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: 13.04.2023

HSBC Life (Singapore) Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SKQ 6257S/SJQ 4155C ON 22.03.2023

We are the authorized repair workshop for the owner of motor vehicle no: SKQ 6257S, which was involved in the captioned accident with your insured vehicle no: SJQ 4155C . 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.

		\$ 4,550.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Rental	\$ 1,200.00
1)	Cost of Repair (inclusive of GST)	\$ 3,348.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) Car Rental Invoice / Agreement

c) GIA Search Report

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

Tax Invoice: 23429

HSBC Life (Singapore) Pte Ltd

Date 11.04.2023 Vehicle No SKQ 6257S Make/Model :: AUDI A3 SEDAN

Chassis/Eng#

Attn: Motor Claim Department Accident Date = 22.03.2023

> Claim No 4

Reference **4** 0323 -23429

Policy No

Amount

To proceed on lump sum repair

S\$ 3100.00

E. & O. E.

Total: S\$

3100.00

GST @ 8% : S\$

248.00

Amount Due: S\$

3348.00

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. 22854

Name Cai	RuoLing			AKE MODEL:	
ADDRESS APT (315 433 B	SENGKANG	saa yyy T		E 1/4 1/2 3/4 F
	WAY # 11		KM IN	23. 03. 23 OATE & TIME IN	@ 1:370M
STALA	APORE 79	-727	KM OUT	DATE & TIME OUT	@ 10: /5an
3 110 9	TIVRE TI	1435	KM DRIVEN	TIME USED	G 10-1244
NAMED DRIVER V			Dittal		
DRIVING LICENCE NO	Jun Wei DATE OF EXPIRY	PLACE OF ISSUE			
S & 339606 G			HOU		
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	4 04	ays @s\$ 300.00	\$1200.00
ADD NAMED DRIVER			WEE	EKS @S\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	MONT	rhs @s\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, RENT AGREES TO PAY ADD I FOR COLLISION DAMAGE	FEE	
IMPORTANT NOTES: This vehicle is licenced to carry 04			WAIVER (C-D.W-)	TOTAL DENTAL	1.
No refund will be given for vehicle r No refund will be given for period le Hirer is liable to pay loss of earning	eft in vehicle	repair		TOTAL RENTAL	\$1200-00
Hirer is liable to pay all parking fee Vehicle return during office hour on	and traffic summonese ly	· opan		DELIVERY FEE	
No service on public holiday and Si Geographical areas: Singapore & V Driver must be:			V	COLLECTION FEE	
 a) 18 years old and above. b) Holding a valid relevant class of The vehicle is strictly to be driven be agreement. 	by the person to whom it is hired t	o and the additional driver named in the	PER DAY PER WEE	K PER MONTH	
The hirer is not allowed to sub-let If ADDITIONAL CONDITIONS:	ne vehicle to another party and su	bletting is not covered.	BY INITIALLING, RENT	-ED	
COMPREHENSIVE COVERED EX	CESS:		AGREES TO PAY ADD F	FEE	
'Section I – Used in S'pore only : S 'Section II – Used in S'pore only : S 'W/screen Excess In S'pore : SGD	SGD 1500.00 Section II ~ U	sed outside S'pore : SGD 4000.00 sed outside S'pore : SGD 3000.00 sess Outside S'pore : SGD 100.00	INSURANCE (P.A.I.)	= 111	
THIRD PARTY COVERED EXCES. 'Hirer must bear all costs to the dar 'Section II – Used in S'pore only: S	mages of the return vehicle		X PER DAY PER WEE	K PER MONTH	
'Hirer must bear all costs to the dar 'Section II – Used outside S'pore :			\$ \$	\$	
YOUNG AND INEXPERIENCE DRI Hirer or any authorized driver who i 18 month or less driving experience	s 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 : S	CESS: (YOUNG AND INEXPERIE	ENCE DRIVER) sed outside S'pore : SGD 12,000 00	CHECK	DEPOSIT	
*Section II – Used in S'pore only : S *W/screen Excess In S'pore : SGD	GD 6000 00 *Section II - U	sed outside S'pore : SGD 12,000 00 ress Outside S'pore : SGD 100,00	CASH		
THIRD PARTY COVERED EXCESS *Hirer must bear all costs to the dar *Section II – Used in S'pore only: S	nages of the return vehicle.	EDRIVER)	RECEIPT NO.	NETT CHARGE	
*Hirer must bear all costs to the dar *Section II – Used outside S'pore :					
Hirer is responsible for any contribution PARTY DAMAGE / INJ	sts to the		AMOUNT DUE / REFUN	ID	
I HAVE READ THE TERMS A OF THIS RENTAL AGREEME			1		
SIGNED BY THE PARTIES HE	ERETO ON THE		DAY OF		
	Shart.				
v /	77		W _		
X	S/DRIVER'S SIGNATU	IDE.	X	NAMIC CAR RENTA	

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: CAI RUOLING Invoice : DCR-2023-03-20

Date : 27.03.2023

Agreement No : 22854
Payment Terms : LOD

DESCRIPTION	AMOUNT
Rental charges for vehicle: SGQ 555T (0323-23429)	\$ 1,200.00
Rental Period from 23.03.2023 to 27.03.2023 .	

E. & O. E. Total \$ 1,200.00

KE LI

for Dynamic Car Rental

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJQ4155C

Date of Accident

22/03/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance HSBC Life (Singapore) Pte. Ltd Period of Insurance ________11/05/2022 - 10/05/2023 Requested ByALLAN TANG (KIM CHWEE AUT... Requested Date _______22/03/2023 15:31

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

I/We, Cai Ruo Ling (the t	hird party claimant") of APT BLK 433 B SENG KANG), owner of SKQ 62575 (vehicle no.) hereby
WEST WAY # 11-133 S (792433) (address)), owner of SEQ 62575 (vehicle no.) hereby
authorize <u>Fastech</u> Auto Pte Lt	("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/o	
Sta 62575 that was damaged pursuant to	o the accident which occurred on 22.03.2023 (date)
along Yío Chy Kang Road	(location) involving
along Yio Chy Kang Road vehicle no/s SJQ 41550 ("the accident")	
I further authorize the workshop to settle my	y above mentioned claim in a manner that they
	ed to receive payment further to settlement of my
claim with payment cheque/s being made in fa	
bay ment enedges a soung made in m	would the workshop.
I further acknowledge that any settlement the	he workshop may reach on my behalf is on a
	ability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.	•
Dated this23 (day) ofMarch (month) 20 <u>></u> 3 (year)
Tadinh	GST Reg. No. 177 (200006262D)
Signed by "the third party claimant"	Signed by "the workshop"
(with company stamp if applicable)	(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 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 23/03/2023 15:54 (SGT) Reported by **Actual Driver** Date of Accident 22/03/2023 14:30 (SGT) xact Location of Accident Singapore YIO CHU KANG ROAD (NEAR JUNCTION TURN GERALD .Jditional Location Information DRIVE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SKQ6257S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CAI RUOLING** NRIC No S8845137F **Email Address** AHWEI09@OUTLOOK.COM Mobile Phone No. (Phone) +65-81001271 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model A3 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

vour vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5114282777-03

DRIVER

CC

Name of Driver NRIC No. Date Of Birth

YAO JUNWEI S8339606G 09/12/1983

Occupation **Date Of Driving Pass** Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address**

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

No

2

Indoor

Male

792433

Spouse

No

No

23/09/2004

18 YEARS AND 6 MONTHS

AHWEI09@OUTLOOK.COM

433B SENGKANG WEST WAY #11-535

(Phone) +65-96555579

THER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

lice Station Name Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SJQ4155C



Vehicle Model	<u> 20</u> 0
Vehicle Variant	320
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	: = S
Contact Number	
Address	≈
Address complement	20
Postcode	120
Insurance Company Name	(a)
Nature Of Damage	120
Details of property damaged in accident	=27
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender
Phone No
Address
Address Complement
St Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Wao JUNWEI

SKQ6257S

YAO JUNWEI

SKQ6257S

SKQ6257S

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiate policy liability</u>
- 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 Speagness (CIA) for archiving and that copies of this speak will fee a fee be a red
- 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;
- (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' law yers/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 taw yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Sketch Plan

Driver's Signature (Indriver is not the policyholder) / Date Reporting Centre Personnel

A : SKD 62575

B : SJQ 4155C

Describe Circumstances of		
	2023 at about 2:30pm. I	,
along Yio c	hu Kong Road. I was statio	nary due to the
	-	
	Suddenly? I felt an impac	6
rear portion as	nd vehicle B (SBQ 4155c) h	ud hit onto rear
portion of my	vehicle (SKQ 62575).	
eclaration		
We declare the foregoing particular	rs are true in every respect.	
	/	
	4.02pm. 22/3/23	
olicyholder's Signature / Date & me	Driver's Signature of driver is not the policyholder) / Date & Time	Wilnessed by Reporting Centre Personnel
	1	r er aut stigt





1 of 3

Report No. T/20230323/7038

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 13:35			Vide Report No.:	Station Diary No.:		
Informant'	s Particul	ars		The state of	The state of the	
Name of Informant:			Address:			
YAO JUNWEI			433B SENGKANG WEST WAY #11-535 SINGAPORE 792433			
ID Type / ID No.:			Contact No.:			
NRIC NO / S8339606G			Home/Office: Mobile: 96555579			
Nationality:			Email:			
SINGAPOR	RE CITIZE	N	Ahwei09@outlook.com			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	39	09/12/1983	Driver			
Race:			Language: Institution / School Name:		School Name:	
Chinese			English			
Occupation:			Driving Licence Information: Class: 2B,3	Date of Ex	piry:	

General Informati	on of the Accident			Planning State		- 21 3 10 20 1
Type of Accident:	Injury Others	[Orink Orive: No	Date/Time of Accident: 22/03/2023 14:30		Type of Location: Straight Road
Location:						
SELETAR HILLS	DRIVE					
Weather:		Road Su	urface:		Road	d Speed Limit:
Clear		Dry				
Traffic Flow:		Traffic C	Control:		Traff	ic Volume:
One Way		Traffic Li	ight - Worki	ng	Light	
Type of Collision: Between Moving	Vehicles - Head To Ro	ear				one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJQ4155C	Car					0
SKQ6257S	Car	AUDI	A3 SEDAN	White	Seriously Damaged	1

Details of V	ehicle Insurance	rance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





2 of 3

Report No. T/20230323/7038

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		
SKQ6257S	NTUC Income Insurance Co-Operative Limited	5114282777-03	15/12/2022	14/12/2023		

Details of Perso	n Involved			2 Euro II		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use of Peo	edestrian Crossing: NA			
Driver			THE REAL PROPERTY.		11 11 11	
Name	YAO JUNWEI			ID No		S8339606G
Related Vehicle	SKQ6257S (Car)			Contact No.		96555579
Hospital/Clinic	A LIFE CLINIC PTE LTD			Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date	23/03/2023		Date		23/03	3/2023
No. of Days gran	ted Medical Leave	05	Degree of		Serio	us

Brief Details.

ON 22.03.2023 AT ABOUT 2.30PM. I WAS TRAVELLING ALONG YIO CHU KANG ROAD. I WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B (SJQ4155C) HAD HIT ONTO REAR PORTION OF MY VEHICLE (SKQ6257S).

I VISITED A LIFE CLINIC PTE LTD AFTER THE ACCIDENT. I FELT PAIN TO MY NECK. I WAS GIVEN 5DAYS MC BY THE DOCTOR.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230323/7038

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2023 13:35
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:





REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



YAO JUNWEI NAME

S8339606G Ø NRIC NO.

09 DEC 1983 DATE OF BIRTH

SEX

MALE

SINGAPORE CITIZEN NATIONALITY / CITIZENSHIP

ance Re Purpos

For Insu

11 DEC 2013 DATE OF ISSUE

433B SENGKANG WEST WAY ADDRESS

#11-535

SINGAPORE 792433

DRIVING LICENCE

REPUBLIC OF SINGAPORE



S8339606G LICENCE NO.

2B • 05 DEC 2003 CLASS AND ISSUE DATE

3 • 23 SEP 2004

CERTIFICATE OF MERIT ELIGIBLE

DEMERIT POINTS 0

001038528A CARD SERIAL NO.

ト Hide details



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: 5114282777-03 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKQ6257S

Chassis Number : WAUZZZ8V1F1054523

2. Name of Policyholder : CAI RUOLING
3. Effective Date of Insurance : 15 Dec 2022
4. Expiry Date of Insurance : 14 Dec 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) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$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 : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : CAI RUOLING NAMED DRIVER (1) : YAO JUN WEI

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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 : ZEAL INSURANCE AGENCY (00000614483)

Date of Issue : 25 Nov 2022 16:15 hrs

For INCOME INSURANCE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	137F	
Vehicle No.:	SKQ6257S	
Vehicle to be Exported:	No	
Intended Deregistration Date:	22 Mar 2023	
Vehicle Make:	AUDI	
Vehicle Model:	A3 SEDAN 1.4 TFSI AMBIENTE MY 15	
Primary Colour:	White	
Manufacturing Year:	2014	
Engine No.:	CZC216785	
Chassis No.:	WAUZZZ8V1F1054523	
Maximum Power Output:	92.0 kW (123 bhp)	
Open Market Value:	\$27,183.00	
Original Registration Date:	15 Dec 2014	
First Registration Date:	15 Dec 2014	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$15,057.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	14 Dec 2024	
PARF Rebate Amount: Intended COE Rebate Details	\$8,281.00	
COE Expiry Date:	14 Dec 2024	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$67,089.00	
COE Rebate Amount:	\$11,583.00	
Total Rebate Amount:	\$19,864.00	

The information contained herein is correct as at 22 Mar 2023

ОК