

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 : 10.06.2023

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 : GBK 5311M / GBJ 1309C ON 04.04.2023

We are the authorized repair workshop for the owner of motor vehicle no: **GBK 5311M**, which was involved in the captioned accident with your insured vehicle no: **GBJ 1309C**. 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)	\$ 24,840.00
2) Loss of Rental	\$ 5,400.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 30,242.00</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) I/C & Driving License |
| g) Insurance Certificate | h) 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 : 23446

Date : 08.06.2023

Vehicle No : GBK 5311M

Make/Model : MERCEDES BENZ VITO 114

Chassis/Eng# :

Accident Date : 04.04.2023

Claim No :

Reference : 0423 -23446

Policy No :

Amount

To proceed on lump sum repair

S\$

23000.00

E. & O. E.

Total : S\$

23000.00

GST @ 8% : S\$

1840.00

Amount Due : S\$

24840.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

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. 22866

Name Mel Works			REG. No. GBJ4966K		MAKE MODEL:								
ADDRESS 14 Dover Close East					DIESEL		PETROL		E	1/4	1/2	3/4	F
# 03-222 Dover Heights			KM IN		DATE & TIME IN 19.05.2023 @ 15:30hrs								
Singapore 130014			KM OUT		DATE & TIME OUT 04.04.2023 @ 13:00hrs								
			KM DRIVEN		TIME USED								
NAMED DRIVER Tan Ker Wen Melvin													
DRIVING LICENCE NO S6936191 I	DATE OF EXPIRY	PLACE OF ISSUE	HOURS		@ \$\$								
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	45 DAYS		@ \$\$ 120.00 \$5400.00								
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 \$5400.00								
					DELIVERY FEE								
					COLLECTION FEE								
ADDITIONAL CONDITIONS: COMPREHENSIVE COVERED EXCESS: *Section I - Used in S'pore only : SGD 2000.00 *Section II - Used in S'pore only : SGD 1500.00 *W/Screen Excess In S'pore : SGD 100.00 *Section I - Used outside S'pore : SGD 4000.00 *Section II - Used outside S'pore : SGD 3000.00 *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 II - Used in S'pore only : SGD 6000.00 *W/Screen Excess In S'pore : SGD 100.00 *Section I - Used outside S'pore : SGD 12,000.00 *Section II - Used outside S'pore : SGD 12,000.00 *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 \$										
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

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: MEL WORKS

Invoice : DCR-2023-05-17

Date : 19.05.2023

Agreement No : 22866

Payment Terms : LOD

DESCRIPTION	AMOUNT
Rental charges for vehicle : <u>GBJ 4966K</u> (0423-23446)	\$ 5,400.00
Rental Period from <u>04.04.2023</u> to <u>19.05.2023</u> .	

E. & O. E.	Total	\$ <u>5,400.00</u>
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KE LI
for Dynamic Car Rental

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

gbj1309c

Date of Accident

04/04/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **10/01/2023 - 09/01/2024**

Requested By **ALLAN TANG (KIM CHWEE AUT...**

Requested Date **04/04/2023 12:04**

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 : 04.04.2023

TO : China Taiping Insurance Singapore Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. GBK 5311 M /

GBJ 1309 C and others

ALONG PIE C before Exit Clementi Ave 6)

ON 04.04.2023

I/We, Mel Works

of (NRIC No./ROC No.) 5299 0758 E

of 14 Dover Close East # 03 - 222 Dover Heights S (130014)

owner of vehicle no. GBK 5311 M in consideration of M/s FASTECH AUTO

PTE LTD repairing my/our vehicle GBK 5311 M 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 :

Mel Works

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	05/04/2023 17:28 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (BEFORE EXIT CLEMENTI AVE 6)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5311M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEL WORKS
Company Reg No	52990758E
Email Address	mel_works1@yahoo.com.sg
Mobile Phone No	(Phone) +65-97466409
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2143

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23000923

DRIVER

Name of Driver	TAN KER WEN MELVIN
NRIC No	S6936191I
Date Of Birth	17/09/1969
Occupation	Outdoor

Date Of Driving Pass	31/12/1990
Driving experience	32 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97466409
Alt. Phone Number	-
Email Address	mel_works1@yahoo.com.sg
Address	APT BLK 14 DOVER CLOSE EAST #03-222 (S) 130014
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	HAMID BIN SHAZALI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH 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	GBJ1309C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD2300B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN5366S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBK6546X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	TAN KER WEN MELVIN
Gender	<input type="text"/>
Phone No	<input type="text"/>
Address	<input type="text"/>
Address Complement	<input type="text"/>
Post Code	<input type="text"/>
Approximate Age Years Old	<input type="text"/>
Injuries Sustained	<input type="text"/>
Injured person in which vehicle?	<input type="text"/>
Were seat belts worn?	<input type="text"/>
Was this injured conveyed to hospital by ambulance?	<input type="text"/>

INJURED 2

Name of injured person	HAMID BIN SHAZALI
Gender	<input type="text"/>
Phone No	<input type="text"/>
Address	<input type="text"/>
Address Complement	<input type="text"/>
Post Code	<input type="text"/>
Approximate Age Years Old	<input type="text"/>
Injuries Sustained	<input type="text"/>
Injured person in which vehicle?	<input type="text"/>
Were seat belts worn?	<input type="text"/>
Was this injured conveyed to hospital by ambulance?	<input type="text"/>

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' 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 law yers/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

▲
D
▲
C
▲
A
▲
B

P1E

D = YN 5366S

C = GBD 2300B

A = GBK 5311M

B = GBJ 1309C

Describe Circumstances of the Accident

On 04.04.2023 about 1030hrs. I was travelling along PIE. Suddenly, I followed front vehicle (GBD 2300B) brake but the vehicle B (GBJ 130AC) haven't brake and collided onto rear portion of my vehicle (GBK 5311M), the impact from the cause my vehicle to surge forward and collided into the vehicle in front of me. I was involved in a 4 vehicle chain-collision.

Declaration

I/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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UDN: 9663500280 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SKOU2345000N Vehicle Registration No: GBK 5311M
Name (as shown in NRIC) : Tan Ker Wen Melvin NRIC/FIN/Passport No : S69361911
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 14 Dover Close East #03-222 Dover Heights Singapore (130014)
Contact (Tel) : 9746 6409 Mobile No. : _____
Email Address : mel-works1@yahoo.com.sg
Date of Accident : 04.04.2023 Time of Accident : 1030hrs
Place of Accident : PIE (before Exit Clementi Ave 6)
Insurance Company : Ergo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Amend sketch plan
- 4 car involved : vehicle A: GBK 5311M
vehicle B: GBJ 1309C
vehicle C: GBD 2300B
D: YN 5366S


Policyholder / Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S69361911**
Name
TAN KER WEN MELVIN

Birth Date: **17 Sep 1969**
Issue Date: **10 Dec 2005**

001043795J

For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S69361911**

Name
TAN KER WEN MELVIN

陈克温

Race
CHINESE

Date of Birth
17-09-1969

Sex
M

Country of Birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
31 Dec 1990

Licence No: **S69361911**

NP 428A

For Insurance Reporting And
Claim Purposes Only

0196504

NRIC No: **S69361911**

Blood Group **O+** Date of Issue **21-06-1994**

Address
**APT BLK 12 DOVER CLOSE EAST
APT BLK 14 DOVER CLOSE EAST #03-222
SINGAPORE 130014**

NRIC No: **S69361911** Date: **22/04/2008** No: **8902502**

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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG23000923
Vehicle Registration Number : GBK5311M
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : MEL WORKS
Commencement Date of Insurance : 27/01/2023
Expiry Date of Insurance : 26/01/2024



24-Hour Helpline: 6100 1620

Excess :
EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

Finance Company/Hire Purchase Owner :

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : WDF44760323169463, Vehicle Engine/Motor Number : 65195033475753		CP1, 28/12/2022 09:54

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 758E

Vehicle Details

Vehicle No.: GBK5311M
Vehicle to be Exported: No
Intended Deregistration Date: 04 Apr 2023
Vehicle Make: MERCEDES BENZ
Vehicle Model: VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Primary Colour: Brown
Manufacturing Year: 2016
Engine No.: 65195033475753
Chassis No.: WDF44760323169463
Maximum Power Output: -
Open Market Value: \$37,800.00
Original Registration Date: 27 Jul 2016
First Registration Date: 27 Jul 2016
Transfer Count: 1
Actual ARF Paid: \$1,890.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 26 Jul 2026
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$47,889.00
COE Rebate Amount: \$15,847.00
Total Rebate Amount: \$15,847.00

The information contained herein is correct as at 04 Apr 2023

OK