

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.: SNH3091J

Your Ref.: YQ5104R

Date:

22.11.2024

ATTN:

Motor Claims Department

INS:

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving:

SNH3091J & YQ5104R

Date of Accident:

16.08.2024 @ 13.00 HOURS

Location:

SOMERSET ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:

\$ 10,191.50

Loss of Rental:

(\$120.00 X 7 Days)

\$ 840.00 (4 Repair Days+3PRI)

LTA Search

\$ 27.25 Date of accident fell on Friday

Towing

\$ - 120.00

Grand Total:

\$ 11,178.75

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 jlpenfectautowork@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

| 1, Tian Yong Bin 76A Yule Tong Are 5.596200 | ("the third party claimant") of |
|--|---|
| (address), owner of SNH 3091J, hereby authorise JL Perfect Autowork P | (vehicle no.) ("the workshop") |
| to act for me with respect to my claim for repair loss of use ("claim") for my vehicle no. SNH damaged pursuant to the accident which occurred of at/along Somewheat Rocco (location) involving vehicle no/s | costs and / or rental and / or 30915 that was |
| (location) involving vehicle no/s | ("the accident"). |
| I further hereby authorise the workshop to settle my above they deem it fit and the workshop is further authorised to recof my claim with payment cheque/s being made in favour of the settle of the s | eive payment further to settlement he workshop. |
| vouchers/agreements regarding my/our claim/case for my/ou | |
| I further acknowledge that any settlement the workshop may prejudice and without admission of liability basis in so far as me and/or the driver/owner/insurers of the other vehicle/s concerned. | any other claim (s) whatsoever by |
| Dated this day of (mon | th) 20 <u> </u> |
| Signed by "the third party claimant" | Signed by "the workshop" |
| Signed by "the third party claimant" | Signed by "the workshop" |



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Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

| Accident | involving motor vehicles no. SNH 30917 and Y05101 | +R | 16.8.24. | |
|--------------------|---|---|--|------------------------|
| at/along | Consisset Docal. | 911_ | | |
| 1. | behalf to inspect my/our motor vehicle and to commence repairs immediated the report of the independent surveyor. Pending the outcome of my/our cla | o appoint an indep ly to the said moto | | ur ith |
| 2. | you the sum of \$ being refundable deposit of the repair to my/our You are further authorised to appoint solicitors on my/our behalf and to instimade and instructions are given by me/us with respect to the conduct of my/his insurers including if necessary, to commence legal proceedings in Court in | said vehicle. ruct the solicitors our claim against | fully as if the appointment the third party driver and/ | is |
| 3. | You have my/our full authorisation/approval/consent hereby to instruct my the third party and/or his insurers on such terms as you deem it fit. | | | th |
| 4. | My/Our solicitors shall also accept this as my/our irrevocable authority to par party claim directly to you after deducting their costs on a Solicitor and Client | | on monies from my/our thi | rd |
| 5. | Upon resolving my/our claim, you are also hereby authorised to agree wiprofessional costs and disbursements incurred in thereby acting for me/ubalance of the settlement sum on my/our behalf directly into your account. | ith my/our solicit | | |
| 6. | I/We undertake and agree to fully co-operate with you and my/our solicitor hereby consent and authorise you to instruct my/our solicitors to commend 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 cl outstanding balances that are still owing to you, namely the balance of repair | | | all |
| 8. | In the event that I/we am/are required to attend at my/our solicitor's constructions on the accident matter, to sign court documents and to attend Co | office for purpose | es of giving my/our furth | |
| 9. | I/we shall render my/our full co-operation to my/our solicitors. In the event that my/our claim against the third party and/or his insurers is my/our claim procedure including court proceedings, if any, and/or cannot be settlement is not honoured or satisfied by the third party and/or the third peless than the amount claimed by you for whatever reasons, I/we agree and ubill and survey fees and any other expenses reasonably incurred and to also costs and disbursements thereby incurred on my/our behalf or to pay you the I/we shall keep you informed of any correspondences and/or summons that | ee proceeded with party and/or his in ndertake to pay the indemnify you in e difference in am | n and/or if any Judgement nsurers make an offer to po he full amount of your repa respect of my/our solicitor nount, as the case may be. | or ay air r's |
| | pay or receive any monies due to this claim. Dated this day of 20 | 24. | | |
| Signature Name : _ | 0 10000201 | Witnessed by : | 11. | |
| (Compan | y stamp, if applicable) | | | |
| Address : | FGA YNK Tong Ane. | | | |
| | 82259786 | | | |

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 | JLP202411-00772 | SNH3091J |

INDIA INTERNATIONAL INSURANCE PTE LTD

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

| Description | Α | mount (SGD) |
|---|----|-------------|
| Carry out Lump-sum repair on accident vehicle corresponding | \$ | 9,350.00 |
| to supply of spare parts, labour and spray painting charges | | |
| Total | | 0.350.00 |
| | \$ | 9,350.00 |
| Add: 9% GST | \$ | 841.50 |
| Total | \$ | 10,191.50 |

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:

16 Aug 2024 / 16:49:27

Receipt Date/Time: 16 Aug 2024 / 16:49:27

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240816-003226

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 - SNN6773Z As at 16 Aug 2024/14:25:00 | | | | |
| Insurance Co: AIG ASIA PACIFIC INSURAN | ICE PTE. LTD. | | | |
| 1 Insurance Enquiry - SNN6773Z Enquiry Fee 20240816164822164581 | | 25.00 | 2.25 | 27.25 |
| | Sub-Total | 25.00 | 2.25 | 27.25 |
| Result of Insurance Enquiry - YQ5104R As at 16 Aug 2024/13:00:00 Insurance Co: INDIA INT'L INS PTE LTD 2 Insurance Enquiry - YQ5104R | | G . | | |
| Enquiry Fee | | 25.00 | 2.25 | 27.25 |
| 20240816164822178861 | Sub-Total | 25.00 | 2.25 | 27.25 |
| | Total Before Rounding | 50.00 | 4.50 | 54.50 |
| | Rounding Difference | | | 0.00 |
| | Total Amount Payable | | | 54.50 |
| | | | | |
| | Paid By | | | |
| | 462845XXXXXX7461 | eNETS (| Credit Card | 54.50 |
| | Total | | | 54.50 |
| | Cash Change | | | 0.00 |
| | Tendered Amount | | | 54.50 |
| | 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 OR | No.W 1102324 |
| Service Date: 16/8/2029 | Time Received: |
| Member Name: <u>Cash</u> | Time Arrived: 14:20 |
| NRIC No.: | Time Completed:, |
| Contact No.: | From: 96 Samersel RD |
| Car Reg No.: 5NH 309/J Car Make/Model: BMW 530 | From: 96 Samersel RD To: 08-09 Premier |
| Car Make/Model: BMW 530 | Tow Truck No.: 477243 P |
| Remarks: | Amount: # 120- |
| | Cash) Credit |
| ADDITIONAL CHARGES: | BODY & PAINT CONDITION: |
| Dolly Wheels / Flat Bed | |
| Basement / Multi Storey | |
| Crane up / Bogged | Annin |
| Causeway / Second Link | |
| Low Body Kit | |
| Collection of Key | |
| ERP/ Carpark | |
| - VA | |
| Tow Diver's Name & Signature | Member's Name & Signature |

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

23 RENTAL PTE LTD

106D Punggol Field #09-506

Singapore 824106

Company Registration Number: 202347820H



Tax Invoice #:

E2401120

Date:

31.08.2024

Bill To:

JL Perfect Autowork Pte Ltd

C/O:

TIAN YONGBIN

76A YUK TONG AVE

SINGAPORE

596200

Description

Amount

Job No.

Vehicle Rental for Period

16.08.2024 TO 23.08.2024

7 DAYS X

\$120.00

\$ 840.00

Replacement Car No.:

SLX4414U

Your Vehicle No.:

SNH3091J

Your Order #: 235138

Total Invoice Amount: \$ 840.00

GST:
Balance Due: \$ 840.00





23 RENTAL PTE LTD

95 Aljunied Crescent Macpherson View #06-513 Singapore 380095 Tel: 91733305 / 91732332 Email: 23rentalpteltd@gmail.com CIPOSHA2

No: 235134

UEN: 202347820H

VEHICLE RENTAL AGREENENT

| HIRER'S PARTICULAR | Vehicle No: SLX 4414 U Replace Veh No: | |
|--|--|--------------|
| Name: (as in I/C) Tian Yongbin. Email: | Mileage out: | |
| Email: | Make & Model : Auto / Manual | |
| NRIC/PASSPORT No: CF HO 34430 L | a de la companya del companya de la companya del companya de la co | |
| Date of Birth: 12.01.1983. | OUT: Date 6824 Time: 1642 - | |
| Address (Res): 76A YUK TONG AVE 596200 | HIRE PERIOD | |
| Driving Licence No: 9403H430D/L Type: Lecal / International | OWN DAMAGE CLAIM Excess S\$ 7 | - |
| | THIRD PARTY CLAIM Excess \$\$ | |
| Issue Date: | THIRD PARTY CLAIM EXCESS 55 | |
| Tel: (O) HP | CHARGES | |
| Company Name: | Daily 7 @\$ 120 per day 840 0 | 0 |
| Company Address: | Weekly @\$ per week | Sold geriade |
| Company Address. | Monthly @\$ per month | ^ |
| ADDITIONAL DRIVER'S PARTICULARS | Others @\$ | |
| Name: (as in I/C) | Delivery Service | |
| NRIC/PASSPORT No: | | |
| Date of Birth: | GST | |
| Address (Res): | SUB- TOTAL \$ | |
| - 1 01 8 - 1 002 7 - 1 | PETROL LEVEL | |
| Driving Licence No: D/L Type: Local / International | Out E 1/4 1/2 3/4 F | / |
| Issue Date: | In E 1/4 1/2 3/4 F | |
| Tel: (O) HP | | |
| VEHICLE CHECK LIST | EXTENSION | |
| Ω Ψ BACK | Misc. | _ |
| A A A A A A A A A A A A A A A A A A A | GST | |
| SCRATCHES SCRATCHES AND A SCRATCHES | TOTAL CHARGES 840 C | 00 |
| 200 | Rented out by: | |
| S E S S S S S S S S S S S S S S S S S S | Tian longh - |) |
| | Hirer's Signature | |
| INDICATE: A - ACCIDENTS A - ACCIDE | Addition Driver's Signature | |

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amount 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 been made on the charge/credit card voucher. All information I have given 23 Rental Pte Ltd in connection with this agreement is true.

* IMPORTANT

- 1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- 4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- 5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED 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 CARDS FOR RENT (2016) 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 | REMARKS | Date V |
|---------|---------|---------|------------|---------|-------------------|
| 23/8 | 1845 | • | | | ianor |
| 1 | | | | | HIRER'S SIGNATURE |

SA18248J0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 19/08/2024 12:27 (SGT) SUBMITTED BY: Claims VERSION: 1 (19/08/2024 12:27 (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
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for Investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission Reported by Date of Accident act Location of Accident aditional Location Information Country/State of Loss

19/08/2024 12:27 (SGT) Both Policyholder and Actual Driver 16/08/2024 13:00 (SGT) Somerset Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNH3091J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

BMW

Private use

Private car

Auto

1998

No - Claiming third party

530i

TIAN YONGBIN GXXXX430L

DUCKUU@GMAIL.COM (Phone) +65-82259786

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 5130803963-01

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class

Driving License Pass Class Driving License Validity Driving experience

Oriving experience
Gender

Mobile Number
Alt. Phone Number
Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

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

riginal language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?
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?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer YQ5104R

TIAN YONGBIN

2 YEARS AND 3 MONTHS

(Phone) +65-82259786

DUCKUU@GMAIL.COM

Collision - Head to Rear

76A YUK TONG AVE

GXXXX430L

12/01/1983

26/05/2022

Indoor

Valid

Male

596200

Yes

No

Clear

Dry

No

No

Yes

1

No

No

No

2

3

.



Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

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)

-

-

Commercial vehicle

-

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-

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SKETCH PLAN

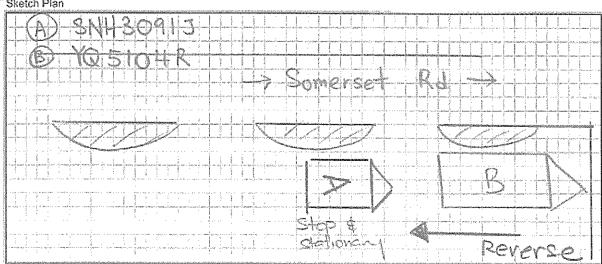
IMPORTANT NOTICE

- 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 wiful 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 flability on the part of the insurance companies.
- 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 Centra 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 fodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)
- Lunderstand, acknowledge, agree and consent that
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurence) 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/flaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (ii) processing, handling and/or dealing with my dialms including the sattlement of the claims and any necessary investigations relating to the claims:
- (a) 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, involves, 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
- (a) 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 Perposes

Driver's Signsture (If silver's not the policyholder) / Date

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





4

| Describs Circumstance of the Accident |
|--|
| At the abone mentioned time a location |
| my car was stopped and stationary |
| |
| Vehicle B reversed into my |
| neticle despite me honting. |
| The read of B hit onto |
| the grout of my inticle. |
| |
| The impact was hard. |
| |
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Declaration

1/10 Me declare the foregoing particulars are true in every respect.

Divining Sign above in driven is not the distary headers / Date & Time

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

2



EMPLOYMENT PASS

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

Employer SAFE HARBOR CAPITAL MANAGEMENT PTE. LTD.



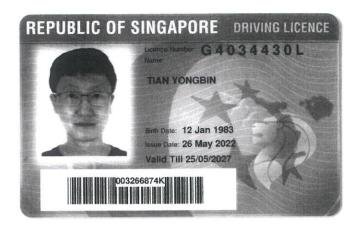
Name TIAN YONGBIN G4034430L







K2789523



Owner + Driver

VISIT PASS Immigration Regulations

28-12-2021

Name

TIAN YONGBIN



FIN G4034430L

Date of Birth

12-01-1983 M

Nationality CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



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

EFFECTIVE DATE

Ambulances / Medical transport vehicles / Motor cars 26 May 2022 \le 3000kg with \le 7 passengers, exclusive of the driver / Motor tractors or vehicles \le 2500kg

NP 428A



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: 5130803963-01 Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SNH3091J

Chassis Number : WBAJA52050WC07976

2. Name of Policyholder : TIAN YONGBIN 3. Effective Date of Insurance : 19 Oct 2023 4. Expiry Date of Insurance

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.

: 18 Oct 2024

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

EXCESS (SECTION 1) : S\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO **INSURE WITH COE** : YES NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : TIAN YONGBIN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SSL & CO PTE. LTD. (00000615438)

Date of Issue : 19 Sep 2023 12:54 hrs

For INCOME INSURANCE LIMITED

Chief Executive