CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date: 14.06.2022

India International Insurance Pte Ltd 64 Cecil Street #04-05 IOB Building Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SDN 6895Z / GBJ 436A ON 20.05.2022

We are the authorized repair workshop for the owner of motor vehicle no: SDN 6895Z, which was involved in the captioned accident with your insured vehicle no: GBJ 436A. 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
2)	Loss of Rental

3) LTA Search Fee

\$ 5,407.45
\$ 7.45
\$ 600.00
\$ 4,800.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) LTA Search Result

e) GIA Report

g) I/C & Driving Licence

i) Vehicle Registration Log Card

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) Police Report

h) Insurance Certificate

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,

TANG JUN ZHONG

For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Tax Invoice: 22986

India International Insurance Pte Ltd

64 Cecil Street #04-05 IOB Building Singapore 049711

3 1

Attn: Motor Claim Department

Date

14.06.2022

Vehicle No SDN 6895Z

Make/Model : HYUNDAI ELANTRA AD 1.6

Chassis/Eng#

Accident Date | 20.05.2022

Claim No Reference

o 💯

0522 -22986

Policy No

Amount

To proceed on lump sum repair

S\$

4800.00

E. & O. E.

Total: S\$

4800.00

for CHOO MOTOR SPRAY PAINTER

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.22324

Name QUEK WEE	MAKE MODEL:								
ADDRESS	1109 (940 00	CITIAO /	SLH 7631 Z	DIESE	EL	PETROL	E 1	/4 1/2	3/4 F
BLK 450 Buck	IT PANJANG	RING ROAD	KM IN		DATE	& TIME IN U5 . 20 2 & TIME OUT	2 (4	713:0	Upm
# 10-595	SINGAPORE (70450	OUT		21. 6	15.20226	21	0:20	ans
			KM DRIVEN		TIME	USED			
NAMED DRIVER									
S 9108867 C	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	@S\$				
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	6	DAYS	@S\$	100	\$	600	.00
ADD NAMED DRIVER				WEEKS	@S\$				
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	M	ONTHS	@S\$				
PASSPORT NO DATE OF ISSUE PLACE OF ISSUE IMPORTANT NOTES:			BY INITIALLING, RENTER AGREES TO PAY ADD FEE		SUB-TOTAL				
			WAIVER (C.D.W.)	FOR COLLISION DAMAGES WAIVER (C.D.W.)					
This vehicle is licenced to carry 0- No refund will be given for vehicle No refund will be given for period	returns early				TOTA	L RENTAL	\$	600	.00
	ngs while damaged vehicle is under e and traffic summonese	r repair			DELIV	VERY FEE			
No service on public holiday and ! Geographical areas: Singapore &	Sunday		W. #		COLL	ECTION FEE			
agreement		to and the additional driver named in the	PER DAY PER V	WEEK	PER M	IONTH			
ADDITIONAL CONDITIONS:			BY INITIALLING, F						
COMPREHENSIVE COVERED E *Section I – Used in S'pore only : *Section II – Used in S'pore only : *W/screen Excess In S'pore : SG	SGD 2000.00 "Section I – U SGD 1500 00 "Section II – U	sed outside S'pore : SGD 4000.00 Jsed outside S'pore : SGD 3000.00 cess Outside S'pore : SGD 100,00	AGREES TO PAY A FOR PERSONAL AC INSURANCE (P.A.I.)	CIDENT					
THIRD PARTY COVERED EXCE 'Hirer must bear all costs to the d 'Section II – Used in S'pore only:	amages of the return vehicle		X						
*Hirer must bear all costs to the d *Section II – Used outside S'pore			PER DAY PER S	WEEK	PER N	IONTH			
YOUNG AND INEXPERIENCE D Hirer or any authorized driver who 18 month or less driving experien	o is aged 22 years old (on the date	of accident) and below or possess only	PREPAYMENT		TOTA	AL CHARGE			
	EXCESS: (YOUNG AND INEXPER	IENCE DRIVER) sed outside S'pore : SGD 12,000 00	CHECK		DEPO	OSIT			
*Section II – Used in S'pore only : *W/screen Excess In S'pore : SG	: SGD 6000 00	Jsed outside S'pore : SGD 12,000 00 cess Outside S'pore : SGD 100 00	CASH						
THIRD PARTY COVERED EXCE *Hirer must bear all costs to the d *Section II – Used in S'pore only:		E DRIVER)	RECEIPT NO		NET	CHARGE			
*Hirer must bear all costs to the d *Section II – Used outside S'pore									
Hirer is responsible for any c THIRD PARTY DAMAGE / IN	osts to the		AMOUNT DUE / RE	FUND					
	S AND CONDITIONS ON BO MENT AND AGREE THEREC								
SIGNED BY THE PARTIES I	HERETO ON THE		DAY OF						
	m								
7.6	ya-		7. //						
X			X		1				
RENTER	'S/DRIVER'S SIGNAT	URF		DYNA	MIC C	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: QUEK WEE HOU (GUO WEIHAO)

Invoice

DCR-2022-05-25

Date 27.05.2022

Agreement No : 22324
Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : ____SLH 7631Z___ (0522-22986)

\$ 600.00

Rental Period from 21.05.2022 to 27.05.2022

E. & O. E.

Total

600.00

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:

20 May 2022 / 15:57:30

Receipt Date/Time : 20 May 2022 / 15:57:30

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220520-002919

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBJ436A As at 20 May 2022/14:50:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - GBJ436A				
Enquiry Fee 20220520155701004799		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20220520155707249	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	:21.05						
то	: INDIA	INTERNA	TIONAL	Insura	INCE P	TE LTD	
RE	: ACCID	ENT INVOI	LVING V	/EHICLE N	10. <u>SDN</u>	1 6895 Z	/G187 436A
		11	b I d	T. 1	b l	7 /	(1 1)
	ALON	G <u>Upper</u>	Bukit	limah	Road	lowards	Clementi
	ON	0.05.20	22				
I/We,	QUEK	WEE HOU	(Guo	WEIHAO)	415,	•
of (NRIC	No./ROC N	No.)	5 911	088676	1110		
of Blk	450 Bi	akit Panjang	Ring	Road #	10-595	Singapore	670450
owner of	vehicle no.	SDN 6895	7	in consider	ation of M	/s CHOO M	OTOR SPRAY
				6895 Z	at my/		on and hereby
authorise	M/s CHOO	MOTOR SE	PRAY PA	6895 Z AINTER to	at my/ demand cl	aim settleme	nt whatever
authorise amount s	M/s CHOO ettled/payab	MOTOR SF	PRAY PA	6895 Z AINTER to ompany and	at my/ demand cl l/or third p	aim settleme arty or to cor	nt whatever mmence legal
authorise amount s proceeding	M/s CHOO ettled/payab ngs, if neces	MOTOR SF le by the Insusary, under m	PRAY PAurance Cony name,	AINTER to ompany and for the cost	at my/demand cl l/or third p	aim settleme arty or to cor , car rental ar	nt whatever mmence legal nd/or loss of use,
authorise amount s proceeding etc. and t	M/s CHOO ettled/payab ngs, if neces o their appo	MOTOR SF le by the Insusary, under m inting solicite	PRAY PAurance Cony name, or to act	AINTER to company and for the cost for me/us in	at my/ demand cl /or third p of repairs	aim settleme arty or to cor , car rental ar	nt whatever mmence legal
authorise amount s proceeding etc. and t all claime	M/s CHOO ettled/payab ngs, if necess o their appo ed and/or set	MOTOR SF le by the Insusary, under m inting solicited titled shall below and undertake	PRAY PAurance Cony name, or to act a	AINTER to company and for the cost for me/us in the mem absolut	at my/demand cl l/or third p of repairs respect of	aim settleme arty or to cor , car rental ar f the said acc	nt whatever mmence legal nd/or loss of use,
authorise amount s proceeding etc. and t all claime	M/s CHOO ettled/payabags, if necesso their apposed and/or set	MOTOR SF le by the Insusary, under m inting solicited titled shall below and undertake	PRAY PAurance Cony name, or to act a	AINTER to company and for the cost for me/us in the mem absolut	at my/demand cl l/or third p of repairs respect of	aim settleme arty or to cor , car rental ar f the said acc	nt whatever mmence legal nd/or loss of use, ident/claim and
authorise amount s proceeding etc. and t all claime I/We furt which ma	M/s CHOO ettled/payabags, if necesso their apposed and/or set	MOTOR SF le by the Insusary, under m inting solicite ttled shall bel d undertake to rewith.	PRAY PAurance Cony name, or to act a	AINTER to company and for the cost for me/us in the mem absolut	at my/demand cl l/or third p of repairs respect of	aim settleme arty or to cor , car rental ar f the said acc	nt whatever mmence legal nd/or loss of use, ident/claim and

SN08225N0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/05/2022 11:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab

VERSION: 1 (23/05/2022 11:21 (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 23/05/2022 11:21 (SGT) Date of Accident 20/05/2022 08:15 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore litional Location Information **TOWARDS CLEMENTI** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDN6895Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner QUEK WEE HOU (GUO WEIHAO) NRIC No SXXXX867C **Email Address** weihaoquek@gmail.com Mobile Phone No (Phone) +65-91374466 Alternative Phone No +65-91374466

VEHICLE PARTICULARS

iv.unufacturer Hyundai Model Elantra Variant Exact purpose for which vehicle was being used at time of 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 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00136132100 Cover Note Number

DRIVER

Name of Driver QUEK WEE HOU (GUO WEIHAO) NRIC No. SXXXX867C

Date Of Birth 11/03/1991 Occupation Indoor Date Of Driving Pass 29/11/2010 Driving experience 11 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91374466 Alt. Phone Number +65-91374466 Email Address weihaoguek@gmail.com Address BLK 450 BUKIT PANJANG RING ROAD #10-595 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 lice Station Address 10 Ubi Avenue 3 Singapore 408865 vvas notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220521/7001 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 GBJ436A Vehicle Manufacturer

Vehicle Variant

Vehicle Model

Vehicle Colour

Vehicle Category	Commercial vehicle
Name of Driver	WAYNE LAU ZHENYU
Contact Number	(Phone) +65-98576518
Address	₩.
Address complement	æ1
Postcode	⇒ 5
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	æ₁
No. Of Passenger (Including Driver)	=0

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	QUEK WEE HOU (GUO WEIHAO) Male (Phone) +65-91374466
Address	
Address Complement	3 0
Post Code	3 0
Approximate Age Years Old	\
· 'uries Sustained	SLIGHT INJURY
injured person in which vehicle?	SDN6895Z
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 Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Policyholder's Signature (If driver is not the policyholder) / Date

Time

Sketch Plan

A: SDN 6895Z

B: GBJ 436A

Refer to the pol		
claration declare the foregoing pa	ticulars are true in every respect	
		/11
Olm	- On-	23/05/200
yholder's Signature / Date	& Driver's Signature (if driver is not the policyholder) / & Time	Date Witnessed by Reporting Centre Personnel





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20220521/7001

Date/Time Report Made: 21/05/2022 00:16			Vide Report No.:	Station Diary No.
Informa	nt's Particu	ulars		2.41100000000000000000000000000000000000
	Informant: VEE HOU		Address: APT BLK 450 BUKIT PANJAN SINGAPORE 670450	NG RING ROAD #10-595
ID Type / ID No.: NRIC NO / S9108867C			Contact No.: Home/Office:	Mobile: 91374466
National SINGAP	ity: ORE CITIZ	EN	Email: weihaoquek@gmail.com	
Sex: Male	Age:	Date of Birth: 11/03/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupa	tion:		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

	mation of the Acci	dent	Especial Control of the Control of t	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2022 08:15	Type of Location: Straight Road
Location: UPPER BUK	IT TIMAH ROAD			
Weather:		Road Surface: Dry		Road Speed Limit:
CIRRI				O KIIVII
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDN6895Z	Car	HYUNDAI	ELANTRA+A D+1.6+GLS+ AT+%28AM S%29	l .		0

Details of Vehicle Insurance		Samo Caso	STATES IN
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220521/7001

CONTINUATION OF REPORT

Details of V	ehicle Insurance	nsurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SDN6895Z	CHINA TAIPING INSURANCE	DMPCSNW001361	07/07/2021	06/07/2022		
	(SINGAPORE) PTE, LTD.	32100				

Details of Perso	n Involved	raboral per	AND DESCRIPTION AND DESCRIPTIO		
Any Pedestrian II	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian Cro	ssing: NA
Driver		The Lates of		1 700 G	
Name	QUEK WEE HOU			ID No.	S9108867C
Related Vehicle	SDN6895Z (Car)			Contact N	o. 91374466
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	20/05/2022 Date		Date	NIL	
No. of Days gran	ted Medical Leave	03	Degree of	Slig	ght

Brief Details.

On 20 May 2022 at approximately 8.10am, I was driving my vehicle SDN6895Z along Upper Bukit Timah Road where my vehicle was stationary in a congested traffic, an impact from the back hit the back of my car and caused my car to surge forward.

I alighted to realized that GBJ436A had rear ended my vehicle.

Later at evening, I started to feel the back of my head and wrist was feeling sore and pain. Hence, I visited my company doctor at Unihealth 24-HR Clinic at Jurong East for treatment and was given 3 days MC.





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

3 of 3 Report No. T/20220521/7001

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2022 00:16
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Contact No.: 65476204 NP168	



On





Motor Private Car

MX1F

N SN

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)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysla)

AN0677A Cov. Type:C

CERTIFICATE No.

DMPC\$NW00136132100

Engine No.: G4FGJU204478

1. Index Mark and Registration

SDN6895Z

Cha. No.:KMHD841CMJU702762

AUTOSAFE ========

Number of Vehicle 2. Name of Policy Holder

QUEK WEE HOU

07/07/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$700.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25

\$\$3,000.00

Date of Explry of Insurance

06/07/2022

Ex Sect. I - Age >= 26 * Age as at date of accident \$\$500.00

EX ON WINDSCREEN .

S\$100.00

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 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: HL BANK

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CVD AUTO PTE LTD Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	867C
Vehicle No.:	SDN6895Z
Vehicle to be Exported:	No
ntended Deregistration Date:	21 May 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	G4FGJU204478
Chassis No.:	KMHD841CMJU702762
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,275.00
Original Registration Date:	19 Jun 2018
First Registration Date:	19 Jun 2018
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$12,275.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jun 2028
PARF Rebate Amount: Intended COE Rebate Details	\$9,206.00
COE Expiry Date:	18 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,426.00
COE Rebate Amount:	\$22,135.00
Total Rebate Amount:	\$31,341.00

The information contained herein is correct as at 21 May 2022