23 May 1990
20 Jun 1986

Licence No. **S1091680A**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1091680A**



Name **MUHAMAD BIN AHMAD ZAWAWI**

Gender **M**

Malay **MALAY**

Date of Birth **14-10-1950**

Country of Birth **SINGAPORE**

For Insurance Reporting And
Claim Purposes Only

A0066253

NAC No. **S1091680A**

Group **B+**

Date of Issue **02-10-2001**



APT BLK 100 BROADLANDS STREET IS 100-763
SINGAPORE 700157

NAC No. **S1091680A**

Date **12/05/2008**

Age **5007333**

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 : 5121019686-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GBA4653K**
Chassis Number : JTFHT02P800004910
2. Name of Policyholder : MAT BUNGA DELIVERY SERVICES
3. Effective Date of Insurance : 20 Jan 2022
4. Expiry Date of Insurance : 19 Jan 2023
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.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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 | : YES |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 03 Dec 2021 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|----------|
| Owner ID Type: | Business |
| Owner ID: | 939D |

Vehicle Details

| | |
|-------------------------------|-------------------|
| Vehicle No.: | GBA4653K |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 Apr 2022 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | HIACE MANUAL |
| Primary Colour: | Blue |
| Manufacturing Year: | 2007 |
| Engine No.: | 1KD1669537 |
| Chassis No.: | JTFHT02P800004910 |
| Maximum Power Output: | - |
| Open Market Value: | \$24,590.00 |
| Original Registration Date: | 20 Jul 2007 |
| First Registration Date: | 20 Jul 2007 |
| Transfer Count: | 4 |
| Actual ARF Paid: | \$0.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|--------|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |

Intended COE Rebate Details

| | |
|-----------------------------|-------------------------|
| COE Expiry Date: | 19 Jul 2027 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$34,070.00 |
| COE Rebate Amount: | \$18,024.00 |
| Total Rebate Amount: | \$18,024.00 |

The information contained herein is correct as at 04 Apr 2022

OK