

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 : 22.08.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SLU 6884Z / SHA 9380T ON 24.07.2022

We are the authorized repair workshop for the owner of motor vehicle no: **SLU 6884Z** , which was involved in the captioned accident with your insured vehicle no: **SHA 9380T** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

| | |
|--------------------------------------|--------------------|
| 1) Cost of Repair (inclusive of GST) | \$ 7,062.00 |
| 2) Loss of Rental | \$ 400.00 |
| | <u>\$ 7,462.00</u> |

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|-----------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice / Agreement |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Polis Result | 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

AXA Insurance Pte Ltd

Attn : Motor Claim Department

Tax Invoice : 23088

Date : 22.08.2022

Vehicle No : SLU 6884Z

Make/Model : MERCEDES C180

Chassis/Eng# :

Accident Date : 24.07.2022

Claim No :

Reference : 0722 -23088

Policy No :

| | | Amount |
|-------------------------------|-----|---------|
| To proceed on lump sum repair | S\$ | 6600.00 |

E. & O. E.

Total : S\$ 6600.00

GST @ 7% : S\$ 462.00

Amount Due : **S\$ 7062.00**


for FASTECH AUTO PTE LTD

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay

Singapore 417883

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

Co. Reg No: 52928467K

To: CHERNOV ROMAN

Invoice : DCR-2022-07-22

Date : 29.07.2022

Agreement No : 22423

Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : SLH 7631Z (0722-23088) \$ 400.00

Rental Period from 25.07.2022 to 29.07.2022 .

E. & O. E.

Total \$ 400.00

SZE LIN

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. **22423**

| | | | | | | | | | | | | | |
|--|--|----------------|---------------------------|----------------|--|---|--------|---|---|------------------|-----|-----|---|
| Name Chernov Roman | | | REG. No. SLH 7631Z | | MAKE MODEL: | | | | | | | | |
| ADDRESS 7 Geylang East Ave 1 | | | | | DIESEL | | PETROL | | E | 1/4 | 1/2 | 3/4 | F |
| #08-08 | | | KM IN | | DATE & TIME IN 29.07.2022 @ 16:06 pm | | | | | | | | |
| Singapore 389782 | | | KM OUT | | DATE & TIME OUT 25.07.2022 @ 11:41 am | | | | | | | | |
| | | | KM DRIVEN | | TIME USED | | | | | | | | |
| NAMED DRIVER G6424276N | | | | | | | | | | | | | |
| DRIVING LICENCE NO | | DATE OF EXPIRY | | PLACE OF ISSUE | | HOURS | | @S\$ | | | | | |
| PASSPORT NO | | DATE OF ISSUE | | PLACE OF ISSUE | | 4 DAYS | | @S\$ 100.00 | | \$ 400.00 | | | |
| ADD NAMED DRIVER | | | | | | WEEKS | | @S\$ | | | | | |
| DRIVING LICENCE NO | | DATE OF EXPIRY | | PLACE OF ISSUE | | MONTHS | | @S\$ | | | | | |
| PASSPORT NO | | DATE OF ISSUE | | PLACE OF ISSUE | | BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR COLLISION DAMAGES WAIVER (C.D.W.) | | SUB-TOTAL | | | | | |
| IMPORTANT NOTES: This vehicle is licenced to carry 04 passenger only. No refund will be given for vehicle returns early. No refund will be given for period left in vehicle. Hirer is liable to pay loss of earnings while damaged vehicle is under repair. Hirer is liable to pay all parking fee and traffic summonese. Vehicle return during office hour only. No service on public holiday and Sunday. Geographical areas: Singapore & West Malaysia. Driver must be: a) 18 years old and above. b) Holding a valid relevant class of driving license. The vehicle is strictly to be driven by the person to whom it is hired to and the additional driver named in the agreement. The hirer is not allowed to sub-let the vehicle to another party and subletting is not covered. | | | | | | | | | | | | | |
| ADDITIONAL CONDITIONS: COMPREHENSIVE COVERED EXCESS: *Section I – Used in S'pore only : SGD 2000.00 *Section I – Used outside S'pore : SGD 4000.00 *Section II – Used in S'pore only : SGD 1500.00 *Section II – Used outside S'pore : SGD 3000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 THIRD PARTY COVERED EXCESS: *Hirer must bear all costs to the damages of the return vehicle. *Section II – Used in S'pore only : SGD 1500.00 *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 I – Used outside S'pore : SGD 12,000.00 *Section II – Used in S'pore only : SGD 6000.00 *Section II – Used outside S'pore : SGD 12,000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 THIRD PARTY COVERED EXCESS: (YOUNG AND INEXPERIENCE DRIVER) *Hirer must bear all costs to the damages of the return vehicle. *Section II – Used in S'pore only : SGD 6000.00 *Hirer 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. | | | | | | X PER DAY \$ PER WEEK \$ PER MONTH \$ | | TOTAL RENTAL \$ 400.00 DELIVERY FEE COLLECTION FEE | | | | | |
| X PER DAY \$ PER WEEK \$ PER MONTH \$ | | | | | | BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR PERSONAL ACCIDENT INSURANCE (P.A.I.) | | | | | | | |
| 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

AUTHORISATION TO ACT

I/We, Chernov Roman (the third party claimant") of 7 Geylang East Ave 1 #08-08 S (389782) (address), owner of SLU 6884Z (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. SLU 6884Z that was damaged pursuant to the accident which occurred on 24.07.2022 (date) along Collyer Quay / Cross Street Junction (location) involving vehicle no/s SHA 9380T ("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 25 (day) of July (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 | 25/07/2022 19:25 (SGT) |
| Reported by | Both |
| Date of Accident | 24/07/2022 14:30 (SGT) |
| Exact Location of Accident | Collyer Quay, Singapore |
| Additional Location Information | COLLYER QUAY / CROSS STREET JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLU6884Z |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | CHERNOV ROMAN |
| NRIC No | GXXXX276N |
| Email Address | ROMAN.CHERNOV.7@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90118676 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| 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 |
| Policy Number / Cover Note Number | 5126373032 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | CHERNOV ROMAN |
| NRIC No | GXXXX276N |
| Date Of Birth | 16/01/1985 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 18/07/2018 |
| Driving experience | 4 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90118676 |
| Alt. Phone Number | - |
| Email Address | ROMAN.CHERNOV.7@GMAIL.COM |
| Address | 07 GEYLANG EAST AVE 1 #08-08 |
| Address complement | - |
| Postcode | 389782 |
| 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 | 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------|-------------|
| Name | CHEN JINGYU |
| Gender | Female |

PASSENGER 2

| | |
|--------|-------------------|
| Name | ALEXANDER CHERNOV |
| 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 ATTACHMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SHA9380T |
| 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 | CHERNOV ROMAN |
| Gender | Male |
| Phone No | (Phone) +65-90118676 |
| Address | 07 GEYLANG EAST AVE 1 #108-08 |
| Address Complement | - |
| Post Code | 389782 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLU6884Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------|
| Name of injured person | CHEN JINGYU |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLU6884Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|-------------------|
| Name of injured person | ALEXANDER CHERNOV |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLU6884Z |
| 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:

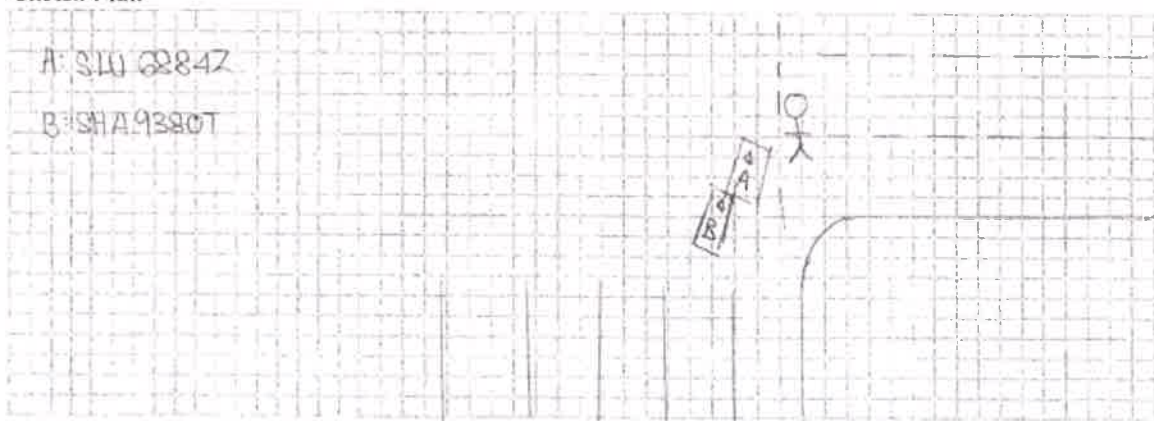
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 policy holder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on 24/07/2022 at about 230pm. I was travelling
 along Collier Quay. I was turning into cross street
 on a green light. I came to stop as pedestrians
 were crossing the street. vehicle B hit the rear
 of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY03227P0006-01 Vehicle Registration No: SLU6884Z
 Name (as shown in NRIC): CHERNOV ROMAN NRIC/FIN/Passport No: G6424276N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 07 GEYLANG EAST AVE 1 #08-08 Singapore (389782)
 Contact (Tel): 90118676 Mobile No.: _____
 Email Address: ROMAN.CHERNOV.7@GMAIL.COM
 Date of Accident: 24/07/2022 Time of Accident: 14:30
 Place of Accident: COLLYER QUAY / CROSS STREET JUNCTION
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER ADDRESS

 Policyholder / Driver's Signature
 Date:

N DICKNY
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:



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

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 25/07/2022 14:27 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHERNOV ROMAN | | | Address: 7 GEYLANG EAST AVENUE 1 #08-08 TRE RESIDENCES SINGAPORE 389782 | | |
| ID Type / ID No.: FIN NO / G6424276N | | | Contact No.: Home/Office: Mobile: 90118676 | | |
| Nationality: BRITISH | | | Email: ROMAN.CHERNOV.7@GMAIL.COM | | |
| Sex: Male | Age: 37 | Date of Birth: 16/01/1985 | Type of Informant: Driver | | |
| Race: Caucasian | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/07/2022 14:30 | Type of Location: X-Junction |
| Location: CROSS STREET | | | | |
| Weather: Cloudy | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------------------|-------------------------|--------|----------------------|-------|
| SHA9380T | Car | | | Yellow | | 0 |
| SLU6884Z | Car | MERCEDES BENZ | C 180 KOMPRESS OR | White | Seriously Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLU6884Z | NTUC Income Insurance Co-Operative Limited | 5126373032 | 16/03/2022 | 15/03/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | CHERNOV ROMAN | ID No. | G6424276N | |
| Related Vehicle | SLU6884Z (Car) | Contact No. | 90118676 | |
| Hospital/Clinic | OUR FAMILY CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 25/07/2022 | Date | NIL | |
| No. of Days granted Medical Leave | 03 | Degree of | Serious | |
| Passenger | | | | |
| Name | CHERNOV ALEXANDER | ID No. | G1746039R | |
| Related Vehicle | SLU6884Z (Car) | Contact No. | NIL | |
| Hospital/Clinic | OUR FAMILY CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 25/07/2022 | Date | NIL | |
| No. of Days granted Medical Leave | 03 | Degree of | Serious | |
| Passenger | | | | |
| Name | CHEN JINGYU | ID No. | G0962690K | |
| Related Vehicle | SLU6884Z (Car) | Contact No. | 85002690 | |
| Hospital/Clinic | OUR FAMILY CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 25/07/2022 | Date | 25/07/2022 | |
| No. of Days granted Medical Leave | 03 | Degree of | Serious | |



**SINGAPORE
POLICE FORCE**



T/20220725/7031

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

3 of 4

Report No. T/20220725/7031

CONTINUATION OF REPORT

Brief Details.

ON 24/07/2022 AT OR ABOUT 2:30PM, I WAS TRAVELLING ALONG COLLYER QUAY. I WAS TURNING INTO CROSS STREET ON A GREEN LIGHT. I CAME TO STOP AS PEDESTRIANS WERE CROSSING THE ROAD. VEHICLE SHA9380T HIT THE REAR OF MY VEHICLE. MY PASSENGERS AND I WERE ISSUED WITH THREE DAYS MC FROM "OUR FAMILY PHYSICIAN CLINIC & SURGERY".



**SINGAPORE
POLICE FORCE**



T/20220725/7031

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

4 of 4

Report No. T/20220725/7031

CONTINUATION OF REPORT

Sketch 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 /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
25/07/2022 14:27

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6424276N**

Name: **CHERNOV ROMAN**

Birth Date: **16 Jan 1985**

Issue Date: **18 Jul 2018**

Valid Till: **17/07/2023**

002825433D

EMPLOYMENT PASS

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

Employer: **GOLDMAN SACHS SERVICES (SINGAPORE) PTE. LTD.**

Name: **CHERNOV ROMAN**

FIN: **G6424276N**

K1079003

Handwritten signature

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

EFFECTIVE DATE 18 Jul 2018

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

NP 428A

Licence No: G6424276N

For Insurance Reporting And
Claim Purposes Only

VISIT PASS

Immigration Regulations

08-01-2019

Name: **CHERNOV ROMAN**

FIN: **G6424276N**

Date of Birth: **16-01-1985**

Sex: **M**

Nationality: **BRITISH**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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: 5126373032

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLU6884Z**
 Chassis Number : WDD2040452A688367
2. Name of Policyholder : CHERNOV ROMAN
3. Effective Date of Insurance : 16 Mar 2022
4. Expiry Date of Insurance : 15 Mar 2023
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : CHERNOV ROMAN |
| 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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)
 Date of Issue : 16 Mar 2022 16:27 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: | Foreign Identification Number |
| Owner ID: | 276N |
| Vehicle Details | |
| Vehicle No.: | SLU6884Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 25 Jul 2022 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | C 180 KOMPRESSOR |
| Primary Colour: | White |
| Manufacturing Year: | 2012 |
| Engine No.: | 27191031353331 |
| Chassis No.: | WDD2040452A688367 |
| Maximum Power Output: | 115.0 kW (154 bhp) |
| Open Market Value: | \$29,351.00 |
| Original Registration Date: | 02 Apr 2012 |
| First Registration Date: | 02 Apr 2012 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$29,351.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Mar 2027 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 5 |
| PQP Paid: | \$29,590.00 |
| COE Rebate Amount: | \$27,712.00 |
| Total Rebate Amount: | \$27,712.00 |
| Message | |
| Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 25 Jul 2022

OK