

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 : 26.05.2022

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SMN 8749T / SJL 9242C AND OTHER ON 15.04.2022

We are the authorized repair workshop for the owner of motor vehicle no: SMN 8749T , which was involved in the captioned accident with your insured vehicle no: SJL 9242C . 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)	\$ 9,737.00
2) Loss of Rental	\$ 500.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 10,239.00</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) 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@fastechnauto.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

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn : Motor Claim Department

Tax Invoice : 22925

Date : 26.05.2022

Vehicle No : SMN 8749T

Make/Model : TOYOTA VIOS 1.5E AUTO

Chassis/Eng# :

Accident Date : 15.04.2022

Claim No :

Reference : 0422 -22925

Policy No :

	Amount
To proceed on lump sum repair	S\$ 9100.00

E. & O. E.

Total : S\$ 9100.00

GST @ 7% : S\$ 637.00

Amount Due : S\$ 9737.00



for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

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: CHIAH POAY CHIN

Invoice : DCR-2022-04-21

Date : 21.04.2022

Agreement No : 22252

Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : SLH 7631Z (0422-22925) \$ 500.00

Rental Period from 16.04.2022 to 21.04.2022 .

E. & O. E.

Total \$ 500.00

JIN EE

for Dynamic Car Rental

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

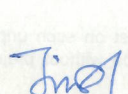
No. **22252**

Name CHIAH POAY CHIN			REG. No. 3LH 7631Z		MAKE MODEL:	
ADDRESS BLK 228A ANG MO KIO ST 23					DIESEL PETROL E 1/4 1/2 3/4 F	
# 15-25 S(561228)			KM IN		DATE & TIME IN 21/04/2022 @ 15:40pm	
			KM OUT		DATE & TIME OUT 6/04/2022 @ 10:15Am	
			KM DRIVEN		TIME USED	
NAMED DRIVER						
DRIVING LICENCE NO 88783451D	DATE OF EXPIRY	PLACE OF ISSUE	HOURS		@SS	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	5 DAYS		@SS 100 \$ 500.00	
ADD NAMED DRIVER			WEEKS		@SS	
			MONTHS		@SS	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR COLLISION DAMAGES WAIVER (C.D.W.)		SUB-TOTAL	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE				
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 summonses. 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.					TOTAL RENTAL \$ 500.00	
					DELIVERY FEE	
					COLLECTION FEE	
ADDITIONAL CONDITIONS: COMPREHENSIVE COVERED EXCESS: *Section I - Used in S'pore only : SGD 2000.00 *Section II - Used in S'pore only : SGD 1500.00 *W/screen Excess In S'pore : SGD 100.00 *Section I - Used outside S'pore : SGD 4000.00 *Section II - Used outside S'pore : SGD 3000.00 *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 *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used outside S'pore : SGD 3000.00 YOUNG AND INEXPERIENCE DRIVER Hirer or any authorized driver who is aged 22 years old (on the date of accident) and below or possess only 18 month or less driving experience. COMPREHENSIVE COVERED EXCESS: (YOUNG AND INEXPERIENCE DRIVER) *Section I - Used in S'pore only : SGD 6000.00 *Section II - Used in S'pore only : SGD 6000.00 *W/screen Excess In S'pore : SGD 100.00 *Section I - Used outside S'pore : SGD 12,000.00 *Section II - Used outside S'pore : SGD 12,000.00 *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 must bear all costs to the damage of the return vehicle. *Section II - Used outside S'pore : SGD 12,000.00 Hirer is responsible for any costs to the THIRD PARTY DAMAGE / INJURY claims.			BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR PERSONAL ACCIDENT INSURANCE (P.A.I.) PER DAY PER WEEK PER MONTH \$ \$ \$ PREPAYMENT TOTAL CHARGE CHECK DEPOSIT CASH RECEIPT NO. NETT CHARGE AMOUNT DUE / REFUND			

I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THEREOF.

SIGNED BY THE PARTIES HERETO ON THE DAY OF

X 
 RENTER'S/DRIVER'S SIGNATURE

X 
 DYNAMIC CAR RENTAL


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJL9242C

Date of Accident

15/04/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **16/12/2021 - 15/12/2022**Requested By **ALLAN TANG (KIM CHWEE AUT...**Requested Date **16/04/2022 09:25****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**



AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, CHIAH POAY CHIN ("the third party claimant")
of BLK 228A ANG MO KIO ST 23 #15-25 S(561228) (address),
owner of SMN 8749T (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. SMN 8749T that was
damaged pursuant to the accident which occurred on 15.04.2022 (date) along
MOULMEIN ROAD AFTER CTE EXIT (location)
involving vehicle no/s SJL 9242C ("the accident").

I further authorize the workshop to settle the 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.

Date this 16 day of 04 (month) 20 22 (year)

Signed by "the third party claimant"

Signed by "the workshop"



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	18/04/2022 16:02 (SGT)
Date of Accident	15/04/2022 02:10 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	MOULMEIN ROAD AFTER CTE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8749T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIAH POAY CHIN
NRIC No	SXXXX451D
Email Address	EDMEN.CHIAH0622@GMAIL.COM
Mobile Phone No	(Phone) +65-92209127
Alternative Phone No	(Home) +65-92209127

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	5112229432-02
Cover Note Number	-

DRIVER

Name of Driver	CHIAH POAY CHIN
NRIC No	SXXXX451D

Date Of Birth	22/06/1987
Occupation	Outdoor
Date Of Driving Pass	27/02/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92209127
Alt. Phone Number	(Home) +65-92209127
Email Address	EDMEN.CHIAH0622@GMAIL.COM
Address	APT BLK 228A ANG MO KIO ST 23 #15-25
Address complement	-
Postcode	561228
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL9242C
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW7451J
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	CHIAH POAY CHIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN8749T
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.

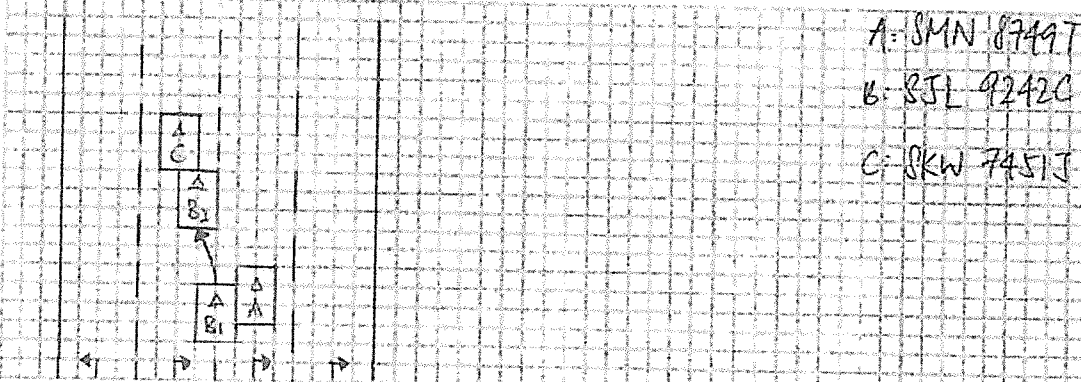

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMN 8749T	
B: BFL 9242C	
C: SKW 7451J	

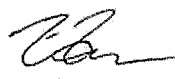



Describe Circumstances of the Accident


On 15/09/2022 at about 02:10AM. I was travelling along
 Moulmein Rd (After CTE Exit). I was travelling straight. Suddenly,
 I felt an impact. Vehicle B hit the left portion of my
 vehicle and ^{hit onto} vehicle C as well shortly after that.

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

A = SMN 8749 T
B = SJL 9242 C
C = SKW 7451 J

Describe Circumstances of the Accident

On 15/04/2022 at about 02:10AM. I was travelling along
Moulmein Rd (After CTE Exit). I was travelling straight. Suddenly,
I felt an impact. Vehicle B hit the left portion of my
Vehicle and ^{hit onto} Vehicle C as well shortly after that.

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8783451D**

Name: **CHIAH POAY CHIN**

Birth Date: **22 Jun 1987**

Issue Date: **04 Jun 2016**

002574304D

For insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8783451D**

Name: **CHIAH POAY CHIN**

谢培钦

Race: **CHINESE**

Date of birth: **22-06-1987**

Sex: **M**

Country/Place of birth: **MALAYSIA**

88783451D

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S8783451D**

Name: **CHIAH POAY CHIN**

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

Edman

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	27 Feb 2008
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Feb 2008

Licence No: S8783451D

NP 428A

For insurance Reporting And
Claim Purposes Only

5921580

NRIC No. **S8783451D**

Date of issue: **23-04-2018**

APT BLK 228A ANG MO KIO STREET 23 #15-25
SINGAPORE 561228
NRIC No: XXXXX451D

Date of change: 09/03/2021

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
13	PRIVATE HIRE CAR VL	19/07/2018

PDVL/TDVL
33 888 88888
272476

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: 5112229432-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN8749T**
Chassis Number : **MR2B23F3501186935**
2. Name of Policyholder : **CHIAH POAY CHIN**
3. Effective Date of Insurance : **30 Aug 2021**
4. Expiry Date of Insurance : **29 Aug 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIAH POAY CHIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 11 Aug 2021 00:42 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:	Singapore NRIC
Owner ID:	451D

Vehicle Details

Vehicle No.:	SMN8749T
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5 E (AUTO)
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	2NR5387889
Chassis No.:	MR2B23F3501186935
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,787.00
Original Registration Date:	30 Aug 2019
First Registration Date:	30 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$13,787.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2029
PARF Rebate Amount:	\$10,340.00

Intended COE Rebate Details

COE Expiry Date:	29 Aug 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,667.00
COE Rebate Amount:	\$19,648.00
Total Rebate Amount:	\$29,988.00

The information contained herein is correct as at 16 Apr 2022

OK