



HD PERFECT  
AUTOWORK PTE LTD

**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: SGM5870X

Your Ref. SMN9391J

Date: 09.12.2024

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SGM5870X & SMN9391J

Date of Accident: 05.09.2024 @ 08.20 HR

Location: TPE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 7,357.50</u>
Loss of Rental:	
(\$200.00 X 5 Days):	<u>\$ 1,000.00 (06Repair Days)</u>
LTA Search	<u>\$ 27.25</u>
<b>Grand Total:</b>	<b><u>\$ 8,384.75</u></b>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

Thank You,

Joanne  
82979787



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#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Authorisation To Act

I, Su Guochun ("the third party claimant") of  
BLK 274D Punggol Place #12-84D Singapore 824274  
(address), owner of SGM5870X (vehicle no.)  
hereby authorise HD Perfect Autowork Pte Ltd ("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. SGM5870X that was  
damaged pursuant to the accident which occurred on 05/09/2024 (date)  
at/along TPE towards SLE  
(location) involving vehicle no/s SMN9391J ("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 05 day of 09 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
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## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SGM5870X and SMN9391J on 05/09/2024  
at/along TPE towards SLE

1. I/We, the Owner of motor vehicle no. SGM5870X hereby instruct and authorise HD Perfect Autowork Pte Ltd ("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 05 day of 09 20 24

Signature of vehicle owner



Name : Su GuoChun

IC/UEN No : S2673266B

(Company stamp, if applicable)

Address : BLK 274D Punggol Place

#12-840 S(824274)

Tel : 9699 8430

Witnessed by :

# TAX INVOICE

**HD PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

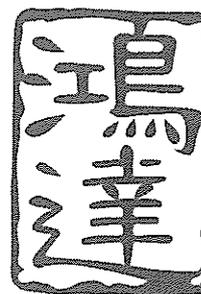
#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



**HD PERFECT  
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
09.12.2024	HDP202412-00971	SGM5870X

## **AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,750.00
Total	\$ 6,750.00
Add: 9% GST	\$ 607.50
Total	\$ 7,357.50

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, Su GuoChun ("the third party claimant")  
of BLK 274D Punggol Place #12-84D S(824274) (address),  
owner of SGM5870X (vehicle no.) hereby authorize  
HD Perfect Autowork Pte Ltd

("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. SGM5870X that was damaged pursuant to the  
accident which occurred on 05/09/2024 (date) along  
TPE towards SLE (location)  
involving vehicle no/s SMN9391J.  
("the accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 05 day of 09 (month) 20 24 (year)

[Signature]  
Signed by "the third party claimant"

[Signature]  
Signed by "the workshop"  
(with chop)  
  
HD PERFECT  
AUTOWORK PTE LTD  
UEN: 2021369047

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Sep 2024 / 11:31:44

Receipt Date/Time : 07 Sep 2024 / 11:31:44

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-240907-000814

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 - SMN9391J As at 05 Sep 2024/08:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMN9391J Enquiry Fee 20240907113100790673	25.00	2.25	27.25
<b>Sub-Total</b>		25.00	2.25	27.25
<b>Total Before Rounding</b>		25.00	2.25	27.25
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				27.25
Paid By				
	512972XXXXXX5672		eNETS Credit Card	27.25
<b>Total</b>				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.

# 23 RENTAL PTE LTD

106D Punggol Field  
#09-506

Singapore 824106

Company Registration Number : 202347820H



Tax Invoice # : E2401144

Date : 18.09.2024

Bill To:

HD Perfect Autowork Pte Ltd

C/O : SU GUO CHUN

274D PUNGGOL PLACE #12-840

SINGAPORE 824274

Description	Amount	Job No.
Vehicle Rental for Period 09.09.2024 TO 14.09.2024 5 DAYS X \$200.00	\$ 1,000.00	
Replacement Car No. : SNQ1931B		
Your Vehicle No.: SGM5870X		

Your Order #: 235158

Total Invoice Amount: \$ 1,000.00

GST: -

Balance Due: \$ 1,000.00



# 23 RENTAL PTE LTD

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

No: 235158

SGM5870X

(HD Perfect)

UEN: 202347820H

## VEHICLE RENTAL AGREEMENT

<b>HIRER'S PARTICULAR</b>		Vehicle No: <u>SNQ1931B</u> Replace Veh No:	
Name: (as in I/C) <u>SU GUOCHUN</u>		Mileage out:	
Email: _____		Make & Model: <u>Toyota Harrier</u> <input checked="" type="radio"/> Auto / Manual	
NRIC/PASSPORT No: <u>S2673266B</u>		OUT: Date <u>09/09/2024</u> Time: <u>7:30 am</u>	
Date of Birth: <u>2/8/1964</u>		<b>HIRE PERIOD</b>	
Address (Res): <u>274D Punggol Pkce, #12-840 S. 824274</u>		OWN DAMAGE CLAIM Excess S\$ } <u>\$5,000.00</u>	
Driving Licence No: _____ D/L Type: <input checked="" type="radio"/> Local / International		THIRD PARTY CLAIM Excess S\$ }	
Issue Date: _____		<b>CHARGES</b>	
Tel: (O) _____ HP _____		Daily <u>5</u> @\$ <u>200</u> per day <u>1000 00</u>	
Company Name: _____		Weekly @\$ per week	
Company UEN: _____		Monthly @\$ per month	
Company Address: _____		Others @\$	
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Delivery Service	
Name: (as in I/C) _____		GST	
NRIC/PASSPORT No: _____		<b>SUB- TOTAL \$</b>	
Date of Birth: _____		<b>PETROL LEVEL</b>	
Address (Res): _____		Out E 1/4 1/2 3/4 <input checked="" type="radio"/> F	
Driving Licence No: _____ D/L Type: Local / International		In E 1/4 1/2 3/4 <input checked="" type="radio"/> F	
Issue Date: _____		EXTENSION	
Tel: (O) _____ HP _____		Misc.	
<b>VEHICLE CHECK LIST</b>		GST	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS	RIGHT	BACK	TOP
	FRONT	LEFT	
		<b>TOTAL CHARGES</b> <u>1000 00</u>	
Rented out by:		Hirer's Signature	
		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**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- 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.
- 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	HIRER'S SIGNATURE
<u>14/09/24</u>	<u>2:10pm</u>				

# 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	05/09/2024 21:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/09/2024 08:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TOWARDS SLE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM5870X

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SU GUOCHUN
NRIC No	SXXXX266B
Email Address	guochun.su@gmail.com
Mobile Phone No	(Phone) +65-96998430
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	MPV
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	Petrol
First Registration Date	13/10/2016
Chassis no	GK81006148
Effective Date/Time of Ownership	13/10/2016 00:01 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10454036R03

### DRIVER

Name of Driver	SU GUOCHUN
NRIC No	SXXXX266B
Date Of Birth	02/08/1964
Occupation	Indoor
Driving Pass Date	08/01/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96998430
Alt. Phone Number	-
Email Address	guochun.su@gmail.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	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	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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT

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	SMN9391J
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	SKV7555Z
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 re-allocate 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
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

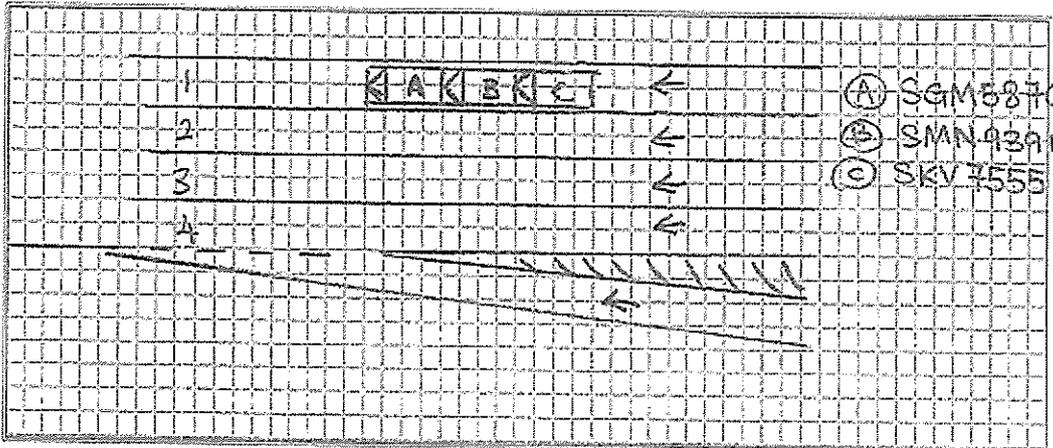
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/small 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/are 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.

  
 Policyholder's Signature / 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**



Describe Circumstance of the Accident

At the stated time and location.

My vehicle was stopped as there was an accident in front

Suddenly I heard a loud bang and felt a great impact from behind me.

I alighted and realise, it was a chain collision.

Involving 3 vehicles - (A) SGM 5870X, (B) SMN 9391J, (C) SKV 7555Z.

Declaration  
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2673266B



Name  
SU GUOCHUN

苏国春

Race  
CHINESE  
Date of birth  
02-08-1964  
Sex  
M  
Country of birth  
CHINA

S2673266B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S2673266B

SU GUOCHUN

Birth Date: 02 Aug 1964  
Issue Date: 08 Jan 2008



001559246B

owner + Driver

4106457



NRIC No. S2673266B

Date of issue  
28-09-2007

APT. BLK 274D PUNGGOL PLACE #12-840  
SINGAPORE 824274

NRIC No: S2673266B Date: 23/03/2013 No: 7248882

HE IS LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS DATE

Class A Motor Cars < 3500kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 08 Jan 2008



License No. S2673266B

NP 4206

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10454036R03

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

### Certificate Number P10454036R03 (Comprehensive / Authorised Driver Plan)

- |  |   |                    |
|--|---|--------------------|
| 1) Vehicle Registration Number   | : | SGM5870X           |
| Chassis Number   | : | GK81006148         |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 13/10/2023 (00:00) |
| 3) Date / Time of Expiry of Insurance  | : | 12/10/2024 (23:59) |
| 4) Excess (i) Policy   | : | S\$ 500.00         |
| (ii) Windscreen  | : | S\$ 100.00         |
| 5) Policyholder  | : | Su Guochun         |

#### 6) Persons or Classes of Persons Entitled to Drive\*

Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.

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 any 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 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Su Guochun(02/08/1964)

Named Driver(s) / Date of Birth : Su Yunfan Eva (27/08/1998)  
Chen Ying (07/03/1973)

#### 7) Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

*\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.*

- |                    |   |                              |
|--------------------|---|------------------------------|
| 8) Finance Company | : | United Overseas Bank Limited |
|--------------------|---|------------------------------|

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
13/09/2023

**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as Budget Direct Insurance



**Simon Birch**  
Chief Executive Officer