



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

Date: 24.03.2025

ATTN: Motor Claims Department

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

Dear Sir/Madam,

Accident Involving: SNN3747U & SNU4262H

Date of Accident: 05.12.2024

Location: CHOA CHU KANG AVE 1

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$</u>	<u>8,284.00</u>	
Loss of Use:			
(\$180 X 7 Days):	<u>\$</u>	<u>1,260.00</u>	(6Repair Days + 1Sunday)
LTA SEARCH	<u>\$</u>	<u>27.25</u>	
TOWING	<u>\$</u>	<u>50.00</u>	
Grand Total:	<u>\$</u>	<u>9,621.25</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



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AUTOWORK PTE LTD

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

Authorisation To Act


I, Tu Bing Xin ("the third party claimant") of
409 Bedok North Avenue 2 #02-30 S-460409.
(address), owner of SNN3747U (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. SNN3747U that was
damaged pursuant to the accident which occurred on 5/12/2024 (date)
at/along Choa Chu Kang Ave 1
(location) involving vehicle no/s SND4262H ("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.

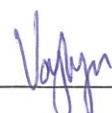
I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 5 day of 12 (month) 20 24 (year)



Signed by "the third party claimant"





Signed by "the workshop"



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

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNN3747U and SNU4262H on 5/12/24
at/along Choa Chu Kang Ave 1

1. I/We, the Owner of motor vehicle no. SNN3747U 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 5 day of 12 20 24

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :



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
24.03.2025	HDP202503-01059	SNN3747U

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	\$ 7,600.00
Total	\$ 7,600.00
Add: 9% GST	\$ 684.00
Total	\$ 8,284.00

Please indicate the invoice number on the reverse side.

HD 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 : 06 Dec 2024 / 11:53:19
Receipt Date/Time : 06 Dec 2024 / 11:53:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241206-001630
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 - SNU4262H As at 05 Dec 2024/20:05:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SNU4262H Enquiry Fee 20241206115247281047	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
512972XXXXXX5672		eNETS Credit Card		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



SERVICE FOR
VEHICLE

CONTACT

M/P: 8434 5514



TRUST
VENTURE
TOWING

UEN : 202440177R

CASH SALE
JOB ORDER

No.: 1781

Ms Goh

Date: 05-07-24¹²

Vehicle No.	SNN 3747U		Model	JW													
Destination	ck to Premier																
Time In	05-07-24 8:45 pm		Time Out														
Remarks	12		Amount \$	50.00													
<table border="0"><tr><td><input checked="" type="checkbox"/> Accident</td><td><input type="checkbox"/> Loaded With Goods</td><td><input type="checkbox"/> Basement / Multi Carpark</td></tr><tr><td><input type="checkbox"/> After 2359</td><td><input type="checkbox"/> Crane Up / Winch Out</td><td><input type="checkbox"/> Change Spare Tyre / Jumpstart</td></tr><tr><td><input type="checkbox"/> Open Door</td><td><input type="checkbox"/> Using King Dolly (Extra Trailer)</td><td><input type="checkbox"/> Dismantle Shaft / Brake / Equipment</td></tr><tr><td><input type="checkbox"/> Change Battery</td><td><input type="checkbox"/> Lowered Bodykit / Suspension</td><td><input type="checkbox"/> Inspection</td></tr></table>						<input checked="" type="checkbox"/> Accident	<input type="checkbox"/> Loaded With Goods	<input type="checkbox"/> Basement / Multi Carpark	<input type="checkbox"/> After 2359	<input type="checkbox"/> Crane Up / Winch Out	<input type="checkbox"/> Change Spare Tyre / Jumpstart	<input type="checkbox"/> Open Door	<input type="checkbox"/> Using King Dolly (Extra Trailer)	<input type="checkbox"/> Dismantle Shaft / Brake / Equipment	<input type="checkbox"/> Change Battery	<input type="checkbox"/> Lowered Bodykit / Suspension	<input type="checkbox"/> Inspection
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<input type="checkbox"/> Change Battery	<input type="checkbox"/> Lowered Bodykit / Suspension	<input type="checkbox"/> Inspection															

Trust Venture Staff / Vehicle

Received By

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	06/12/2024 18:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 20:05 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN3747U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	IU BING XIN
NRIC No	SXXXX854Z
Email Address	IUBINGXIN0@GMAIL.COM
Mobile Phone No	(Phone) +65-98774473
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1400
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	5142817164

DRIVER

Name of Driver	IU BING XIN
NRIC No	SXXXX854Z
Date Of Birth	31/01/1994
Occupation	Outdoor
Driving Pass Date	19/09/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98774473
Alt. Phone Number	-
Email Address	IUBINGXIN0@GMAIL.COM
Address	BLK 409 BEDOK NORTH AVE 2
Address complement	#02-30
Postcode	460409
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	Side Swipe
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)	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?	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	SNU4262H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNN3747U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

Refer to Police Report

T/2024/206/7031

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 ID/C&O card)



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-evaluate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that

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

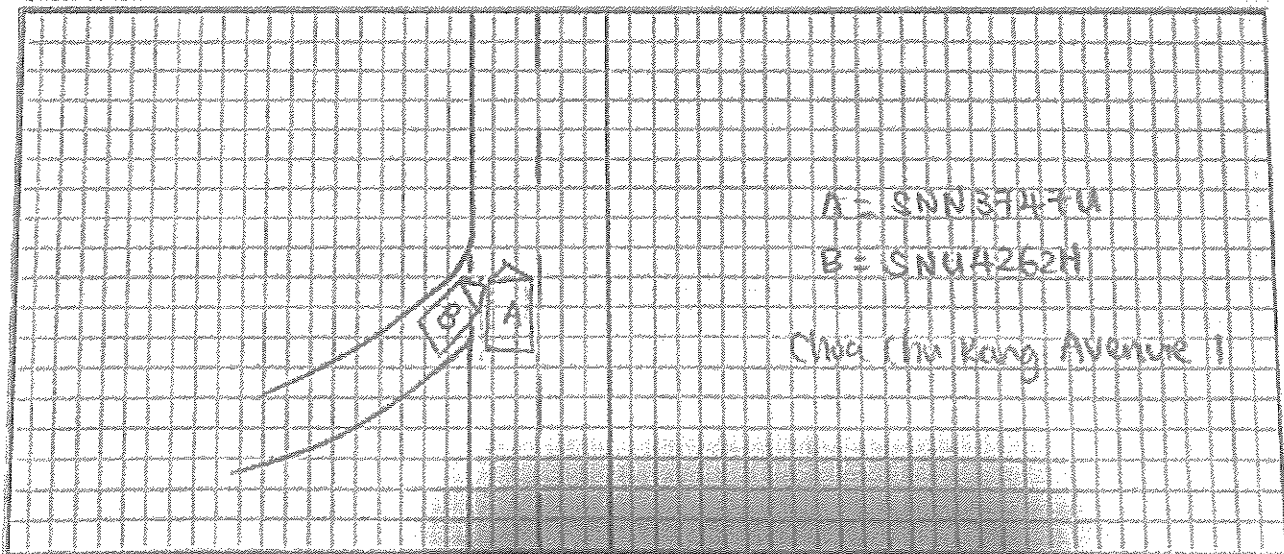
Policyholder's Signature / Date & Time

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

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

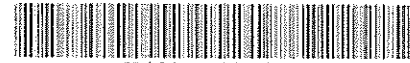


Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20241206/7031

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

1 of 3

Report No. T/20241206/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2024 11:42			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: IU BING XIN			Address: 409 BEDOK NORTH AVENUE 2 #02-30 SINGAPORE 460409		
ID Type / ID No.: NRIC NO / S9402854Z			Contact No.: Home/Office: Mobile: 98774473		
Nationality: SINGAPORE CITIZEN			Email: IUBINGXIN0@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 31/01/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV			Driving Licence Information: Class: Date of Expiry:		

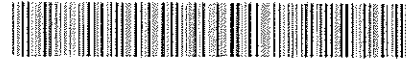
General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2024 20:05	Type of Location: Straight Road
Location: CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SNN3747U	Motor car	VOLKSWAGON	JETTA 1.4 TSI 1633G5 HID SR NAV	White	Seriously Damaged	0
SNU4262H	Motor car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SNN3747U	NTUC Income Insurance Co-Operative Limited	5142817164	20/01/2024	10/05/2025



**SINGAPORE
POLICE FORCE**



T/20241206/7031

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

2 of 3

Report No T/20241206/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IU BING XIN	ID No	S9402854Z
Related Vehicle	SNN3747U (Motor car)	Contact No	98774473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2024	Date Discharge	06/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 06 December at around 0805pm I was driving my vehicle SNN3747U along Choa Chu Kang Avenue 1 after Choa Chu Kang Avenue 7 junction going straight on green. A vehicle from my left slip road with a give way line and stop sign dash out without checking and collided onto the left side of my vehicle causing severe damages. The impact was huge. After the accident we took photos and exchange particulars. A day after the accident, I felt pain and discomfort from the accident and consulted a doctor and was given 3 days mc.



**SINGAPORE
POLICE FORCE**

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



T/20241206/7031

3 of 3

Report No. T/20241206/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2024 11:42
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9402854Z



Name

IU BING XIN

尤 柄 鑫

Race
CHINESE

Date of birth
31-01-1994

Country/Place of birth
SINGAPORE

Sex
M

S9402854Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9402854Z

Name:

IU BING XIN

Birth Date: 31 Jan 1994

Issue Date: 04 Mar 2021



003126706K

SNN3747U

Owner and Driver

5831336



NRIC No. S9402854Z



Date of issue
22-11-2017

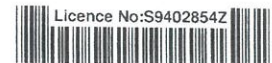
Address

APT BLK 409 BEDOK NORTH AVENUE 2
#02-30
SINGAPORE 460409

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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW	13 Sep 2018
Class 2A	Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW	16 Oct 2020
Class 3	Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg	19 Sep 2019

NP 428A



Licence No: S9402854Z

1:02

5G 78



SN N3747U

Owner and Driver

VOCATIONAL LICENCE

LAND TRANSPORT AUTHORITY

LICENCE NO.

J00303006

LICENCE TYPE • EXPIRY DATE • LICENCE STATUS

PRIVATE HIRE CAR DRIVER • 14 MAR 2027

• ACTIVE

NOTES

You can check the status of your non-active licences via the Vocational Licence Status Enquiry function at OneMotoring website.

^ Hide details

Last updated on 16 Sep 2024

 Show NRIC

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: 5142817164

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SNN3747U**
Chassis Number : **WVWZZZ216ZGM010993**
2. Name of Policyholder : **IU BING XIN**
3. Effective Date of Insurance : **20 Jan 2024**
4. Expiry Date of Insurance : **19 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)	: 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: IU BING XIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : IMOTOR INSURE (00000573595)
Date of Issue : 20 Jan 2024 14:18 hrs

For INCOME INSURANCE LIMITED



Chief Executive