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: 17.01.2023

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: SLF 1722U / SFQ 8303M ON 13.11.2022

We are the authorized repair workshop for the owner of motor vehicle no: SLF 1722U , which was involved in the captioned accident with your insured vehicle no: SFQ 8303M . 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.

| | | \$ 5,402.00 |
|----|-----------------------------------|----------------|
| 3) | GIA Search Fee | \$ 2.00 |
| 2) | Loss of Rental | \$ 1,080.00 |
| 1) | Cost of Repair (inclusive of GST) | \$ 4,320.00 |

We enclosed herewith the following documents to support the claims:

- a) Final Repair Invoice
- c) GIA 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,

Jason Tang (jason@fastechauto.com.sg)
For FASTECH AUTO PTE LTD

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Tax Invoice: 23310

AIG Asia Pacific Insurance Pte Ltd

Chartis Building 78 Shenton Way #07-16

Singapore 079120

Attn: Motor Claim Department

:16.01.2023 Vehicle No

:SLF 1722U Make/Model HONDA VEZEL

Chassis/Eng#

Date

Accident Date #13.11.2022

Claim No

Reference

1222 -23310

Policy No

Amount

To proceed on lump sum repair

S\$

4000.00

E. & O. E.

Total : S\$

4000.00

GST @ 8% : S\$

320.00

Amount Due : S\$

4320.00

for FASTECH AUTO PTE LTD

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. 22953

| LOO HAN KWANG | | | SC 4111 C MAKE | | MODEL: | | |
|---|---|---|---------------------|--|---|---------------|--|
| ADDRESS BLK XX4 PASIR RIS STREET 51 | | | DIES | | EL PETROL | E 1/4 1/2 3/4 | |
| # 10 - 129 | | | KM IN | | 30 . (2 . >>> @ (7 : 06p | | |
| | RE 510554 | | KM OUT | | DATE & TIME OUT 24. 12. 262 @ 10: 06 AM | | |
| SHYCHE | KE 210524 | | KM DRIVEN | | TIME USED | -10:00 v | |
| NAMED DRIVER | | | 31111211 | | | | |
| DRIVING LICENCE NO | DATE OF EXPIRY | PLACE OF ISSUE | | HOURS | @S\$ | | |
| PASSPORT NO | DATE OF ISSUE | PLACE OF ISSUE | 6 | DAYS | @s\$ 180.00 | 9 (080 - 00 | |
| ADD NAMED DRIVER | | | WEEKS @S\$ | | | | |
| DRIVING LICENCE NO | DATE OF EXPIRY | PLACE OF ISSUE | ٨ | MONTHS | @ S\$ | | |
| PASSPORT NO | BY INITIALLING, RENTER AGREES TO PAY ADD FEE | | SUB-TOTAL | | | | |
| IMPORTANT NOTES: | | | 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 | e returns early | | | | TOTAL RENTAL | \$1080.00 | |
| | ngs while damaged vehicle is unde e and traffic summonese. | | | DELIVERY FEE | | | |
| No service on public holiday and Geographical areas: Singapore & Driver must be: | | | V | | COLLECTION F | EE | |
| a) 18 years old and above, b) Holding a valid relevant class of The vehicle is strictly to be driver agreement | | of to and the additional driver named in the subletting is not covered. | PER DAY PER \$ | WEEK | PER MONTH \$ | | |
| 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 | AGREES TO PAY ADD FEE FOR PERSONAL ACCI DENT INSURANCE (P.A.I.) | | | | | | |
| THIRD PARTY COVERED EXCE 'Hirer must bear all costs to the d 'Section II – Used in S'pore only | lamages of the return vehicle | | X PER DAY PER | WEEK | PER MONTH | | |
| Hirer must bear all costs to the d Section II – Used outside S'pore | | | \$ \$ | ************************************** | \$ | | |
| YOUNG AND INEXPERIENCE D Hirer or any authorized driver who 18 month or less driving experien | o is aged 22 years old (on the date | e of accident) and below or possess only | PREPAYMENT | | TOTAL CHARG | E | |
| COMPREHENSIVE COVERED E 'Section I – Used in Sipore only: | EXCESS: (YOUNG AND INEXPER | RIENCE DRIVER) Used outside S'pore : SGD 12,000 00 | CHECK DEPOSI | | DEPOSIT | | |
| *Section II – Used in S'pore only *W/screen Excess In S'pore : SG | : SGD 6000 00 | Used outside S'pore : SGD 12,000 00 xcess Oulside 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 | | CE DRIVER) | RECEIPT NO. NETT CH | | NETT CHARGE | | |
| *Hirer must bear all costs to the d | | | | | | | |
| Hirer is responsible for any of THIRD PARTY DAMAGE / II | | | AMOUNT DUE / REFUND | | | | |
| | S AND CONDITIONS ON BOMENT AND AGREE THERE | | | | | | |
| SIGNED BY THE PARTIES I | HERETO ON THE | | DAY OF | · | | | |
| 0 | | | | | | | |
| v हैं। व | L | | Y | 2 | • | | |
| DENTED | 'S/DRIVER'S SIGNAT | TIDE | | DVNA | MIC CAR REN | ITA I | |

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: LOO HAN KWANG

Invoice

: DCR-2022-12-18

Date : 16.01.2023

Agreement No : 22953
Payment Terms : LOD

| - | DESCRIPTION | AMOUNT |
|---|---|-------------|
| | | |
| | Rental charges for vehicle:SJC 4111C (1222-23310) | \$ 1,080.00 |
| | Rental Period from 24 12 2022 to 30 12 2022 | |

E. & O. E. Total \$ 1,080.00

KE LI

for Dynamic Car Rental

INSURER ENQUIRY Find insurer

Vehicle reg. no.

SFQ8303M

Date of Accident

13/11/2022



Reset

% RESULT & RECEIPT

| TP Insurer Enquiry | |
|---------------------|--------------------------------|
| Insurance | AlG Asia Pacific Insurance Pte |
| Period of Insurance | 12/11/2022 - 11/11/2023 |
| Requested By | ALLAN TANG (KIM CHWEE AUT |
| Requested Date | 14/11/2022 15:34 |

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**



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

| I, LOO HAN KWANG | ("the third party claimant") |
|---|--|
| of BLK YY4 PASIR RIS STREET 51 #10-129 S | NGAPORE 510554 (address), |
| owner of SLF 1722 U (veh | cle 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 veh | icle no. <u>SLF 17224</u> that was |
| damaged pursuant to the accident which occ | |
| Towards Upper Changi Road North | (location) |
| involving vehicle no/s SFQ 8303 M | ("the accident"). |
| payment furtherto settlement of my claim with favour of the workshop. I further acknowledge that any settlement behalf is on a without prejudice and without as the driver/owner/insurers of the other vehicles. | the workshop may reach on my admission of liability basis insofar |
| Date thisday of | (month) 20(year) |
| Book × | AUTO 200006262D |

SN0922BE000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/11/2022 17:13 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (14/11/2022 17:13 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 Delicy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 A The issue and acceptance of this Form by insurance companies.

- 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 14/11/2022 17:13 (SGT) Reported by **Both** Date of Accident 13/11/2022 10:40 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TOWARDS UPPER CHANGI ROAD NORTH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLF1722U

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner LOO HAN KWANG NRIC No. SXXXX283A Email Address looshanmi@gmail.com Mobile Phone No (Phone) +65-98359918 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01012675

DRIVER

Name of Driver LOO HAN KWANG NRIC No SXXXX283A Date Of Birth 27/01/1966 Occupation Indoor

Date Of Driving Pass 04/10/1985 Driving experience 37 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-98359918 Alt. Phone Number Email Address looshanmi@gmail.com Address BLK 554 PASIR RIS STREET 51 #10-129 Address complement Postcode 510554 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name LOO SHAN MI Gender **Female** PASSENGER 2 Jame TAY LEE CHAU Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221113/2061 ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | SFQ8303M |
|---|----------------|
| Vehicle Manufacturer | . 3 |
| Vehicle Model | (* |
| Vehicle Variant | (/ <u>e</u> : |
| Vehicle Colour | 3 2 3 |
| Vehicle Category | Private car |
| Name of Driver |)e: |
| Contact Number | - |
| Address | - |
| Address complement | |
| Postcode | |
| Insurance Company Name | (- 2 |
| Nature Of Damage | |
| Details of property damaged in accident | - |
| | |
| No. Of Passenger (Including Driver) | |

INJURED PERSONS DETAILS

'NJURED 1

| TOOTIED ! | |
|---|---|
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | LOO SHAN MI Female (Phone) +65-98359918 SLIGHT INJURY SLF1722U Yes No |
| INJURED 2 | |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? | TAY LEE CHAU Female (Phone) +65-97385426 SLIGHT INJURY SLF1722U Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report garractin the details of the accident to appeal up this claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as fruthful and accurate as possible. Any wiful marepresentation 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 read
- 7. By the lodgement of this report to the insurers, you hereby consent to the erchiving 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 (a) My visurer, my workshop and mis demonstration set out in this (form) and any other 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers), the insurers "), the insurers "who have insured vehicle(s) involved in this accident (all insurers) and provided in this accident (all insurers). government agency/authority (such as the police), for the purpose(s) of
- (0 processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations reliaing to the cision:
- (4) investigating the accident and/or my claims;
- (a) carrying out and/or desting with my instructions or responding to any enquiries by me.
- (iv) administering my claims (including the making of correspondence, statements, sworces, 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/med packages); and/or
- (v) complying with applicable law in administering, processing, handling end/or dealing with my claims (colectively the 'Purposes')
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yers law firms, maylare 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 GW to their third party service providers or agents (including their law yers/lew firms), which may be sized outside of Singapore, for one or more of the above Purposes.

| BODE Policyholder's Signature / Data & | Driver's Signature (II driv | er is not the policyholder) / Date Wilffissed by Reporting Centre |
|--|-----------------------------|--|
| | & Time do more | Wild City to Personnel |
| Sketch Plan | (TOWNER | WHIRE CLIBARIA ROLD MOKIEL |
| , | | WHAR CHARGE ROPE NORTH A = SLF 1722 U |
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| Plea | se feber | - A | | | |
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| 1 sea | se keace | Police | Region | No | T/20231113/2061 7 |
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Police Station Of Ongin: Pasir Ris N P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. 7/20221113/2061

Tei No 1800-5852999

| Date/Time Report Made 13/11/2022 23:33 | | | Vide Report No.: | Station Diary No. | |
|---|--------------------|------------------------------|--|----------------------------|--|
| Informar | it's Partic | ulars | 有: "我们我们相同人类"() · 和 图 / 数 | Prisonal Paris | |
| Name of LOO SHA | Informant AN MI | | Address: APT BLK 554 PASIR RIS ST 510554 | REET 51 #10-129 SINGAPORE | |
| ID Type / ID No NRIC NO / \$98365241 | | | Contact No.: | Mobile: 98359918 | |
| Nationality SINGAPORE CITIZEN | | | Email: | | |
| Sex Female | Age: 24 | Date of Birth: 29/10/1998 | Type of Informant Passenger | | |
| Race Chinese | | | Language: | Institution / School Name: | |
| Occupatio Research | | n-statistical) | Driving Licence Information: Class: 3 | Date of Expiry: | |

| Type of Accident: | Injury Other's | Drink Drive No | Date/Time of Accident: 13/11/2022 10:40 | Type of Location | |
|--|-------------------|----------------------|---|------------------|--|
| Location: TAMPINES E Weather: Clear | XPRESSWAY | Road Surface: | R | pad Speed Limit: | |
| Traffic Flow: Dual Carrlage Way | | Traffic Control: | Maria de la companya della companya | Traffic Volume: | |
| | | Traffic Light - Wor | rang H | VVES | |

| Vehicle No. | Type | Make | Model | Color | - Table | |
|-------------|------|------------|-------|-------|-----------|-----------------|
| SFQ8303M | Car | - Milliand | Model | Color | Condition | No of Passenger |
| | Oa. | | | | Slightly | 0 |
| SLF:722U | Car | | | | Slightly | |

| Details of Person Involved | |
|-------------------------------|-------------------------------|
| Any Pedestnan Involved: No | |
| No of Pedestrians Injured Nit | Use of Pedestrian Crossing NA |





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Report No. T/20271113/2061

CONTINUATION OF REPORT

| Passenger | A CARL LAND LAND | 2 | | | | |
|-------------------|-------------------------|-----|----------|---|--------|--|
| Name | LOO SHAN MI | | | ID No | | S9836524I |
| Related Vehicle | SLF1722U (Car) | | | Contact No | | 98359918 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | | Class of Driving Licence & Expiry Date | | Class 3 Date of Expiry: NIL |
| Date Treatment | 13/11/2022 | | Date Dis | scharge | | /2022 |
| No. of Days gran | ted Medical Leave | 05 | | of Injury | - | THE RESERVE OF THE PARTY OF THE |
| Passenger | STATE OF THE PARTY | 建制工 | | - | | |
| Name | TAY LEE CHAU | | | ID No | | S2607622F |
| Related Vehicle | SLF1722U (Car) | | | Contact No. | | 97385426 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expry: NIL |
| Date Treatment | 13/11/2022 | | Date Dis | te Discharge 13/11 | | /2022 |
| No. of Days grant | ed Medical Leave | 05 | | of Injury | Slight | |

Brief Details.

On the 13/11/2022 at about 10.45am, my dad (SLF1722U) was driving along TPE towards Upper Changl Road North, Exit 1. At that point of time, he was on the 3rd lane. As we were approaching the traffic light, he slowed down, when suddenly a vehicle (SFQ8303M) cut into our lane from the left and collided onto the left side of my dad's car. This caused a scratch and a dent at the left rear passenger door.

Due to the impact of the accident, both me and my mum suffered some minor injuries. I had a strain neck while my mum had some strain on her shoulder, back and there is a bruise on her left elbow. My dad is not injured.

The particulars of the other driver: Lim Yiping, Esther HP: 97944603

We managed to exchange particulars and we agreed to do insurance claiming.



Sketch Plan

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Report No. T/20221113/2061

CONTINUATION OF REPORT

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report; G /

SGT 3 AMAL NADHIRAH BINTE JUFRI

Signature Of Interpreter:

Officer in Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Not applicable .

NO IBR

Signature Of Informant.

Date/Time: 13/11/2022 23:33

Classification Of Case





NAIC No. S1737283A

17-02-2021

Address

APT BLK 554 PASIR RIS STREET 51

#10-129

SINGAPORE 510554

Insurance Reporting And

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1737283A





Name

LOO HAN KWANG

呂 汉 光

Reci

CHINESE

Date of birth

1000

27-01-1966

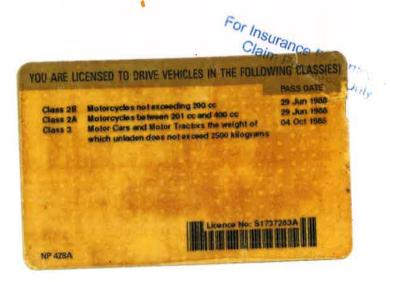
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Country/Place of birth

SINGAPORE









Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196



Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRANSPORT ACT 1987 (MALAYSIA) **ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)** MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No.

: D22MTPV01012675

Insured

: LOO HAN KWANG

Motor Vehicle (Registration No.): SLF1722U

Coverage

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date

: 16 AUGUST 2022 00:00

: 15 AUGUST 2023 23:59

Policy Expiry Date

: Market value at time of loss

Maximum Liability (Section I) Excess*

: \$500 - Section I

Voluntary Excess*

: N.A

Windscreen Excess*

: S\$100.00 for each and every applicable claim,

Persons or Classes of Persons entitled to drive*

- 1. The Insured.
- 2. Any other person who is driving on the Insured's order or with his permission,
- 3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

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

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP, 30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 27 JULY 2022 17:48

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle:

Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;

Motor Vehicle without a valid poincy of insurance under the Act;

On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);

This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11W06906 & WATERCOLOURS AUTOMOBILE CI Code: 22A FLXDSBT4RMB0BOKA

^{*} Subject to GST wherever applicable

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | | | | |
|--|--------------------------------------|--|--|--|
| Owner ID Type: | Singapore NRIC | | | |
| Owner ID: Vehicle Details | 283A | | | |
| Vehicle No.: | SLF1722U | | | |
| Vehicle to be Exported: | No | | | |
| Intended Deregistration Date: | 14 Nov 2022 | | | |
| Vehicle Make: | HONDA | | | |
| Vehicle Model: | VEZEL 1.5X CVT | | | |
| Primary Colour: | Red | | | |
| Manufacturing Year: | 2015 | | | |
| Engine No.: | L15B4030606 | | | |
| Chassis No.: | RU11110603 | | | |
| Maximum Power Output: | 96.0 kW (128 bhp) | | | |
| Open Market Value: | \$20,586.00 | | | |
| Original Registration Date: | 16 Aug 2016 | | | |
| First Registration Date: | 16 Aug 2016 | | | |
| Transfer Count: | 0 | | | |
| Actual ARF Paid: Intended PARF Rebate Details | \$10,821.00 | | | |
| PARF Eligibility: | Yes | | | |
| PARF Eligibility Expiry Date: | 15 Aug 2026 | | | |
| PARF Rebate Amount: Intended COE Rebate Details | \$7,033.00 | | | |
| COE Expiry Date: | 15 Aug 2026 | | | |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) | | | |
| COE Period(Years): | 10 | | | |
| QP Paid: | \$52,503.00 | | | |
| COE Rebate Amount: | \$19,702.00 | | | |
| Total Rebate Amount: | \$26,735.00 | | | |

The information contained herein is correct as at 14 Nov 2022