

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 : 12.05.2023

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 : SND 6176A / SGZ 6606T ON 07.04.2023

We are the authorized repair workshop for the owner of motor vehicle no: **SND 6176A** , which was involved in the captioned accident with your insured vehicle no: **SGZ 6606T** . 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) | \$ 3,348.00 |
| 2) Loss of Rental | \$ 360.00 |
| 3) GIA Search Fee | \$ 2.00 |
| | <u>\$ 3,710.00</u> |

We enclosed herewith the following documents to support the claims:

- | | |
|----------------------------------|------------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice |
| c) GIA Search Report | d) Letter of Authorisation, etc... |
| e) GIA Report | f) Police Report |
| g) I/C & Driving License | 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@fastechnauto.com.sg)
For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 23458

Date : 10.05.2023

Vehicle No : SND 6176A

Make/Model : NISSAN KICKS PREMIUM

Chassis/Eng# :

Accident Date : 07.04.2023

Claim No :

Reference : 0423 -23458

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

All Invoices are subjected to GST

Fong Motors Rental Pte. Ltd.

(202109962H)
1 Autobay@Kaki Bukit
#01-45 Singapore 417883
Tel: 6748 5648

INVOICE

No. : FM-000813

C/O FASTECH AUTO - NG SEE CHAU

BLK 619 WOODLANDS DRIVE 52

#02-66

SPORE 740619

TEL : 97497695

FAX :

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 25/04/2023

Page : 1 of 1

| Item | Description | Qty | UOM | U/ Price S\$ | Disc. | Total S\$ |
|------|---|-----|-----|-----------------|-------|--------------|
| 1. | SFW9951D 17/04/2023- 20/04/2023 REF AGREEMENT NO. 10717 REPLACE VEHICLE NO. SND6176A | 1 | CAR | 360.00 | | 360.00 |

SINGAPORE DOLLAR THREE HUNDRED SIXTY ONLY

Total **360.00**

Notes :

- All cheques should be crossed and made payable to Fong Motors Rental Pte Ltd
- Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.



Authorised Signature

FONG MOTORS RENTAL PTE LTD

1 KAKI BUKIT AVENUE 6 BLK C #01-45 (AUTOBAY@ KAKI BUKIT)

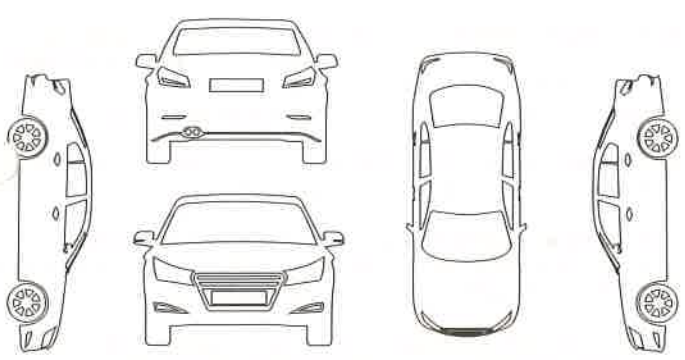

SINGAPORE 417883

HP: 8182 0548 H/P: 9633 7504

202109962H

NO: 10717

VEHICLE RENTAL AGREEMENT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|---|---------------|------------|--------|-----|---------|-----|--------|------|---|----------|-----|---------|------|--|-----------|--|-------|------|--|----------|--|----------|------|--|--|--|-----|------|--|---------------|--|-----|------|--|---------------|--|--------------------------------|--|--|--|--|-----------------------|--|--|--|------------|
| HIRER'S PARTICULAR Name: (as in I/C) <u>Ng See Chau</u> NRIC/PASSPORT NO: <u>872766658</u> Address (Res): <u>Blk 619 Woodlands Drive 52 #02-66 S'pore 730619</u> Name & Address of employer: _____ Occupation: <u>Grab Driver</u> Driving Exp: <u>21 years</u> Driving License No: <u>872766658</u> D/L Type: <u>Local / Int'l</u> Issue Date: <u>23/9/2003</u> Date of Birth: <u>27/01/1972</u> Tel: (O) _____ (R) _____ HP: <u>97497695</u> | | Vehicle No: <u>8FW99517</u> Replace Veh No: <u>5ND676A</u> Mileage Out: <u>132034</u> Make & Model: <u>Toyota Altis</u> Auto / Manual Date Out: <u>17/4/2023</u> Time: <u>1:35pm</u> HIRE / PERIOD EXPIRY <u>21/7/23</u> Time: _____ NON-WAIVER EXCESS = \$ <u>2000 + 2000</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL DRIVER'S PARTICULAR Name: (as in I/C) _____ NRIC/PASSPORT NO: _____ Address (Res): _____ Name & Address of employer: _____ Occupation: _____ Driving Exp: _____ | | CHARGES: <table border="1"> <tr> <td>Daily</td> <td>3 @ \$</td> <td>120</td> <td>Per day</td> <td>360</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> <td>Per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> <td>Per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> <td>Per hour</td> <td></td> </tr> <tr> <td>Malaysia</td> <td>@ \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> <td>Per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> <td>Per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery / Collection Services</td> <td></td> </tr> <tr> <td colspan="4">SUB - TOTAL \$</td> <td>360</td> </tr> </table> | | Daily | 3 @ \$ | 120 | Per day | 360 | Weekly | @ \$ | | Per week | | Monthly | @ \$ | | Per month | | Hours | @ \$ | | Per hour | | Malaysia | @ \$ | | | | CDW | @ \$ | | Per day/month | | PAI | @ \$ | | Per day/month | | Delivery / Collection Services | | | | | SUB - TOTAL \$ | | | | 360 |
| Daily | 3 @ \$ | 120 | Per day | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly | @ \$ | | Per week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly | @ \$ | | Per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours | @ \$ | | Per hour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaysia | @ \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDW | @ \$ | | Per day/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAI | @ \$ | | Per day/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery / Collection Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUB - TOTAL \$ | | | | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE CHECK LIST:  INDICATE: A - ACCIDENTS D - DENTS S - SCRATCHES | | PETROL LEVEL <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table> EXTENSION Misc. _____ TOTAL CHARGES \$ 360 Hirer's Signature:  Additional Driver's Signature: _____ | | Out | E | 1/4 | 1/2 | 3/4 | F | Out | E | 1/4 | 1/2 | 3/4 | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out | E | 1/4 | 1/2 | 3/4 | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out | E | 1/4 | 1/2 | 3/4 | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I have read and agree to the terms and conditions on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/credit card. All information that I have given to FONG MOTORS RENTAL PTE LTD in connection with this agreement is true.

*IMPORTANT NOTES

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY FONG MOTORS RENTAL PTE LTD

RETURN OF VEHICLE. THE HIRER / DRIVER IS TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS RENTAL PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| | | | | | |
|----------------|------------|---------------|---|---|-----------------------------|
| DATE IN | TIME IN | MILEAGE | CHECKED BY | FONG MOTORS RENTAL PTE LTD | SIGNATURE OF HIRER / DRIVER |
| <u>20/4/23</u> | <u>4pm</u> | <u>133228</u> |  |  | |

GEARS

Accident Reports

Insurer Enquiry

Third Party Reports

Files

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SQ265001

Date of Accident

07/04/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance: China Taiping Insurance (Sing...
Period of Insurance: 06/10/2022 - 05/10/2023
Requested By: JASON TANG (KIM CHWEE AUT...
Requested Date: 07/04/2023 18:23

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**

Print as receipt

Or directly use your browser print function.

DATE : 13-04-2023

TO : China Taiping Insurance Singapore Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SND 6176 A1
SGZ 6606T

ALONG Tessensohn Road Toward Balestier Road

ON 07-04-2023

I/We, Ng See Chan
of (NRIC No./ROC No.) S 727 6665 B
of APT BLK 619 Woodlands Drive 52 # 02-66 S (730619)
owner of vehicle no. SND 6176 A in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SND 6176 A 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 arisen therewith.

Signature of Owner : 

Name of Owner : Ng See Chan

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 | 08/04/2023 13:52 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 07/04/2023 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TESSENSOHN ROAD TOWARD BALESTIER RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SND6176A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | NG SEE CHAU |
| NRIC No | S7276665B |
| Email Address | NG.SEECHAU@YAHOO.COM |
| Mobile Phone No | (Phone) +65-97497695 |
| Alternative Phone No | |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | KICKS |
| Variant | |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 0 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5125401288-01 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | NG SEE CHAU |
| NRIC No | S7276665B |
| Date Of Birth | 27/10/1972 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 24/03/2020 |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97497695 |
| Alt. Phone Number | - |
| Email Address | NG.SEECHAU@YAHOO.COM |
| Address | 619 WOODLANDS DRIVE 52 #02-66 |
| Address complement | - |
| Postcode | 730619 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | 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) | 2 |
| 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 | UNKNOWN |
| Gender | Male |

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 ATTACHED

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 | SGZ6606T |
| Vehicle Manufacturer | |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | ZHU WENTING |
| Contact Number | (Phone) +65-83892168 |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------|
| Name of injured person | NG SEE CHAU |
| Gender | |
| Phone No | |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | SND6176A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

Describe Circumstances of the Accident


Please Refer to the police report

T/20230408/7010

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

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 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.

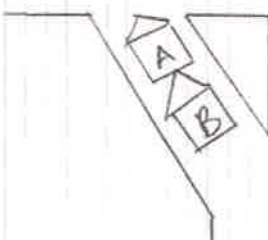
NG
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Balestier Rd



tessensahn

A = SND 6176A

B = SGZ 6606T



**SINGAPORE
POLICE FORCE**



T/20230408/7010

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

1 of 3

Report No. T/20230408/7010

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 08/04/2023 11:54 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG SEE CHAU | | | Address: 619 WOODLANDS DRIVE 52 #02-66 SINGAPORE 730619 | | |
| ID Type / ID No.: NRIC NO / S7276665B | | | Contact No.: Home/Office: Mobile: 97497695 | | |
| Nationality: MALAYSIAN | | | Email: NG.SEECHAU@YAHOO.COM | | |
| Sex: Male | Age: 50 | Date of Birth: 27/10/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: PRIVATE HIRE VEHICLE DRIVER | | | Driving Licence Information: Class: 2B,2 | | Date of Expiry: |

| | | | | |
|--|------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/04/2023 17:30 | Type of Location: T-Junction |
| Location: TESSENSOHN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|---------------------------------|--------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| SGZ6606T | Car | | | | | 0 |
| SND6176A | Car | NISSAN | KICKS PREMIUM PLUS 1.2L E-POWER | Silver | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230408/7010

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

2 of 3

Report No. T/20230408/7010

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SND6176A | NTUC Income Insurance Co-Operative Limited | 5125401288-01 | 14/01/2023 | 13/01/2024 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | NG SEE CHAU | | ID No. S7276665B |
| Related Vehicle | SND6176A (Car) | | Contact No. 97497695 |
| Hospital/Clinic | OUR FAMILY CLINIC & SURGERY PTE LTD | | Class of Driving Licence & Expiry Class: 2B,2 Date of Expiry: NIL |
| Date | 07/04/2023 | | Date 08/04/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

ON 07.04.2023 ABOUT 1730 HRS I WAS TREVELLING ALONG TESSENSOHN RD TOWARD BALESTIER RD. SUDDENLY THE VEHICLE (SGZ 6606T) COLLIDED ONTO REAR PORTION OF MY VEHICLE (SND 6176A).

I FELT PAIN ON MY BACK AFTER THE ACCIDENT. I WAS GIVEN 3 DAYS MC FROM "OUR FAMILY PHYSICIAN CLINIC & SURGERY".

I HAVE VIDEO FROM MY IN-CAR CAMERA.

**SINGAPORE
POLICE FORCE**

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



T/20230408/7010

3 of 3

Report No. T/20230408/7010

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:


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

Date/Time:
08/04/2023 11:54


Classification Of Case:



Land Transport Authority



VOCATIONAL LICENCE
 Licence No : S7276665B
 Name : NG SEE CHAU



Please visit www.lta.gov.sg to check the status of this vocational licence

For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7276665B



Name

NG SEE CHAU

黄瑞招

Race

CHINESE

Date of birth

27-10-1972

Country/Place of birth

MALAYSIA

Sex

M

S7276665B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S7276665B


NG SEE CHAU

Birth Date: 27 Oct 1972
 Issue Date: 23 Sep 2003



This card is not transferrable 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 575701.

| Type | Description | Issue Date |
|------|---------------------|------------|
| 14 | PRIVATE HIRE CAR VL | 24/03/2020 |



For Insurance Reporting And
Claim Purposes Only

9499468



NRIC No. S7276665B



Nationality
MALAYSIAN

Date of issue
14-09-2018

Address
APT BLK 819 WOODLANDS DRIVE 52
#02-66
SINGAPORE 730619

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 24 Sep 2002 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms | 24 Sep 2002 |

NP 429A



Licence No. S7276665B

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

License Renewal Receipt

Name

NG SEE CHAU

License Type

PDVL

Amount

\$40

Payment Mode

Nets

Transaction Date

09 Mar 2023

Your license is renewed successfully. The new date of expiry is 23 Mar 2026

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: 5125401288-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SND6176A**
Chassis Number : MNTFEAP15Z0002783
2. Name of Policyholder : NG SEE CHAU
3. Effective Date of Insurance : 14 Jan 2023
4. Expiry Date of Insurance : 13 Jan 2024
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 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 headings.

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

| | |
|--|---|
| EXCESS (SECTION 1) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES (FREE) |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : NG SEE CHAU |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : DICKSON CAPITAL PTE LTD |
| 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 : KCB AGENCY (00000614904)
Date of Issue : 03 Jan 2023 14:06 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: | 665B |
| Vehicle Details | |
| Vehicle No.: | SND6176A |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 10 Apr 2023 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | KICKS PREMIUM PLUS 1.2L E-POWER |
| Primary Colour: | Silver |
| Manufacturing Year: | 2020 |
| Engine No.: | HR12374475C |
| Chassis No.: | MNTFEAP15Z0002783 |
| Maximum Power Output: | 95.0 kW (127 bhp) |
| Open Market Value: | \$25,491.00 |
| Original Registration Date: | 14 Jan 2022 |
| First Registration Date: | 14 Jan 2022 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,688.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 13 Jan 2032 |
| PARF Rebate Amount: | \$9,516.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 13 Jan 2032 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$57,599.00 |
| COE Rebate Amount: | \$50,445.00 |
| Total Rebate Amount: | \$59,961.00 |

The information contained herein is correct as at 10 Apr 2023

OK