

JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit #08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778 Email: jlperfectautowork@gmail.com

Our Ref.: GBE7913U

Your Ref.: SJW9973T

Date:

22.11.2024

ATTN:

Motor Claims Department

INS:

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving:

GBE7913U & SJW9973T

Date of Accident:

06.08.2024 @ 06.35 HR

Location:

334 YISHUN ST 31 CARPARK DECK 3B

We refer to the above-mentioned accident.

We are claiming as follows:

		-
Grand Total:	\$ 12,257.75	
Towing	\$ 150.00	_
LTA Search	\$ 27.25	-
Loss of Use: (\$180.00 X 22 Days)	\$ 3,960.00	(16 Repair Days+2Sunday+4PRI))
Cost of Repair:	\$ 8,120.50	10 0 at 1.55

motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Joanne @ 97231055, or email to jlperfectautowork@gmail.com

Thank You,

Joanne



JL Perfect Autowork Pte. Ltd. Co. Reg No: 202136905K 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875 Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

Authorisation To Act

I, SONG SHENG CONSTRUTION P/L ("the third party claimant") of
511, GUILLEMARD ROAD, #02-14, GRANDLINK SQUARE, S 399849
(address), owner of GBE 7913U (vehicle no.)
(address), owner of <u>GBE 7913U</u> (vehicle no.) hereby authorise <u>JL PERFECT AUTOWORK P / L</u> ("the workshop"
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. GBF 7913 U that was
damaged pursuant to the accident which occurred on $06.08.24$ (date) at/along 334 YISHUN STREET 31, S 762334
(location) involving vehicle no/sSJW 9973T("the accident")
I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.
I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.
I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.
Dated this day of (month) 20 (year)
Solve
Signed by "the third party claimant" Signed by "the workshop"



Address: 511, GUILLEMARD ROAD, #02-14,

GRADLINK SQUARE, S 399849

Tel: 82839221

JL Perfect Autowork Pte. Ltd. Co. Reg No: 202136905K 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778 Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

				COL	701	2 (1		07	ulaa-	727			0(0	0 -	
Accident	involving	motor veh	icles no	o. <u>40t</u>	= +11	30	ar	tel SJ	W99	131		on _	06.0	8.21	+
at/along_	334	YISH	NU	STRI	EET	31,	S	762	334						
1.	JL PE behalf to the repo		AU ny/our r ndepen		icle and eyor. Pe	to comn	nence e outc	repairs in ome of n	kshop") nmediate ny/our cl	to appo ely to tha aim ag	ne said ainst tl	inder moto he thi	r vehicle	urveyo in acco	authorise or on my/ou ordance with orthwith pay
2.	You are t	further aut	horised	d to appoi	nt solici [.] me/us v	tors on m	ny/our ect to t	behalf a	nd to ins uct of my	truct th //our cl	ne solic aim ag	itors f	the third	party o	pointment is driver and/o
3.	You have		ull autl	horisation	/approv	al/conse	nt her	eby to in							tlement with
4.	My/Our		hall als	o accept t	his as m	y/our irr	evocal	ole autho				nsatio	n monies	from	my/our third
5.	Upon re profession	solving my	/our c and di	laim, you sburseme	are alsonts incu	o hereby Irred in	authouthereb	orised to by acting	agree v	vith my	y/our s				ount of thei ment of the
6.	I/We und	dertake ar	nd agre d autho	e to fully orise you	co-oper to instru	rate with uct my/o	you a ur soli	ind my/c	ur solici commen						ully and also all necessary
7.	I/we also		nstruct	and auth	orise yo	ou to dec	duct di	rectly fro	om the o						nird party al
8.	In the e	vent that ons on the	I/we a accider	m/are rent nt matter,	quired t to sign	to attend court do	d at m cumen	ny/our so ts and to	licitor's	office	for pu	rpose	s of givi	ng my	/our furthe my/our claim
9.	In the ev my/our of settleme	claim proce nt is not h	ny/our o edure in onoure	claim agai ncluding c ed or satis	nst the ourt pro fied by	third par oceedings the third	ty and s, if an party	l/or his ir y, and/or and/or t	cannot he third	be prop party a	ceeded ind/or	d with	and/or if surers ma	f any Ju ake an	e recovery of udgement of offer to pay
10.	bill and s costs and I/we sha	urvey fees d disburser	and ar nents t u inforr	ny other e hereby in med of an	xpenses curred o y corres	reasona on my/ou pondenc	ibly ind ur beha	curred an	d to also ay you tl	indem he diffe	nnify yo erence	ou in i in am	espect or ount, as t	f my/o :he cas	our solicitor's se may be. n agreeing to
			1	Dated this	PTE	O da	ay of _	80	20	24					
Signature	e of vehicle	e owner	AM	MSTR	201436					1	14				
Name : S	song j	SHENG	CON	ISTRUC	NOIT	P/L				Witr	nessed	by:			
IC/UEN N	10: 2011	4366	211	1						7	ing				_
(Compan	y stamp, i	f applicabl	e)												

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com GST Reg. No. : 202136905K



Date	Invoice Number	Vehicle Number
22.11.2024	JLP202411-00771	GBE7913U

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

Description	Aı	mount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding	\$	7,450.00
to supply of spare parts, labour and spray painting charges		
Total	\$	7,450.00
Add: 9% GST	1	
	\$	670.50
Total	\$	8,120.50

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 08 Aug 2024 / 12:12:02

Receipt Date/Time: 08 Aug 2024 / 12:12:02

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240808-001539

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura	t of Insurance Enquiry - SJW9973T 06 Aug 2024/06:35:00 ance Co: INDIA INT'L INS PTE LTD				
	Insurance Enquiry - SJW9973T Enquiry Fee 20240808121110069834		25.00	2.25	27.25
		Sub-Total	25.00	2.25	27.25
		Total Before Rounding	25.00	2.25	27.25
		Rounding Difference			0.00
		Total Amount Payable			27.25
		Paid By			
		512972XXXXXX5672	eNETS (Credit Card	27.25
		Total			27.25
		Cash Change			0.00
		Tendered Amount			27.25
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Hotline: +65-8458 7283 Email: info.autow@gmail.com

Paynow UEN: 202245268D

CASH ORDER / WORK ORDER No.W 1101275

Service Date:	06/08/24	Time Received:	1500
Member Name	: CASH 08-09	Time Arrived:	1540
NRIC No.:	·	Time Completed	: 1705
Contact No.:		From:	33A YISHONALEG
Car Reg No.:	GBE7913E	To:	DERWIRE OF-00
Car Make/Mo	del: DMMA	Tow Truck No.:	GBB 3862A
Remarks:	FIRE ACCIDE	Amount:	Cash Credit
ADDITIONA	L CHARGES:	BODY & PAINT	CONDITION:
	Wheels/ Flat Bed		
Crane	up / Bogged		
Cause	eway / Second Link		La Vais
Low B	ody Kit		
Collec	ction of Key	-	-
ERP/	Carpark		
De	RAHMANI		
Tow Diver's	Name & Signature	Member!	s Name & Signature

lote: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehice / as set whites being towed.

SA18248A0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 10/08/2024 09:48 (SGT) SUBMITTED BY: Claims

VERSION: 1 (10/08/2024 09:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 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 First Submission

Reported by Date of Accident

act Location of Accident

dditional Location Information

Country/State of Loss

10/08/2024 09:48 (SGT)

Actual Driver

06/08/2024 06:35 (SGT)

334 Yishun Street 31, Singapore 762334

CARPARK DECK 3B

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE7913U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

SONG SHENG CONSTRUCTION PTE. LTD.

2XXXXX621N

SONGSHENGCONSTRUCTION@GMAIL.COM

(Phone) +65-82839221

No - Claiming third party

Commercial vehicle

Toyota

Manual

2982

Employment

Dyna

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

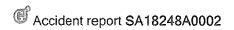
Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5129074269-01

DRIVER



Name of Driver Passport No/FIN Date Of Birth Occupation

Driving Pass Date

Driving License Pass Class Driving License Validity

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

rype of Accident Weather Conditions

Road Surface

OTHER 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

iginal language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? ISLAM MAFIJUL GXXXX047X 01/05/1983 Outdoor 29/05/2023

3 Valid

1 YEAR AND 3 MONTHS

Male

(Phone) +65-86152649

SONGSHENGCONSTRUCTION@GMAIL.COM

511 GUILLEMARD RD

#02-14 GRANDLINK SQUARE

399849 No Employee

No

Fire, explosion or lightning

Clear Dry

No

3 No

Yes 0

No

Yes

Traffic Police

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

10 Ubi Avenue 3 Singapore 408865

No

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

SJW9973T

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category Private car

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 SMX4446R

Vehicle Manufacturer

hicle Model

vehicle Variant

Vehicle Colour

Vehicle Category Private car

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)

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 Actual Driver
- Information provided must be as <u>institute</u> and <u>accurate as possible</u>. Any wiful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiate posery lighting</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy sability on the part of the insurance companies
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that;

(a) My insurer, my workshop and the General Insurence 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 shall be collectively referred to as the "Insurers"), the theurers' lawyers/law firms, the Monetery 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 enquines 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 cealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' tawyers/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 tawyers/law firms), which may be sated outside of Singapore, for one or more of the above Purposes.

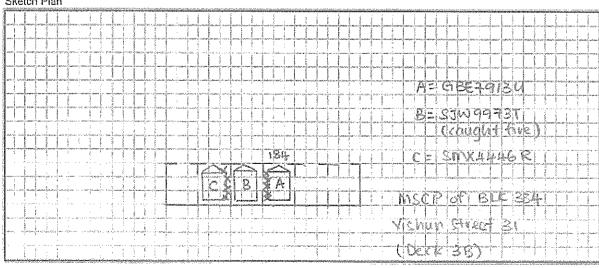
Relativation of Security State & Time De

Dawer's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

(Name as in NRKAD card)

Sketch Plan



1

escribe Circumstance of the Accident		
No. and A Day on the same to the same and th	· · · · · · · · · · · · · · · · · · ·	
Refer to Police	e Report	
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7/20246801	8 7026	
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and the second s		
		swippeys, 15
	enter :	
	977-881-1051-1	

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



ELY_

Oriver's Signature (if driver is not the policyheider) / Oate & Tone



Witnessed by Reporting Centre Personnel (Name as in NRICHD card)

2





Police Station Of Origin: Traffic Police 10 Ubì Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. 7/20240808/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2024 12:04			Vide Report No.: L/20240806/2034	Station Diary No.:
Informan	rs Particula	rs		
Name of Islam Ma	Informant: fijul	mminkan commentation with department comment communication of the state of the stat	Address:	
ID Type / FIN NO /	ID No.: G8493047>	<	Contact No.: Home/Office:	Mobile: 86152649
Nationali	Tr'	alabahan (* 1. 1. 200 - deren 1911) (* 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Email: mafijulislam804@gmail.com	
Sex: Male	Age: 41	Date of Birth: 01/05/1983	Type of Informant: Driver	
Race:			Language: English	error de la la contraction de la delimenta de la delimenta de la contraction del contraction de la con
Occupation Lorry driv			Driving Licence Information: Class:	Date of Expiry:

Seneral Information	of the Acodent	Service and the service of the servi		
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2024 06:20	Type of Location: Car Park
Location:				
YISHUN STREET	31			
Weather:		Road Surface:		
Clear		Dry		
Traffic Flow:		Traffic Control:	£	fic Volume:
One Way		Not Controlled	Ligh	it
Type of Collision: Vehicle on Fire				one conveyed by oulance:

Details of Veh	icle Involved					
CAMBONIA CONTRACTOR CONTRACTOR	Type	Make	Model	Color	Condition	No of Passenger
GBE7913U	Lorry	TOYOTA	Dyna		Caught Fire	0
	7					

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240808/7026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/28240808/7026

CONTINUATION OF REPORT

Name	ISLAM MAFIJUL		ID No.	G8493047X
Related Vehicle	GBE7913U (Lorry)	**************************************	Contact No.	86152649
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NiL Date of Expiry: NIL
Date Treatment	₹ NIL	Date Disch	arge NIL	
No. of Days granted Medical Leave (MC) NIL		Degree of I		,

Brief Details.

On 05.08,2024 at about 20:30 hours, I parked my company's lorry bearing vehicle number plate GBE7913U at the Carpark Lot No. 184 MSCP of 6LK 334 Yishun Street 31 (Deck 3B).

On the next day (06.08.2024) at about 06:35 hours, when I went back to the carpark to collect my lorry, I saw the vehicle parked beside me (on my left) bearing vehicle number plate SJW9973T was caught fire and subsequently causing damages to my lorry GBE7913U and also another vehicle number plate SMX4446R parked beside SJW9973T.

Moment later, Traffic Police Officers and Fire Services Team came to the scene and I was given a Case Card (Report Number: L/20240806/2034) and was told to make a Traffic Police Report.



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



3 of 3 Report No. 7/20248808/7026

CONTINUATION OF REPORT

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: 08/08/2024 12:04
Officer in Charge Of Case: TP / TPIB / FADLI SHAIFUDDIN BIN MOHAMED SANI Contact No.: 65476845	Classification Of Case:
WP168	



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer STAGE ASIA CONSTRUCTION PTE. LTD.



Name ISLAM MAFIJUL Work Permit No. 0 63042374

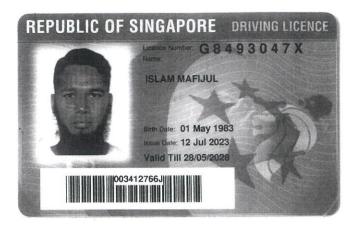
CONSTRUCTION







K4289751



GBE7913U

Driver

VISIT PASS Immigration Regulations

05-02-2024

Name

ISLAM MAFIJUL



FIN G8493047X

Date of Birth 01-05-1983

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED





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

EFFECTIVE DATE

Class 3

Ambulances / Medical transport vehicles / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / Motor tractors or vehicles ≤ 2500kg



NP 428A



Cortificate of Insurance

MOTOR VEHICLES (THEO PARTY RISES AND COMPLESATION) ACTIONARTER 1877.

MOTOR VEHICLES (THIRD PARTY RISES AND COMPENSATION) REFEES (1960)

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENOMENT) ACT, 2019 (MACAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate Number 53.79074269-01

Cover

1 Index mark and Registration Number of Vehicle

GBI 7913U

Chassis Number

K()Y7318023364

2. Name of Policyholder

SONG SHENG CONSTRUCTION FOR FIRELID.

3 Effective Date of Insurance

29 Sep 2023

4 Expery Date of Insurance

28 Sep 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 permitted.

Provided that the person driving is permitted in accordance with the ficensing or other laws or recovers on the State 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.

(b) Use for the carnage of passengers or goods in connection with the Policyholder's his irress.

This Policy does not cover

far. Use for hire or reward.

ing. Use for racing, pace-making, reliability trial or speed-testing

cilluse whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

si Turatances rendered moperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act. 1987 (Malays at lare not to be included under these

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

FROM ELSAF TOWN 1)	\$\$600	
88.450 (950 CAR)9	N/A	
2012/04/24/05/24/05	55195	
condendate for	465	
markings or a coversor	MOTOR UNIVERSE CREDIT PLE 110	
EBOVE OF GREE	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS	

1976 Family Level, the forms, to which this Certificate relates is issued in accordance with the provisions of the Motor Wayer on Trace; Part, Park, and Comparisation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaxxia).

DOLGE ORDERSE CHEDIT PHE ETD (00000615288)

faste of facilities.

07 tep 2025 13 18 Ws.

FOR INCOME INSURANCE UNITED

Chief Executive