



**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:

Cost of Repair:	<u>\$ 18,530.00</u>	
Loss of Use:		
(\$180.00 X 22 Days)	<u>\$ 3,960.00</u>	(16 Repair Days+2Sunday+4PRI))
LTA Search	<u>\$ 27.25</u>	
Towing	<u>\$ 150.00</u>	
<b>Grand Total:</b>	<u><b>\$ 22,667.25</b></u>	

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](mailto: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 CONSTRUCTION P/L ("the third party claimant") of  
511, GUILLEMARD ROAD, #02-14, GRANDLINK SQUARE, S 399849  
(address), owner of GBE 7913U (vehicle no.)  
hereby authorise JL PERFECT AUTOWORK P/L ("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. GBE 7913U 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/s SJW9973T ("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 10 day of 08 (month) 20 24 (year)



Signed by "the third party claimant"



Signed by "the workshop"





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

Accident involving motor vehicles no. GBE7913U and SJW9973T on 06-08-24  
at/along 334 YISHUN STREET 31, S 762334

1. I/We, the Owner of motor vehicle no. GBE7913U hereby instruct and authorise JL PERFECT AUTOWORK P / L ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 10 day of 08 20 24

Signature of vehicle owner

Name: SONG SHENG CONSTRUCTION P / L

IC/UEN No: 201436621 N

(Company stamp, if applicable)

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

GRADLINK SQUARE, S 399849

Tel: 82839221

Witnessed by:

Ting

> Back to OneMotoring



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\$)
Result of Insurance Enquiry - SJW9973T As at 06 Aug 2024/06:35:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	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.

# TAX INVOICE

**JL PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

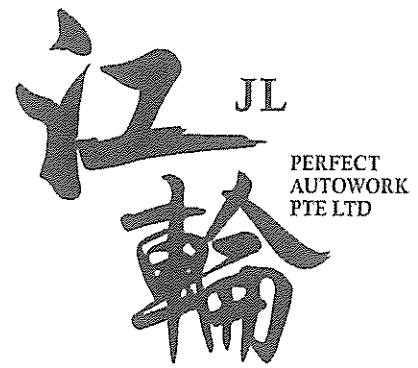
#08-09 Premier @ Kaki Bukit

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	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 17,000.00
Total	\$ 17,000.00
Add: 9% GST	\$ 1,530.00
Total	\$ 18,530.00

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



Hotline: +65-8458 7283  
Email: [info.autow@gmail.com](mailto:info.autow@gmail.com)

Paynow UEN: 202245268D

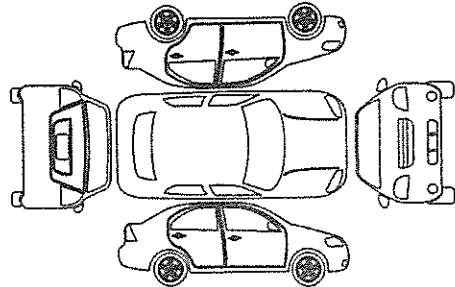
**CASH ORDER / WORK ORDER** No.W 1101275

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 YISHUN AVE 6  
Car Reg No.: GFB 7113E U To: PREMIER 08-09  
Car Make/Model: DYNA Tow Truck No.: GRB 3862A  
Remarks: FIRE ACCIDENT Amount: \$150  
Cash / Credit

**ADDITIONAL CHARGES:**

- ☒ Dolly Wheels / Flat Bed
- ☒ Basement / Multi Storey
- ☐ Crane up / Bugged
- ☐ Causeway / Second Link
- ☐ Low Body Kit
- ☐ Collection of Key
- ☐ ERP/ Carpark \_\_\_\_\_

**BODY & PAINT CONDITION:**



RAHMAN

Tow Driver's Name & Signature

Member's Name & Signature

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

## 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 First Submission	10/08/2024 09:48 (SGT)
Reported by	Actual Driver
Date of Accident	06/08/2024 06:35 (SGT)
Actual Location of Accident	334 Yishun Street 31, Singapore 762334
Additional Location Information	CARPARK DECK 3B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7913U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SONG SHENG CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX621N
Email Address	SONGSHENGCONSTRUCTION@GMAIL.COM
Mobile Phone No	(Phone) +65-82839221
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129074269-01

### DRIVER

Name of Driver	ISLAM MAFIJUL
Passport No/FIN	GXXXX047X
Date Of Birth	01/05/1983
Occupation	Outdoor
Driving Pass Date	29/05/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86152649
Alt. Phone Number	-
Email Address	SONGSHENGCONSTRUCTION@GMAIL.COM
Address	511 GUILLEMARD RD
Address complement	#02-14 GRANDLINK SQUARE
Postcode	399849
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### 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	SJW9973T
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	-
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)	-

### 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
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 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.

#### 6. 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.

### Polyester's Southern Date & Time


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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

A = GBE7913U  
B = SJW9973T  
(caught five)  
C = SMX444R

184



MSCP of BLE 354  
Yishun Street 31  
(Deck 3B)

Describe Circumstance of the Accident

Refer to Police Report

T/20040808/7026

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

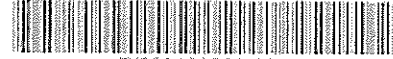
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  
(Name as on NRIC ID card)



**SINGAPORE  
POLICE FORCE**



T/20240808/7026

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

1 of 3

Report No. T/20240808/7026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2024 12:04		Vide Report No.: L/20240806/2034		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Islam Mafijul			Address:		
ID Type / ID No.: FIN NO / G8493047X			Contact No.: Home/Office: Mobile: 85152649		
Nationality:			Email: mafijulislam804@gmail.com		
Sex: Male	Age: 41	Date of Birth: 01/05/1963	Type of Informant: Driver		
Race:			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
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: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Vehicle on Fire				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7913U	Lorry	TOYOTA	Dyna		Caught Fire	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240808/7026

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

2 of 3

Report No. T/20240808/7026

CONTINUATION OF REPORT

Driver			
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 Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

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 BLK 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.



SINGAPORE  
POLICE FORCE

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



T/20240808/7026

3 of 3

Report No. T/20240808/7026

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476645

NP168

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

Date/Time:  
08/08/2024 12:04

Classification Of Case:



**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

Sector:  
CONSTRUCTION

K4289751



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8493047X**




Name:  
**ISLAM MAFIJUL**

Birth Date: **01 May 1983**

Issue Date: **12 Jul 2023**

Valid Till **28/05/2028**

**003412766J**



G8E7913U

Driver

**VISIT PASS**  
Immigration Regulations

05-02-2024

Name  
ISLAM MAFIJUL

FIN  
G8493047X

Date of Birth  
01-05-1983

Sex  
M

Nationality  
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



**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

29 May 2023

NP 428A

Licence No: G8493047X



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189),  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1969  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5129074269 (1)

**Cover** *Endorsement cover*

1. Index mark and Registration Number of Vehicle : **GBE7913U**  
Chassis Number : **KDY73180231671**
  2. Name of Policyholder : **SONG SHENG CONSTRUCTION PTE. LTD.**
  3. Effective Date of Insurance : **29 Sep 2023**
  4. Expiry 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 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.  
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed testing.
  - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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.

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

EXCESS (SECT 104 (1))	SS600
EXCESS (SECT 104 (2))	N/A
VEHICLE (CTA EX 132)	SS100
INSURED PARTY	YES
INSURANCE COMPANY	MOTOR UNIVERSE CREDIT PTE. LTD.
MARKET VALUE	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 : **MOTOR UNIVERSE CREDIT PTE. LTD. (00000615288)**

Date of Issue : **02 Sep 2023 13:18 hrs**

For INCOME INSURANCE LIMITED



Chief Executive