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: 13.06.2022

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SKP 8247M / SMA 5029B ON 13.04.2022

We are the authorized repair workshop for the owner of motor vehicle no: **SKP 8247M**, which was involved in the captioned accident with your insured vehicle no: **SMA 5029B**. 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)	\$ 4,387.00
2)	Loss of Rental	\$ 500.00
3)	LTA Search Fee	\$ 7.45
		\$ 4,894.45

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) LTA Search Result

e) GIA Report

g) Insurance Certificate

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) I/C & Driving Licence

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: 22923

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Date

:13.06.2022

Vehicle No SKP 8247M

Make/Model : HYUNDAI VELOSTER FS 1.

Chassis/Eng#

Accident Date #13.04.2022

Claim No Reference

0422 -22923

Policy No

.

Amount

To proceed on lump sum repair

S\$

4100.00

E. & O. E.

Total: S\$

4100.00

GST @ 7% : S\$

287.00

Amount Due: \$\$

4387.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

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

RENTAL TERMS AND CONDITIONS

No. 22250

I NATITE /			REG. No.	MAKE MODEL:			
ADDRESS .	DON LI		SLH 7586X	DIESE	EL PETROL	F 1/4	1/2 3/4 F
4 Wi	110W Avenue -e 347497		KM	DIEG	DATE & TIME IN		
Singaper	-e 347497		IN KM		18.04.2022 DATE & TIME OUT	(W)	7:15 pm
			OUT		13.04.2022	@	17:45pr
			KM DRIVEN		TIME USED		
NAMED DRIVER							
	L DATE OF EVENDA	DI ADE OF IONIE					
S 9044399 B	DATE OF EXPIRY	PLACE OF ISSUE	-	HOURS	@S\$		
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	5	DAYS	@S\$ /00	\$	500.0
ADD NAMED DRIVER			1	WEEKS	@S\$		
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	M	SHTNC	@S\$		
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, R		SUB-TOTAL		
IMPORTANT NOTES:			AGREES TO PAY AI FOR COLLISION DA WAIVER (C.D.W.)				
This vehicle is licenced to carry 0 No refund will be given for vehicle			W/WEIT (O.D.W.)		TOTAL RENTAL	£	500,00
No refund will be given for period Hirer is liable to pay loss of earnin Hirer is liable to pay all parking fe	left in vehicle. ngs while damaged vehicle is und	er repair.			DELIVERY FEE	7	
Vehicle return during office hour of No service on public holiday and Geographical areas: Singapore &	Sunday				COLLECTION FEE		
Driver must be: a) 18 years old and above	west Malaysia		X				
b) Holding a valid relevant class of		d to and the additional driver named in the	PER DAY PER V	VEEK	PER MONTH \$		
The hirer is not allowed to sub-let	the vehicle to another party and	subletting is not covered,			T .		
ADDITIONAL CONDITIONS:	EVOESS.		BY INITIALLING, R AGREES TO PAY AI	DD FEE			
COMPREHENSIVE COVERED B 'Section I – Used in S'pore only: 'Section II – Used in S'pore only: 'W/screen Excess In S'pore: SG	SGD 2000 00	Used outside S'pore : SGD 4000.00 Used outside S'pore : SGD 3000.00 xcess Outside S'pore : SGD 100.00	FOR PERSONAL ACC INSURANCE (P.A.I.)				
THIRD PARTY COVERED EXCE			V				
*Section II – Used in S'pore only			PER DAY PER V	VFFK	PER MONTH		
*Hirer must bear all costs to the c *Section II – Used outside S'pore			\$ \$		\$		
YOUNG AND INEXPERIENCE D Hirer or any authorized driver who 18 month or less driving experien	o is aged 22 years old (on the dat	e of accident) and below or possess only	PREPAYMENT		TOTAL CHARGE		
	EXCESS: (YOUNG AND INEXPE	RIENCE DRIVER) Used outside S'pore : SGD 12,000.00	CHECK		DEPOSIT		
*Section II – Used in S'pore only *W/screen Excess In S'pore : SG	: SGD 6000 00	Used outside S'pore : SGD 12,000.00 xcess Outside S pore : SGD 100.00	CASH				
THIRD PARTY COVERED EXCE *Hirer must bear all costs to the c *Section II – Used in S'pore only		CE DRIVER)	RECEIPT NO.		NETT CHARGE		
*Hirer must bear all costs to the c						-	
Hirer is responsible for any of THIRD PARTY DAMAGE / II			AMOUNT DUE / RE	FUND			
I HAVE READ THE TERMS OF THIS RENTAL AGREE	S AND CONDITIONS ON BO MENT AND AGREE THERE		/1			1	
SIGNED BY THE PARTIES	HERETO ON THE	**************************************	DAY OF				
()							
Y D			Y	5	e c		
RENTER	R'S/DRIVER'S SIGNAT	TURE	/\	DYNA	MIC CAR RENT	AL	

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: CHIA SOON LI

Invoice : DCR-2022-04-27

Date 18.04.2022

Agreement No 3 22250

Payment Terms : LOD

DESCRIPTION	AMO	DUNT
Rental charges for vehicle:SLH 7568X (0422-22923)	\$ 50	00.00
Rental Period from13.04.2022 to18.04.2022		

E. & O. E.	Total	\$ 500.00	

SZE LIN for Dynamic Car Rental

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

13 Apr 2022 / 17:53:19

Receipt Date/Time 1 13 Apr 2022 / 17:53:19

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220413-003218

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resul	t of Insurance Enquiry - SMA5029B				
As at	13 Apr 2022/08:24:00				
Insura	ance Co: CHINA TAIPING INSURANC	E (SINGAPORE) PTE LTD			
	Insurance Enquiry - SMA5029B				
	Enquiry Fee		7.00	0.49	7.49
	20220413175235907182				
		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			
		20220413175243258	Direct Debit: el (Intern	NETS Debit et 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 : 13.04.2022 : CHINA TAIPING INSURANCE SINGAPORE PTE LTD TO : ACCIDENT INVOLVING VEHICLE NO. SKP 8347M / SMA 5029B RE ALONG LOWER DELTA ROAD TOWARDS KAMPUNG BAHRU ROAD ON 13.04.2022 I/We, CHIA SOON LI of (NRIC No./ROC No.) ______ 59044399 B of 4 Willow Avenue Singapore 347497 owner of vehicle no. SKP 8347M in consideration of M/s FASTECH AUTO PTE LTD repairing my/our vehicle SKP 8247M 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:

SY0A224E0002 / YEW TEE AUTOMOBILE TECH PTE LTD [417800]

ENTRY DATE & TIME: 14/04/2022 09:56 (SGT) SUBMITTED BY: TOH LEI MING

VERSION: 1 (14/04/2022 09:56 (SGT))



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 witholding 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 14/04/2022 09:56 (SGT) Date of Accident 13/04/2022 08:24 (SGT) **Exact Location of Accident** Lower Delta Rd, Singapore .dditional Location Information LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SKP8247M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA SOON-LI NRIC No SXXXX399B **Email Address** CHIASOONLI@GMAIL.COM Mobile Phone No. (Phone) +65-98568698 Alternative Phone No. (Home) +65-98568698

VEHICLE PARTICULARS

!anufacturer

Model Veloster 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 Private car 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 5102885768-03 Cover Note Number

DRIVER

Name of Driver CHIA SOON-LI NRIC No SXXXX399B

Date Of Birth 27/11/1990 Occupation Indoor Date Of Driving Pass 25/06/2018 Driving experience 3 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-98568698 Alt. Phone Number (Home) +65-98568698 Email Address CHIASOONLI@GMAIL.COM Address **4 WILLOW AVENUE** Address complement Postcode 347497 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Raining Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **TEO LI MIN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Vas notice of intended Prosecution given? 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? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMA5029B

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-82999355
Address	<u> </u>
Address complement	¥
Postcode same service survey s	*
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	₩

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old njuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TEO LI MIN
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	CHIA SOON-LI SKP8247M Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

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/faw 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.
- (i) 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.

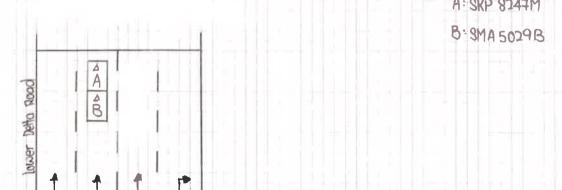
Policyhelder's Signature / Date 8
Time

Driver's Signature (If driver is not the policyholder) / Date 8
Time

Sketch Plan

A: SKP 8247M

B: SMA 5029B



On 13.04.202	2 at about	08:24am. I was travelling a	long lower Delta Road Towards
lampong Bahru Ro	ad . I was	slowed down and stopped	due to the traffic light.
łuddenly, vehicle	B hit my	tear portion	
	J		
R			
claration			
le declare the foregoing p	particulars are true	a in every respect.	
A		Λ	
⟨>		5	
licyholder's Signature / Di	ate & Driver's & Time	Signature (# driver is not the policyholder) / [Date Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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, acknow ledge, 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.

	£	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

On 13.04.2022 at about 08:24am. I was travelling along lawer 19th Road Towards. Kompang Rahru Road. I was slowed down and stopped due to the traffic light. Suddenly, Vehicle B hit my rear partien. Suddenly, Vehicle B hit my rear partien. Suddenly and the stopped due to the traffic light. Suddenly and the stopped due to the traffic light. Suddenly are true in every respect. Suddenly are true in every respect. Supposer Signature / Date & Driver's Signature (If driver is not the policy tokier) / Date Witnessed by Reporting Centre	Describe Circumstances		
Kampang Rahru Raad. I was slowed down and stepped due to the traffic light. Suddenly, Vehicle B hit my rear partien. Beclaration We doctare the foregoing particulars are true in every respect.	On 13.04.2022	at about 08:24 am. I was travelling along lower Delta Road T	owards
Suddenly , Vehicle B hit my tear portion. Suddenly , Vehicle B hit my tear portion. Suddenly , Vehicle B hit my tear portion.			
eclaration We declare the foregoing particulars are true in every respect.	Kampong Bahru Road	. I was slowed down and stopped due to the traffic light	
eclaration We declare the foregoing particulars are true in every respect.	Cuddenly Valida D	by was more contrary	
Ve declare the foregoing particulars are true in every respect.	SAUGETING 1 VEHILLE D	no my lear pormon.	
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
Ve declare the foregoing particulars are true in every respect.			
by by	Declaration		
licyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre	We declare the foregoing partic	ulars are true in every respect.	
licyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre		As a second of the second of t	
THE PROPERTY OF THE PROPERTY O	blicyholder's Signature / Date &	Driver's Signature (If driver is not the nolicyholder) / Date Witnessed by Poporting C	`entro

Personnel

Time

& Time





Claim Rurposes Only ||||

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

HRIGH .. S9044399B

6704534

08-09-2021

4 WILLOW AVENUE SINGAPORE 347497

NP 428A





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: 5102885768-03

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKP8247M

Chassis Number

: KMHTC61CMEU222570

2. Name of Policyholder

: CHIA SOON-LI

3. Effective Date of Insurance

: 15 Oct 2021

4. Expiry Date of Insurance

: 14 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) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

INCOMPROTECTION

ROADSIDE ASSISTANCE AND WELLNESS COVER

TRANSPORT ALLOWANCE

EXCESS WAIVER

INOMPROTECTION

INOMPROTEC

PRIMARY DRIVER # CHIA SOON-LI

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK 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

; DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 09 Sep 2021 23:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

The information contained herein is correct as at 13 Apr 2022