



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

Date: 31.12.2024

ATTN: Motor Claims Department

INS: **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: SJM8747P & SNR9487J

Date of Accident: 03.10.2024 @ 14.45 HR

Location: BRADDELL ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 21,800.00</u>
Loss of Rental:	
(\$200.00 X 14 Days):	<u>\$ 2,800.00 (16Repair Days)</u>
LTA Search	<u>\$ 27.25</u>
Towing	<u>\$ 60.00</u>
Grand Total:	<u>\$ 24,687.25</u>

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

Authorisation To Act


I, Teng E-zhou Alex ("the third party claimant") of
55A Lorong Melayu S. 416941
(address), owner of SJM 8747P (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. SJM 8747P that was
damaged pursuant to the accident which occurred on 3-10-24 (date)
at/along Braddell Road
(location) involving vehicle no/s SNR 9487J ("the accident").

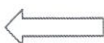
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.



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)

X

Signed by "the third party claimant"





Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJM 8747P and SNR 9487J on 3.10.24.
at/along Braddell Road.

1. I/We the Owner of motor vehicle no. SJM 8747P 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 3 day of 10 2024.

Signature of vehicle owner X 

Name :

Teng E-zhou Alex

IC/UEN No :

S8840265J

Witnessed by :

JO

(Company stamp, if applicable)

Address :

55A Lorong melayu

S.416941

96826083

Tel :

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
31.12.2024	HDP202412-001000	SJM8747P

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 20,000.00
Total	\$ 20,000.00
Add: 9% GST	\$ 1,800.00
Total	\$ 21,800.00

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



HD Perfect Autowork <hdperfectautowork@gmail.com>

Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-241003-003378

LTA <LTA-VTL@lta.gov.sg>
To: hdperfectautowork@gmail.com

Thu, Oct 3, 2024 at 5:08 PM



Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-241003-003378

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 03 Oct 2024 was successful and the Receipt No. is ITNET-00000-241003-003378.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
SNR9487J	03 Oct 2024	14:45:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Visit onemotoring.lta.gov.sg for more information, or go to www.lta.gov.sg/feedback if you have any feedback. This email is auto-generated, please do not reply to this email.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

\$ 27.25

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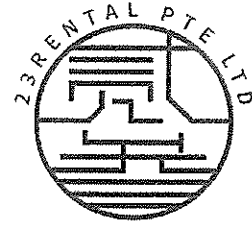
23 RENTAL PTE LTD

106D Punggol Field

#09-506

Singapore 824106

Company Registration Number : 202347820H



Tax Invoice # : E2401171

Date : 20.10.2024

Bill To:

HD Perfect Autowork Pte Ltd

C/O : TENG E ZHOU ALEX

55A LOR MELAYU

SINGAPORE

416941

Description	Amount	Job No.
Vehicle Rental for Period 03.10.2024 TO 17.10.2024		
14 DAYS X \$200.00	\$ 2,800.00	
Replacement Car No. : SNM8794E		
Your Vehicle No.: SJM8747D		

Your Order #: 235188

Total Invoice Amount: \$ 2,800.00

GST: -

Balance Due: \$ 2,800.00



23 RENTAL PTE LTD

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

No: 235188

SJM8747P
(#)HDI 171

UEN: 202347820H

VEHICLE RENTAL AGREEMENT

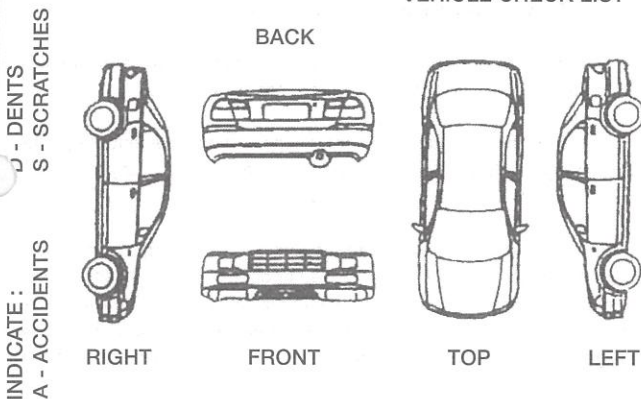
HIRER'S PARTICULAR

Name: (as in I/C) Teng E Zhou Alex.
Email: -
NRIC/PASSPORT No: S8840265J.
Date of Birth: 13.10.1988.
Address (Res): 55A Lor. Melayu.
S. 416941.
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____
Tel: (O) _____ HP _____
Company Name: _____
Company UEN: _____
Company Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
NRIC/PASSPORT No: _____
Date of Birth: _____
Address (Res): _____
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____
Tel: (O) _____ HP _____

VEHICLE CHECK LIST



Vehicle No: <u>SNM8794E</u>	Replace Veh No: _____					
Mileage out: _____						
Make & Model: <u>Bmw 320i</u>	<u>Auto</u> Manual					
OUT : Date <u>03/10/24</u>	Time: <u>6:50 pm</u>					
HIRE PERIOD						
OWN DAMAGE CLAIM	Excess S\$ <u>5,000.00</u>					
THIRD PARTY CLAIM	Excess S\$ _____					
CHARGES						
Daily <u>14</u> @\$ <u>200</u>	per day <u>2800 00</u>					
Weekly @\$ _____	per week _____					
Monthly @\$ _____	per month _____					
Others @\$ _____	_____					
Delivery Service						
GST						
SUB- TOTAL \$						
PETROL LEVEL						
Out	E	1/4	1/2	3/4	<u>F</u>	
In	E	1/4	1/2	<u>3/4</u>	F	
EXTENSION						
Misc.						
GST						
TOTAL CHARGES		<u>2800</u>	<u>00</u>			
Rented out by : _____						
Hirer's Signature <u>[Signature]</u>						
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	
<u>17/10/24</u>	<u>5:30pm</u>				<u>[Signature]</u> HIRER'S SIGNATURE

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	04/10/2024 16:51 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 14:45 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS TOA PAYOH LOR 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM8747P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TENG E-ZHOU, ALEX
NRIC No	S8840265J
Email Address	FRANKIETANGO@GMAIL.COM
Mobile Phone No	(Phone) +65-96826083
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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 car
Transmission	Auto
CC	1998
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	-

DRIVER

Name of Driver	TENG HENG HEU
NRIC No	S2098434A
Date Of Birth	17/09/1950
Occupation	Indoor
Driving Pass Date	29/10/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	48 YEARS
Gender	Male
Mobile Number	(Phone) +65-90070988
Alt. Phone Number	-
Email Address	FRANKIETANGO@GMAIL.COM
Address	55A LORONG MELAYU
Address complement	-
Postcode	416941
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	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	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Female

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 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	SKC5001T
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	SNR9487J
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the policyholder and/or the driver(s).
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers not companies to repudiate policy liability.
4. The insured's acceptance of this Form by insurer can constitute an admission of policy liability on the part of the insurer's company.
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 CMA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by registered parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report in the centre and to release of the report being made available as stated.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my co-insurer and the General Insurance Association of Singapore (GIAS) may permit a lawful use, disclosure and/or process my personal data/personal information set out in this form, and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and/or 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) settling, 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 claim;

(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 being about delivery of the parts as well as the delivery of control of the vehicle(s) involved); 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

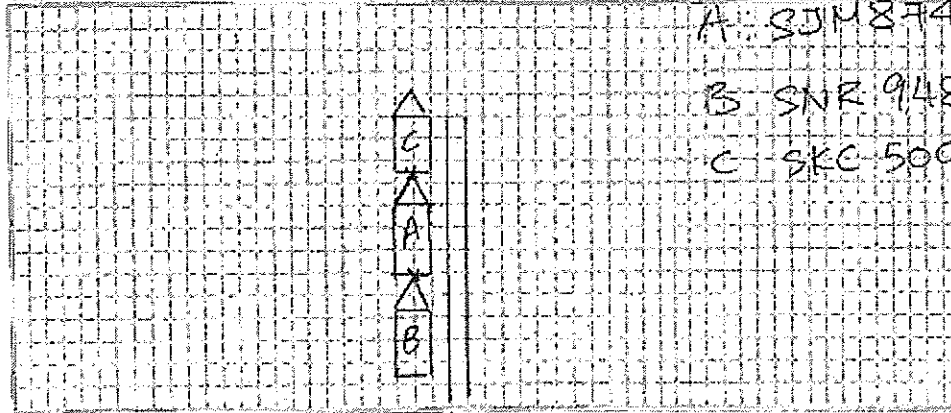
(c) my Personal Information may also be disclosed by any of the insurers and/or GIAS to their third party service providers or agents (including the lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature or Date & Time

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

Witness by Reporting Centre Personnel
(Signature and Date/Time only)

Sketch Plan



A: SJM 8747P
B: SNR 9487J
C: SKC 5001T

Verbal Description of the Accident

On the above mentioned date & time I was traveling along Bradden Road towards the payon having 6 vehicle C slowed down I followed suddenly I felt 2 impacts from my vehicle A rear portion causing my vehicle A to hit vehicle C aligned from my vehicle A + vehicle B collided onto my vehicle A

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

[Signature]

Full Name, Signature & Date & Time

[Signature]

Driver's Signature & Date & Time

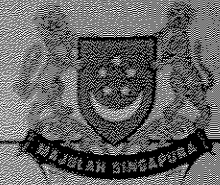


Witnessed by Reporting Officer's Signature & Date



REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

TENG E-ZHOU, ALEX

NRIC NO.

S8840265J

DATE OF BIRTH

13 OCT 1988

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

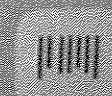
DATE OF ISSUE

05 DEC 2020

ADDRESS

55A LORONG MELAYU
SINGAPORE 416941

^ Hide details




Last updated on 03 Oct 2024

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8840265J
Name: TENG E-ZHOU, ALEX

Birth Date: 13 Oct 1988
Issue Date: 29 Dec 2008

001692415A




SJM8797P
owner

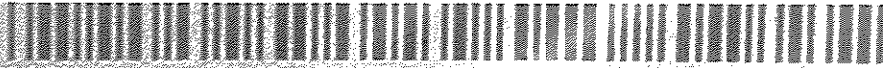
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	29 Dec 2008

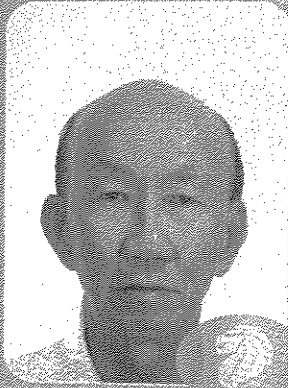
NP 428A

Licence No: S8840265J





REPUBLIC OF SINGAPORE
NATIONAL DIGITAL IDENTITY CARD



NAME

TENG HENG HEU

NRIC NO.

S2098434A 

DATE OF BIRTH

17 SEP 1950 

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

31 MAR 2014

ADDRESS

55A LORONG MELAYU 


SINGAPORE 416941

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2098434A**
Name: **TENG HENG HEU**

Birth Date: **17 Sep 1950**
Issue Date: **16 Dec 2003**

001052840E



SJM8797P
Driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 1976

NP 428A

Licence No: S2098434A

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, 1958 (MALAYSIA)

Certificate Number: 5115030393-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SIM8747P
Chassis Number : MR053BK4107040194
2. Name of Policyholder : TENG E-ZHOU ALEX
3. Effective Date of Insurance : 19 Jan 2024
4. Expiry Date of Insurance : 18 Jan 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 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.

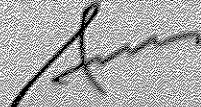
EXCESS (SECTION 1)	N/A
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	S\$100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	YES
NCD PROTECTION	YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	NO
TRANSPORT ALLOWANCE	YES
EXCESS WAIVER	YES
PRIMARY DRIVER	TENG E-ZHOU, ALEX
NAMED DRIVER (1)	TENG E-EN
NAMED DRIVER (2)	TENG HENG HEU
HIRE PURCHASE COMPANY	N/A
SLAM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000814661)

Date of Issue : 18 Dec 2023 12:05 hrs

For INCOME INSURANCE LIMITED



Chief Executive