

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 : 11.07.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBD 1347Z / XE 5454E ON 03.06.2022

We are the authorized repair workshop for the owner of motor vehicle no: **GBD 1347Z** , which was involved in the captioned accident with your insured vehicle no: **XE 5454E** . 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)	\$ 19,795.00
2) Loss of Use (12 days + 2 Sunday X S\$150)	\$ 2,100.00
3) GIA Search Fee	\$ 2.00
4) Towing Fee	\$ 120.00
	<u>\$ 22,017.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|----------------------------------|------------------------------------|
| a) Final Repair Invoice | b) GIA Search Result |
| c) Towing Bill | 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

AXA Insurance Pte Ltd

Attn : Motor Claim Department

Tax Invoice : 23010

Date : 11.07.2022

Vehicle No : GBD 1347Z

Make/Model : NISSAN CABSTAR 3.0

Chassis/Eng# :

Accident Date : 03.06.2022

Claim No :

Reference : 0622 -23010

Policy No :

Amount

To proceed on lump sum repair

S\$

18500.00

E. & O. E.

Total : S\$ 18500.00

GST @ 7% : S\$ 1295.00

Amount Due : S\$ 19795.00



for FASTECH AUTO PTE LTD


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

XE5454E

Date of Accident

03/06/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance AXA Insurance Pte Ltd

Period of Insurance 26/05/2022 - 25/05/2023

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 03/06/2022 09:54

Payment detailsRequest 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**

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Sold to: _____

GBD 1347 Z

Date: 3/6/22

Item	Quantity	Description	Unit Price	Amount
		Woodlands Centre Rd		\$120
		to Reporting Tow Back		
		to Auto Bay		
E. & O. E.			Sub Total :	
			GST Tax :	
Issued by: <u>Luo</u>			Total :	\$120

CROWN

AUTHORISATION TO ACT

I/We, Maguare M&E Construction Pte Ltd (the third party claimant") of 38 Delfu Lane 10
#03-11 Delfu Industrial Estate S(539215) (address), owner of G8D 1347Z (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.
G8D 1347Z that was damaged pursuant to the accident which occurred on 03.06.2022 (date)
along KJE towards BKE (After Woodlands Road) (location) involving
vehicle no/s XE 5454E ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 03 (day) of June (month) 2022 (year)



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



Signed by "the workshop"
(with company stamp)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/06/2022 15:22 (SGT)
Date of Accident	03/06/2022 07:15 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TWDS BKE (AFTER WOODLANDS ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1347Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MSQUARE M&E CONSTRUCTION PTE LTD
Company Reg No	201221231C
Email Address	moor@msq.com.sg
Mobile Phone No	(Phone) +65-81824244
Alternative Phone No	(Office) +65-62801488

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	8-V0013387-MVA-R005
Cover Note Number	-

DRIVER

Name of Driver	ELAIYAPERUMAL KARTHIKEYAN
Passport No/FIN	G7621864T

Date Of Birth	25/02/1985
Occupation	Outdoor
Date Of Driving Pass	13/06/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-83148032
Alt. Phone Number	-
Email Address	moor@msq.com.sg
Address	38 DEFU LANE 10 #03-11
Address complement	-
Postcode	539215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
Weather Conditions	AFTER RAIN
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJAMANICKAM RAJESH
Gender	Male

PASSENGER 2

Name	POOMALAI KALIYAMOORTHY
Gender	Male

PASSENGER 3

Name	LOGIDASAN ANANTHARAJ
Gender	Male

PASSENGER 4

Name	RAMASAMY SENTHILKUMAR
Gender	Male

PASSENGER 5

Name	ADAIKKAN SELVARAJ
Gender	Male

PASSENGER 6

Name	SELLAIYAN IYAPPAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000



Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220603/7013.

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	XE5454E
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ELAIYAPERUMAL KARTHIKEYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RAJAMANICKAM RAJESH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	POOMALAI KALIYAMOORTHY
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Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	RAMASAMY SENTHILKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	LOGIDASAN ANANTHARAJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	ADAIKKAN SELVARAJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	SELLAIYAN IYAPPAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1347Z
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 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, 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;

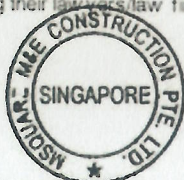
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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.



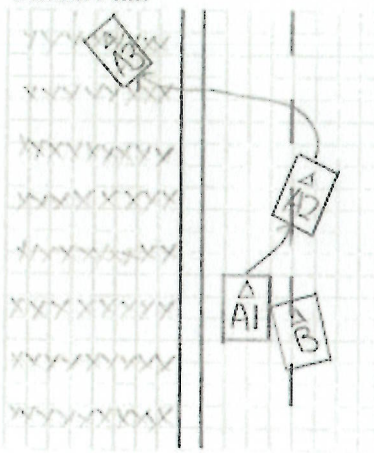
E. Karthikeyan

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBD 1341Z

B: XE 5454E

Describe Circumstances of the Accident

Refer to the police report (r/20220603/3013).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

E. Karthikeyan.

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

Witnessed by Reporting Centre
Personnel

Name Of Passenger

1. RAJAMANICKAM RAJESH (G2385494K)- 8709 5981
2. POOMALAI KALIYAMOORTHY (G7379512K)- 9359 7934
3. LOGIDASAN ANANTHARAJ (G2731471L)- 8504 4973
4. RAMASAMY SENTHILKUMAR (G7499661U)- 8455 5527
5. ADAIKKAN SELVARAJ (G2852039K)- 8426 9100
6. SELLAIAN IYAPPAN (G2685992T)- 8465 8737

Name Of Injured Person

1. ELAIYAPERUMAL KARTHIKEYAN (G7621864T)- 8314 8032 (DRIVER)
2. RAJAMANICKAM RAJESH (G2385494K)- 8709 5981
3. POOMALAI KALIYAMOORTHY (G7379512K)- 9359 7934
4. LOGIDASAN ANANTHARAJ (G2731471L)- 8504 4973 (NTF HOSPITAL)
5. RAMASAMY SENTHILKUMAR (G7499661U)- 8455 5527 (KTP HOSPITAL)
6. ADAIKKAN SELVARAJ (G2852039K)- 8426 9100 (KTP HOSPITAL)
7. SELLAIAN IYAPPAN (G2685992T)- 8465 8737 (NUH)

E. Koodlikeyan




**SINGAPORE
POLICE FORCE**


T/20220603/7013

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

1 of 5

Report No. T/20220603/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2022 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ELAIYAPERUMAL KARTHIKEYAN			Address:		
ID Type / ID No.: FIN NO / G7621864T			Contact No.: Home/Office: Mobile: 83148032		
Nationality: INDIAN			Email: sekarthikeyan1985@gmail.com		
Sex: Male	Age: 37	Date of Birth: 25/02/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry: 12/06/2022

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2022 07:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: AFTER RAIN		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1347Z	Lorry	NISSAN	CABSTAR 3.0		Seriously Damaged	6
XE5454E	Lorry					0

Details of Vehicle Insurance

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



T/20220603/7013

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

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1347Z	QBE Insurance (Singapore) Pte Ltd			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ELAIYAPERUMAL KARTHIKEYAN		ID No.	G7621864T
Related Vehicle	GBD1347Z (Lorry)		Contact No.	83148032
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 12/06/2022
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Serious
Passenger				
Name	RAJAMANICKAM RAJESH		ID No.	G2385494K
Related Vehicle	GBD1347Z (Lorry)		Contact No.	87095981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Serious
Passenger				
Name	POOMALAI KALIYAMOORTHY		ID No.	G7379512K
Related Vehicle	GBD1347Z (Lorry)		Contact No.	93597934
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220603/7013

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

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Passenger			
Name	SELLAIYAN IYAPPAN	ID No.	G2685992T
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84658737
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	RAMASAMY SENTHILKUMAR	ID No.	G7499661U
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84555527
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	ADAIKKAN SELVARAJ	ID No.	G2852039K
Related Vehicle	GBD1347Z (Lorry)	Contact No.	84269100
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	LOGIDASAN ANANTHARAJ	ID No.	G2731471L
Related Vehicle	GBD1347Z (Lorry)	Contact No.	85044973
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220603/7013

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

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Report No. T/20220603/7013

CONTINUATION OF REPORT

Brief Details.

ON 03.06.2022 AT ABOUT 07:15AM. I WAS TRAVELLING ALONG KJE TOWARDS BKE (AFTER WOODLANDS ROAD). I WAS TRAVELLING STRAIGHT. SUDDENLY, THE VEHICLE (XE5454E) CUT INTO MY LANE AND HIT THE SIDE OF MY VEHICLE (GBD1347Z). THE IMPACT CAUSED MY VEHICLE TO SWERVED AND MOUNT ON TO THE GRASS PATCH.

4 PASSENGERS WAS CONVEY TO HOSPITALS BY AMBULANCE.

REPORT NUMBER: J/20220603/0033

**SINGAPORE
POLICE FORCE**

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



T/20220603/7013

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Report No. T/20220603/7013

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

NP168

Signature Of Informant:

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

Date/Time:
03/06/2022 13:28

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7621864T**
Name: **ELAIYAPERUMAL KARTHIKEYAN**

Birth Date: **25 Feb 1985**
Issue Date: **13 Jun 2017**
Valid Till: **12/06/2022**

002693362A

For Insurance Reporting And
Claim Purposes Only

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **MSQUARE M&E CONSTRUCTION PTE. LTD.**

Name: **ELAIYAPERUMAL KARTHIKEYAN**
Work Permit No: **0 33039867**
Sector: **CONSTRUCTION**

K2971225

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE 13 Jun 2017

NP 428A

Licence No: G7621864T

VISIT PASS
Immigration Regulations

14-04-2022

Name: **ELAIYAPERUMAL KARTHIKEYAN**

FIN: **G7621864T**
Date of Birth: **25-02-1985** Sex: **M**
Nationality: **INDIAN**
MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group - Unique Entity No. 198401363C

1 Wallich Street, #35-01 Guoco Tower, Singapore 078881

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644018

www.qbe.com/sg**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

8-V0013387-MVA-R005Account Name **GIDEON INSURANCE AGENCIES****PRIVATE LIMITED**MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBD1347Z**
- 2 Name of Policyholder **MSQUARE M&E CONSTRUCTION PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **30/06/2021**
- 4 Date of Expiry **29/06/2022**
- 5 Person or Classes of Person entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

- 6 Limitations as to use*

- (a) Use in connection with the Policyholder's business.**
(b) Use for the carriage of passengers (other than for hire or reward)
(c) Use for social, domestic and pleasure purposes.

The Policy does not cover:-

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

- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 18/06/2021

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	231C
Vehicle Details	
Vehicle No.:	GBD1347Z
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jun 2022
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	ZD30339354K
Chassis No.:	JN1SC2F24Z0855882
Maximum Power Output:	-
Open Market Value:	\$25,081.00
Original Registration Date:	30 Jun 2014
First Registration Date:	30 Jun 2014
Transfer Count:	0
Actual ARF Paid:	\$1,255.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,301.00
COE Rebate Amount:	\$7,522.00
Total Rebate Amount:	\$7,522.00

The information contained herein is correct as at 03 Jun 2022

OK