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: 31.01.2023

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: SMZ 2134T / SMH 1119P ON 07.01.2023

We are the authorized repair workshop for the owner of motor vehicle no: SMZ 2134T, which was involved in the captioned accident with your insured vehicle no: SMH 1119P. 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.

		\$ 6,058.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Rental	\$ 440.00
1)	Cost of Repair (inclusive of GST)	\$ 5,616.00

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 License

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, A. A.

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: 23331

AIG Asia Pacific Insurance Pte Ltd

Chartis Building 78 Shenton Way #07-16 Singapore 079120

Vehicle No SMZ 2134T Make/Model :: HYUNDAI CN 7

30.01.2023

Chassis/Eng#

Date

Attn: Motor Claim Department Accident Date @ 07.01.2023

Claim No

Reference 0123 -23331

Policy No

Amount

To proceed on with partby parts repair Inclusive of knocking, spray painting

5200.00 Labour charges and ets. S\$

E. & O. E.

Total : S\$

5200.00

GST @ 8% : S\$

416.00

Amount Due 🐺 S\$

5616.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay Singapore 417883

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

Co. Reg No: 52928467K

To: LIM CHIN KEONG

Invoice

: DCR-2023-01-11

Date : 11.01.2023

Agreement No : 22969 Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle: SKU 1627U (0123-23331)

440.00

Rental Period from 09.01.2023 to

11.01.2023

E. & O. E.

Total

440.00

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. 22969

Name LIM CHIN KEONG			REG. No. SKU 1627U	MAKE	MODEL:	
ADDRESS BLE XIC	A COMPASSVAL	E LANE		DIESI	EL PETROL	E 1/4 1/2 3/4
\$ 06-1		and finding	KM			3@ 1440h 13@ 13:001
			DRIVEN		TIME OOLD	
NAMED DRIVER ED	GAR LIM YU	1 YING				
S 9921177F	DATE OF EXPIRY	PLACE OF ISSUE	- I	HOURS	@S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	2	DAYS	@S\$) > 0 . 0 0	\$ 440.00
ADD NAMED DRIVER			V	VEEKS	@S\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	Mo	ONTHS	@S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, RI AGREES TO PAY AD FOR COLLISION DAI	SUB-TOTAL	TAL	
MPORTANT NOTES: This vehicle is licenced to carry 04	passenger only		WAIVER (C D.W.)			
No refund will be given for vehicle No refund will be given for period l Hirer is liable to pay loss of earnin			TOTAL RENTAL	\$ 440.00		
lirer is liable to pay all parking fee ehicle return during office hour or			DELIVERY FEE			
o service on public holiday and S eographical areas: Singapore & river must be:	V		COLLECTION FEE			
) 18 years old and above) Holding a valid relevant class o he vehicle is strictly to be driven greement	PER DAY PER WEEK PER MONTH \$ \$ \$					
DDITIONAL CONDITIONS:	the vehicle to another party and sub	pletting is not covered	BY INITIALLING, RE	ENTER		
COMPREHENSIVE COVERED EXCESS: Section I – Used in S'pore only: SGD 2000.00 Wscreen Excess In S'pore: SGD 100.00 Wscreen Excess Outside S'pore: SGD 100.00 "Wscreen Excess Outside S'pore: SGD 100.00 "Wscreen Excess Outside S'pore: SGD 100.00			AGREES TO PAY ADD FEE FOR PERSONAL ACCI DENT INSURANCE (P-A-I-)			
HIRD PARTY COVERED EXCES Hirer must bear all costs to the da Section II – Used in S'pore only :	amages of the return vehicle		X			
Hirer must bear all costs to the da Section II — Used outside S'pore :			PER DAY PER W	/EEK	PER MONTH \$	
OUNG AND INEXPERIENCE DE lirer or any authorized driver who month or less driving experience	is aged 22 years old (on the date of	of accident) and below or possess only	PREPAYMENT		TOTAL CHARGE	
COMPREHENSIVE COVERED EX Section I – Used in S'pore only : 8	XCESS: (YOUNG AND INEXPERIE SGD 6000 00 *Section I – Us	ENCE DRIVER) sed outside S'pore : SGD 12,000,00	CHECK		DEPOSIT	
Section II – Used in S'pore only : N/screen Excess In S'pore : SGD	SGD 6000 00	sed outside S'pore : SGD 12,000 00 ess Outside S'pore : SGD 100,00	CASH			
HIRD PARTY COVERED EXCES Hirer must bear all costs to the da Section II – Used in Sipore only:		DRIVER)	RECEIPT NO.		NETT CHARGE	
Hirer must bear all costs to the da Section II – Used outside S'pore :	amage of the return vehicle.					
lirer is responsible for any co 'HIRD PARTY DAMAGE / IN			AMOUNT DUE / REFUND			
	AND CONDITIONS ON BOT ENT AND AGREE THEREOR	· · - ·				
IGNED BY THE PARTIES H	ERETO ON THE		DAY OF			
	1.			-	<u> </u>	
X /	V		X			
RENTER!	S/DRIVER'S SIGNATU	JRE		DYNAI	MIC CAR RENTA	AL .

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMH1119P

Date of Accident

07/01/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	11/01/2022 - 10/01/2023
Requested By	ALLAN TANG (KIM CHWEE AUT
Requested Date	09/01/2023 09:57

Payment details

Request Amount: \$\$1.85 GST Amount: **\$\$0.15**

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

General Insurance Association

Records Management Centre GST Registration No: M400017735

AUTHORISATION TO ACT

LANE # 06-160 SINGA PORE YULTO (address), owner	ty claimant") of BLK 210A COMPASSVALE
authorize FASTECH AWTO PTE LTD ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss	
SMZ 2134T that was damaged pursuant to the ac	
along BLK 210A COMPASSVALE LANE #06-160	SINGAPORE XYIND (location) involving
vehicle no/s ("the accident").	
I further authorize the workshop to settle my above deem fit and the workshop is further authorized to re- claim with payment cheque/s being made in favour of	ceive payment further to settlement of my
I further acknowledge that any settlement the work without prejudice and without admission of liability of the other vehicle/s is concerned.	- •
Dated this(day) of(month)	20 <u>23</u> (year)
	AUTO GST Reg. No. TH 200006282D
Signed by "the third party claimant"	Signed by "the workshop"

(with company stamp)

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

SY0323190008 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 09/01/2023 15:03 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (09/01/2023 15:03 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual 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 09/01/2023 15:03 (SGT) Reported by Driver Date of Accident 07/01/2023 23:10 (SGT) Exact Location of Accident Singapore Additional Location Information SENGKANG EAST AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ2134T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM CHIN KEONG NRIC No S1797179D Email Address ROYLIM13@YAHOO.COM.SG Mobile Phone No (Phone) +65-93807983 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5128877088

DRIVER

Name of Driver **EDGAR LIM YU YING** NRIC No. S9921177F Date Of Birth 15/06/1999 Occupation Indoor

Date Of Driving Pass 21/02/2020 Driving experience 2 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-88636255 Alt. Phone Number Email Address EDGARLIM99.19@OUTLOOK.SG 210A COMPASSVALE LANE #06-160 Address Address complement Postcode 541210 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Child 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) 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Address

Was notice of intended Prosecution given?

Ves

Queenstown Neighbourhood Police Centre

(Phone) +65-18004719999

(Fax) +65-64715299

No. 3 Queensway #01-03 Singapore 149073

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Variant	
Vehicle Colour	3
Vehicle Category	Private car
Name of Driver	LIM CHENG CHUAN
NRIC No	S1703500B
Contact Number	(Phone) +65-91838454
Address	(36)
Address complement	O#2
Postcode	- = :
Insurance Company Name	<u>s</u>
Nature Of Damage	:
Details of property damaged in accident	12
No. Of Passenger (Including Driver)	(#)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EDGAR LIM YU YING
Gender) = :
Phone No	5 # 7
Address	(A.E.)
Address Complement	D=2
Post Code	-
Approximate Age Years Old	7 <u>~</u>
Injuries Sustained	ner
Injured person in which vehicle?	SMZ2134T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Please	Rober .	to -	the Police	Report	No. 7/20230108 /2026
laration					
	en ene tour tr				
declare the foregoing particula	a are the in over	y respect.			
1.		/.			
L*		F		6	
rholder's Signature / Date &	Driver's Signatu & Time	and the			Witnessed by Reporting Centre

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 repudlate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance companies.
- 5. Any faise 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' law yers/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;
- (ii) 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 porsonal 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposos; 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 siled outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Skotch Plan

Senglang East Road

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

Witnessed by Reporting Centre Personnel

A = SMZ 2134T

B = SMH 1119P





Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3 Report No. T/20230108/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2023 11:58			Vide Report No.: Station Diary No 27		
Informa	nt's Partici	ulars			
	Informant: LIM YU YII		Address: APT BLK 210A COMPASSVALE LANE #06-160 SINGAPORE 541210		
ID Type / ID No.: NRIC NO / S9921177F			Contact No.: Home/Office: Mobile: 88636255		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 23 15/06/1999			Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2023 23:10	Type of Location X-Junction
Weather:	EAST AVENUE	Road Surface:		Road Speed Limit:
Clear				
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	to provide a second	Fraffic Volume:

Details of V	ehicle Invo	lved		ASIR ELIKABE	建设在基础的	CONTRACTOR OF THE
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH1119P	Car				Slightly	1
SMZ2134T	Car				Slightly Damaged	0

Details of Person Involved	CALLED TO THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH
Any Pedestrian Involved: No	The state of the property of the state of th
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Queenstown N.P.C

Report No. T/20230108/2026

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Name	LIM CHENG CHUAN			ID No		047005000	100
110110	LIM OF LING CHOAN					S1703500B	
Related Vehicle	SMH1119P (Car)		Conta	ict No.	91838454	-	
Hospital/Clinic	NiL		Class Drivin Licen Expin	9	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch		NIL		-
No. of Days gran	ted Medical Leave	NIL	Degree of	The state of the s			
Driver				No.			delas.
Name	EDGAR LIM YU YING			ID No		S9921177F	1
Related Vehicle	SMZ2134T (Car)	-		Conta	ct No.	88636255	2
Hospital/Clinic	MOUNT ALVERNIA H		Class Drivin Licen Expin	g	Class: 3A Date of Expiry: NIL	(e)	
Date Treatment	08/01/2023		Date Disch	narge	NIL		
No. of Days gran	ted Medical Leave	05	Degree of		Sligh		

On 07/01/2023 at about 2310hrs, I was driving along SengKang East Ave towards Seletar Mall's direction. I was on the left lane and my vehicle (SMZ2134T) was already stationary as it was red light, and there was a car in front of mine. Suddenly, I felt an impact from the rear. I got down of the vehicle and exchanged particulars with the driver of the car (SMH1119P) behind that collided onto the rear of my vehicle. The driver said that he was not injured at that point of time, I was also feeling alright. However today I felt aches at my neck, shoulder, and back, therefore I went to visit the doctor. Twas given 5 days MC by Mount Alvernia Hospital. My vehicle's rear bumper suffered dents and cracks. The other vehicle also has slight damages.





Police Station Of Origin: Queenslown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20230108/2026

CONTINUATION OF REPORT

Sketch Plan

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: D / SR STAFF SGT Lee Jia Yan	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2023 11:58
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1797179D



LIM CHIN KEONG

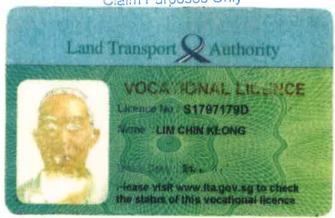
CHINESE Date of birth 19-02-1967 Country/Place of birth

SINGAPORE

5.1797.176D



For Insurance Reporting An Claim Purposes Only



6879430



11-06-2022

APT BLK 210A COMPASSVALE LANE SINGAPORE 541210

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

PASS DATE

Motor Cars and Motor Tractors the weight of

which unaden does not exceed 2500 kill organs. Heavy Motor Cars and Motor Tractors live weight of which unlacken exceeds 2500 kilograms

18 May 1967

23 May 1992

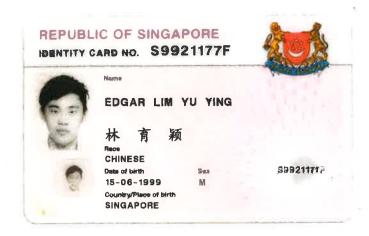
For Insurance Reporting And Claim Purposes Only

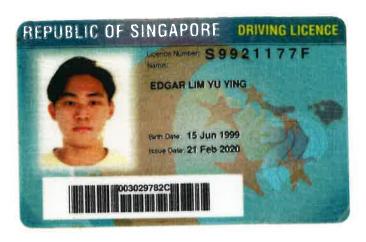
This card is not transferable and is the property of the Land Transport. Authority (LTA) it must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore \$75701.

Type Description 02 TAXI VL

Issue Date 24/01/2014







For Insurance Reporting And Claim Purposes Only



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

EFFECTIVE DATE

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



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: 5128877088

Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMZ2134T

Chassis Number

: KMHLN41ETNU172610

2. Name of Policyholder

: LIM CHIN KEONG

3. Effective Date of Insurance

: 20 Jul 2022

4. Expiry Date of Insurance

: 19 Jul 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.

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

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

EXCESS (SECTION 1) : \$\$2,000 : S\$1,500 **EXCESS (SECTION 2)** WINDSCREEN EXCESS : S\$100 : N/A ADDITIONAL EXCESS 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 **LIM CHIN KEONG**

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY ! YONG LEE SENG MOTOR PTE. LTD.

*** MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS** SUM INSURED

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

: YONG LEE SENG MOTOR PTE. LTD. (00000613109)

Date of Issue

: 18 Jul 2022 17:03 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:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 17 Oct 2022

Singapore NRIC

179D

SMZ2134T

No

17 Oct 2022

HYUNDAI

CN7 AVANTE 1.6 DOHC CVT S

Grey

2021

G4FMMU001879

KMHLN41ETNU172610

90.2 kW (120 bhp)

\$18,686.00

16 Apr 2021

16 Apr 2021

1

\$5,000.00

Yes

15 Apr 2031

\$3,750.00

15 Apr 2031

A - Car up to 1600cc & 97kW (130bhp)

10

\$44.589.00

\$37,882.00

\$41,632.00