



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

Date: 01.02.2025

ATTN: Motor Claims Department

INS: **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SKE6780K & SHD2604D

Date of Accident: 03.10.2024

Location: AIRPORT BLVD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 9,047.00</u>	
Loss of Use:		
(\$180.00 X 16 Days)	<u>\$ 2,880.00</u>	(7 Repair Days + 2 Sunday + 1 PRI)
LTA Search	<u>\$ 27.25</u>	
3P GIA Report	<u>\$ 31.00</u>	
Grand Total:	<u>\$ 11,985.25</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

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, Ng Teck High ("the third party claimant") of
612 Bedok Reservoir Road #04-1150 S. 470612.
(address), owner of SKE 6780K. (vehicle no.)
hereby authorise JL 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. SKE 6780K. that was
damaged pursuant to the accident which occurred on 3.10.24. (date)
at/along Airport Blvd.
(location) involving vehicle no/s SHD 2604 D ("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 3 day of 10 (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. SKE6780K and SHD2604D on 3.10.24
at/along Airport BLVD.

1. I/We, the Owner of motor vehicle no. SKE6780K hereby instruct and authorise JL 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 3 day of 10 2024

Signature of vehicle owner Ng Teck High

Name: Ng Teck High

IC/UEN No: S0053541 I

(Company stamp, if applicable)

Address: 612 Bedok Reservoir Road

#04-1150 S. 470612.

Tel: 81130806

Witnessed by: Jo

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

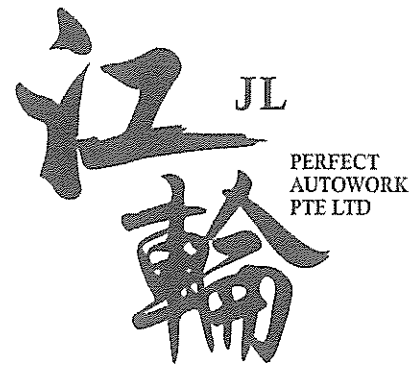
#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

GST Reg. No. : 202136905K



Date	Invoice Number	Vehicle Number
01.02.2025	JLP202502-00837	SKE6780K

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	\$ 8,300.00
Total	\$ 8,300.00
Add: 9% GST	\$ 747.00
Total	\$ 9,047.00

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

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 03 Oct 2024 / 18:16:02
Receipt Date/Time : 03 Oct 2024 / 18:16:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241003-003695
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 - SHD2604D As at 03 Oct 2024/16:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD2604D Enquiry Fee 20241003181529019817	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				
DICNV20241003181529318798		SGQR(PayNow)		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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
9 Temasek Boulevard #42-01b, Singapore 038989
Email: gears-support@shift-technology.com
GST Reg No: M400017735
UEN: S66SS0020G

TAX INVOICE

JL Perfect Autowork Pte Ltd - Ng
Teck Hioh

Invoice Number
GR-2024-006809

Invoice Issue Date
06 Oct 2024

Invoice Due Date
13 Oct 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	05/10/2024,03/10/2024,SKE6780K,SHD2604D	28.44	2.56	31.00
		Total Amount (S\$)		28.44
		Total GST 9.00% (S\$)		2.56
		Total Amount Incl. of GST (S\$)		31.00

*This is a computer generated document.
No signature is required.*



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	05/10/2024 11:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE6780K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TECK HIOH
NRIC No	SXXXX541I
Email Address	KEVINWANTANMEE@GMAIL.COM
Mobile Phone No	(Phone) +65-81130806
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598
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	5127892321-01

DRIVER

Name of Driver	NG TECK HIOH
NRIC No	SXXXX541I
Date Of Birth	20/05/1953
Occupation	Outdoor
Driving Pass Date	30/03/1973
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	51 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81130806
Alt. Phone Number	-
Email Address	KEVINWANTANMEE@GMAIL.COM
Address	612 BEDOK RESERVOIR RD
Address complement	#04-1150
Postcode	470612
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAN AI GEK
Gender	Female

PASSENGER 2

Name	MARGERET
Gender	Female

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	SHD2604D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG TECK HIOH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKE6780K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN AI GEK
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SKE6780K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MARGERET
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKE6780K

Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

No

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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

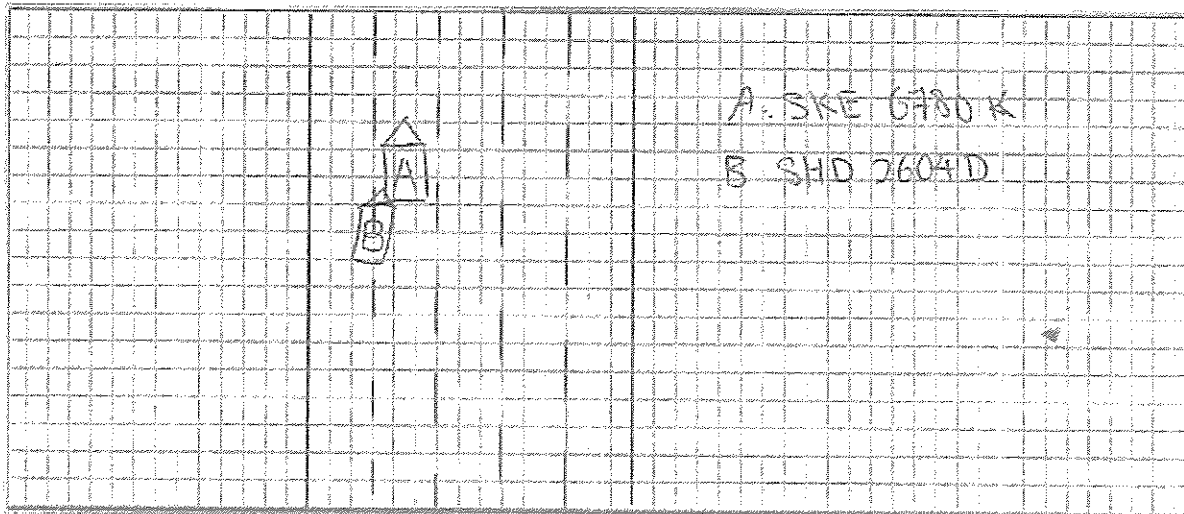
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers(s) who have insured vehicle(s) involved in this accident (all insurers(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 purposes(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 Insurers(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.

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

Refer to Police Report -

T/20241003/3112

Declaration

We declare the foregoing particulars are true in every respect

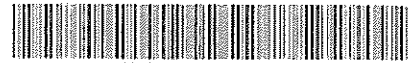
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as on NREGS card)



**SINGAPORE
POLICE FORCE**



T/20241003/7112

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 4

Report No. T/20241003/7112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2024 20:32		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: NG TECK HIOH		Address: 612 BEDOK RESERVOIR ROAD #04-1150 SINGAPORE 470612		
ID Type / ID No.: NRIC NO / S00535411		Contact No.: Home/Office: Mobile: 81130806		
Nationality: SINGAPORE CITIZEN		Email: JEFFREY.NG.TECKHIOH@GMAIL.COM		
Sex: Male	Age: 71	Date of Birth: 20/05/1953	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Self employed		Driving Licence Information: Class: Date of Expiry:		

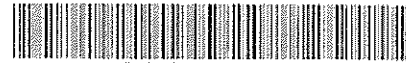
General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2024 16:50	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD2604D	Motor car					0
SKE6780K	Motor car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey		0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective Date	Expiry Date
SKE6780K	NTUC Income Insurance Co-Operative Limited	5127892321-01	18/09/2023	17/03/2025



**SINGAPORE
POLICE FORCE**



T/20241003/7112

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

2 of 4

Report No. T/20241003/7112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TECK HIGH	ID No.	S00535411
Related Vehicle	SKE6780K (Motor car)	Contact No.	81130806
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	NG AH CHEW	ID No.	S00671781
Related Vehicle	SKE6780K (Motor car)	Contact No.	97725548
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	TAN AI GEK	ID No.	S1303051J
Related Vehicle	SKE6780K (Motor car)	Contact No.	90223493
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 03/10/2024, at about 4.50pm, I was driving my vehicle SKE6780K along airport Boulevard with my wife, Tan ai gek, and my sister, Ng ah chew.

I was driving straight and in my lane along lane 4 when suddenly I felt a hard and loud impact. Vehicle SHD2604D, which was travelling along lane 5 on my left, had collided into my vehicle rear left portion with his vehicle front right portion as he tried to change lane onto my lane.

We later went to intemedical clinic at tampines, where I seeked treatment for my neck injuries, received medication, and 3 days mc



**SINGAPORE
POLICE FORCE**



T/20241003/7112

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

3 of 4

Report No. T/20241003/7112

CONTINUATION OF REPORT

My wife, Tan ai Gek, who was seated in the front left passenger seat, seeked treatment for her neck, shoulder, and lower back injuries, received medication, and 5 days mc

My sister, Ng ah chew, who was seated in the rear left passenger seat, seeked treatment for her neck, lower back, and shoulder injuries, received medication, and 3 days mc.



**SINGAPORE
POLICE FORCE**

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



T/20241003/7112

4 of 4

Report No. T/20241003/7112

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:
03/10/2024 20:32

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S00535411**

Name: **NG TECK HIOH**

Birth Date: **20 May 1953**

Issue Date: **18 Mar 2014**

002285184H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S00535411**

Name: **NG TECK HIOH**

黄 德 叶

Race: **CHINESE**

Date of birth: **20-05-1953**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S00535411

SKEG780K

Owner and Driver

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	14 Dec 1976
Class 2A Motorcycles between 201 cc and 400 cc	14 Dec 1976
Class 2 Motorcycles > 400 cc	14 Dec 1976
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	30 Mar 1973
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	09 Nov 1983
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	13 Mar 1984

Licence No: S00535411

NP 428A

6349788

NRIC No. **S00535411**

Date of issue: **17-12-2019**

Address: **APT BLK 612 BEDOK RESERVOIR ROAD
#04-1150
SINGAPORE 470612**

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: 5127892321-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKE6780K**
Chassis Number : **MR053REH104538523**
2. Name of Policyholder : **NG TECK HIOH**
3. Effective Date of Insurance : **18 Sep 2023**
4. Expiry Date of Insurance : **17 Mar 2025**
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG TECK HIOH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GF MOTOR TRADING ENTERPRISE
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 : THOMSON CREDIT (SINGAPORE) PTE LTD (00000614577)

Date of Issue : 16 Aug 2024 12:00 hrs

For INCOME INSURANCE LIMITED



Chief Executive