

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 24.03.2023

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SKZ 9580R / SJL 1564B ON 03.03.2023

We are the authorized repair workshop for the owner of motor vehicle no: **SKZ 9580R** , which was involved in the captioned accident with your insured vehicle no: **SJL 1564B** . 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)	\$ 6,480.00
2) Loss of Rental	\$ 600.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 7,082.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|----------------------------------|------------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice / Agreement |
| c) GIA Search Result | 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

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 23403

Date : 20.03.2023

Vehicle No : SKZ 9580R

Make/Model : HONDA CITY 1.5

Chassis/Eng# :

Accident Date : 03.03.2023

Claim No :

Reference : 0323 -23403

Policy No :

	Amount
To proceed on lump sum repair	S\$ 6000.00

E. & O. E.

Total : S\$ 6000.00

GST @ 8% : S\$ 480.00

Amount Due : S\$ 6480.00


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: KALWAN SINGH

Invoice : DCR-2023-03-07

Date : 10.03.2023

Agreement No : 22930

Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : SLH 7631Z (0323-23403) \$ 600.00

Rental Period from 04.03.2023 to 10.03.2023 .

E. & O. E.

Total \$ 600.00

SIZE 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. 22930

Name Kalwan Singh (S16005501)			REG. No. QU 7631Z		MAKE MODEL:	
ADDRESS Apt Blk 110 Mcnair Road					DIESEL PETROL E 1/4 1/2 3/4 F	
#03-257			KM IN		DATE & TIME IN 10.03.2023 @ 1224hrs	
Singapore 320110			KM OUT		DATE & TIME OUT 04.02.2023 @ 1130hrs	
			KM DRIVEN		TIME USED	
NAMED DRIVER Gurdeep Kaur D/O Barta Singh						
DRIVING LICENCE NO S700457013	DATE OF EXPIRY	PLACE OF ISSUE	HOURS		@\$\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	6 DAYS		@\$\$ 100.00 \$ 600.00	
ADD NAMED DRIVER			WEEKS		@\$\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	MONTHS		@\$\$	
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 summonses. 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.					TOTAL RENTAL \$ 600.00	
					DELIVERY FEE	
					COLLECTION FEE	
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 \$ X PER DAY \$ PER WEEK \$ PER MONTH \$		BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR PERSONAL ACCIDENT INSURANCE (P.A.I.) X PER DAY \$ PER WEEK \$ PER MONTH \$	
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


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

sjl1564b

Date of Accident

03/03/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 17/11/2022 - 16/11/2023

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 04/03/2023 10:34

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

DATE : 04.03.2023

TO : China Taiping Insurance (S) Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SKZ 9580R / SJL 1564B

ALONG Serangoon Rd toward PIE

ON 03.03.2023

I/We, Kalwan Singh

of (NRIC No./ROC No.) S16005501

of Apt Blk 110 Mcnair Road #03-257 Singapore 320110

owner of vehicle no. SKZ 9580R in consideration of M/s FASTECH AUTO

PTE LTD repairing my/our vehicle SKZ 9580R at my/our instruction and hereby

authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever

amount settled/payable by the Insurance Company and/or third party or to commence legal

proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,

etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and

all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arise therewith.

Signature of Owner :



Name of Owner :

Kalwan Singh

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 Actual 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	06/03/2023 12:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/03/2023 06:45 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9580R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KALWAN SINGH
NRIC No	S1600550I
Email Address	KALWANSINGH63@GMAIL.COM
Mobile Phone No	(Phone) +65-90073932
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP319838

DRIVER

Name of Driver	KALWAN SINGH
NRIC No	S1600550I
Date Of Birth	10/01/1963
Occupation	Indoor

Date Of Driving Pass	09/05/2003
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90073932
Alt. Phone Number	-
Email Address	KALWANSINGH63@GMAIL.COM
Address	BLK 110 MCNAIR ROAD #03-257
Address complement	-
Postcode	320110
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 - Change/cross lane
Weather Conditions	Raining
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)	1
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?	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/20230306/7026.

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	SJL1564B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	CHAN JI HIONG
Contact Number	(Phone) +65-97533753
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	KALWAN SINGH
Gender	Male
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SKZ9580R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

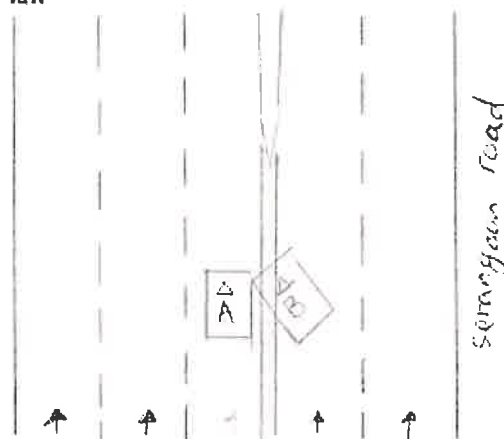
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKZ 9580R


B = SJL 1564B


Describe Circumstances of the Accident

On 03/03/2023 at about 6:45 am. I was travelling along Sarangoon Road. Suddenly, vehicle B (SJK 1564B) into my lane crossing the double white line road marking and collided on to right side of my vehicle (SKZ 9580R).

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 04/03/23 110942S
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230306/7026

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

1 of 3

Report No. T/20230306/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2023 11:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KALWAN SINGH			Address: 110 MCNAIR ROAD #03-257 SINGAPORE 320110		
ID Type / ID No.: NRIC NO / S1600550I			Contact No.: Home/Office: Mobile: 90073932		
Nationality: SINGAPORE CITIZEN			Email: KALWANSINGH63@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 10/01/1963	Type of Informant: Vehicle Owner		
Race: Sikh			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2023 06:45	Type of Location: Y-Junction
Location: SERANGOON ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJL1564B	Car					0
SKZ9580R	Car	HONDA	CITY 1.5	Silver	Seriously Damaged	1

Details of Vehicle Insurance

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



T/20230306/7026

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

2 of 3

Report No. T/20230306/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9580R	HL ASSURANCE PTE. LTD	MP319838	30/03/2022	29/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KALWAN SINGH		ID No. S1600550I
Related Vehicle	SKZ9580R (Car)		Contact No. 90073932
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4 Date of Expiry: NIL
Date	04/03/2023		Date 04/03/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 03.03.2023 AT ABOUT 6:45AM. I WAS TRAVELLING ALONG SERANGOON ROAD. SUDDENLY, VEHICLE B (SJL 1564B) INTO MY LANE CROSSING THE DOUBLE WHITE LINE ROAD MARKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE (SKZ 9580R).

I FEEL PAIN AT MY SHOULDER AND BACK AREA AFTER THE ACCIDENT. I VISITED KALLANG BAHRU FAMILY CLINIC PTE LTD AND WAS GIVEN 3DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20230306/7026

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

3 of 3

Report No. T/20230306/7026

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:
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:
06/03/2023 11:28

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1600550I



Name
KALWAN SINGH

Race
SIKH

Date of birth
10-01-1963

Sex
M

Country/Place of birth
INDIA



S1600550I

For Insurance Reporting And
Claim Purposes Only

S919700



NRIC No. S1600550I



Date of issue
20-04-2018

Address
APT BLK 110 MCNAIR ROAD
#03-257
SINGAPORE 320110



For Insurance Reporting And
Claim Purposes Only

10:35 P P P

85%



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S1600550I



CLASS AND ISSUE DATE

3 • 09 MAY 2003

4 • 16 NOV 2011

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

000470864C

^ Hide details



CERTIFICATE OF INSURANCE

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**

Form X1

CERTIFICATE NUMBER : MP319838

Type of Coverage : Comprehensive Own Damage Excess : SGD1,200.00

Sum Insured : **Market Value** Windscreen Excess : SGD100.00

- | | |
|-----------------------------------------------------------------------------------|-------------------------------|
| 1. Index Mark and Registration Number of Vehicle
Chassis Number of Vehicle | SKZ9580R
MRHGM6660GP000421 |
| 2. Name of Policyholder | SINGH, KALWAN |
| 3. Effective date of the Commencement of Insurance
for the purposes of the Act | 30 Mar 2022 |
| 4. Date of Expiry of Insurance | 29 Mar 2023 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. SINGH, KALWAN | 02. N/A |
| 03. N/A | 04. N/A |
| 05. N/A | 06. N/A |

(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 laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

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

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

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate 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 (Cap. 189).

Hire Purchase Company : N/A

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) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.



Authorized Signature

Issue on: 12 Feb 2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	550I
Vehicle Details	
Vehicle No.:	SKZ9580R
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Mar 2023
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 SV CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	L15Z12720038
Chassis No.:	MRHGM6660GP000421
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,503.00
Original Registration Date:	17 Feb 2016
First Registration Date:	17 Feb 2016
Transfer Count:	1
Actual ARF Paid:	\$13,503.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Feb 2026
PARF Rebate Amount:	\$8,101.00
Intended COE Rebate Details	
COE Expiry Date:	16 Feb 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,301.00
COE Rebate Amount:	\$15,146.00
Total Rebate Amount:	\$23,247.00

The information contained herein is correct as at 04 Mar 2023

OK