



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

Dear Sir/Madam,

Accident Involving: SNN9794T & GBK4168S  
Date of Accident: 26.12.2024  
Location: UPPER CHANGI ROAD E

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 19,620.00</u>	
Loss of Rental:		
(\$220 X 9 Days):	<u>\$ 1,980.00</u>	(8Repair Days + 1Sunday)
LTA SEARCH	<u>\$ 27.25</u>	
<b>Grand Total:</b>	<u><b>\$ 21,627.25</b></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

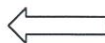
I, Limo Booking Pte Ltd ("the third party claimant") of  
277C Compassvale Link, #13-288, Aspella, S-543277  
(address), owner of SNN9794T (vehicle no.)  
hereby authorise HD Perfect Autowork Pte. Ltd. ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SNN9794T that was  
damaged pursuant to the accident which occurred on 26/12/2024 (date)  
at/along Upper Changi Rd E.  
(location) involving vehicle no/s GBK41688 ("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 26 day of 12 (month) 20 24 (year)



Signed by "the third party claimant"

Vaglyn

Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNN9794T and GBK41688 on 26/12/24  
at/along Upper Changi Rd E.

1. I/We, the Owner of motor vehicle no. SNN9794T 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 26 day of 12 2024

Signature of vehicle owner \_\_\_\_\_

Name: Limo Booking Pte Ltd

IC/UEN No: 202346361C

(Company stamp, if applicable)

Address: 277C Compassvale Link,  
#13-288, Aspella, S-543277.

Tel: 89003010



Vafyn  
Witnessed by:  
Xin



"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, Limo Booking Pte Ltd ("the third party claimant")  
of 277C Compassvale Link, #13-288, Aspella, S-543277 (address),  
owner of SNN9794T (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. SNN9794T that was damaged pursuant to the  
accident which occurred on 26/12/24 (date) along Upper  
Changi Rd E. (location)  
involving vehicle no/s GBK41688  
("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 26 day 12 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"  
(with chop)

*Vaglyn*



HD PERFECT  
AUTOWORK PTE LTD  
UEN: 20219600

# 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	HDP202503-01060	SNN9794T

## 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	\$ 18,000.00
Total	\$ 18,000.00
Add: 9% GST	\$ 1,620.00
Total	\$ 19,620.00

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

# THRONE

INVOICE

## THRONE LIMO PTE LTD

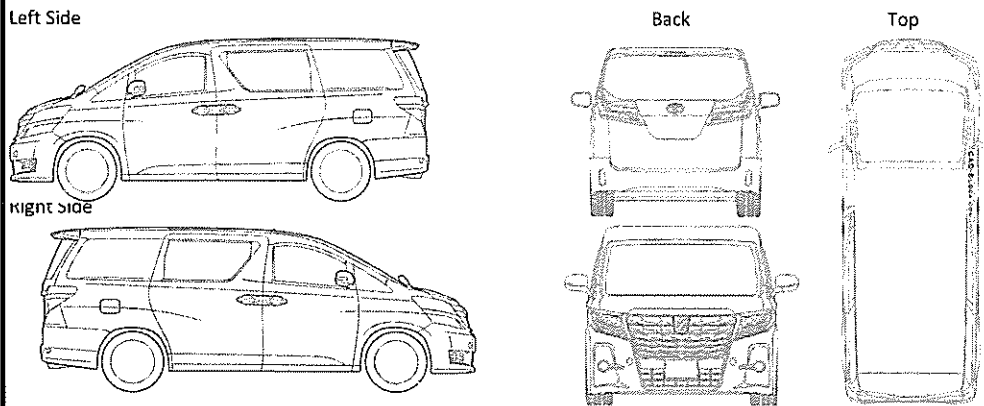
ROC: 202304789G

INVOICE : TL001  
DATE : 4/1/2025

EMAIL : THRONELIMOPTELTD@GMAIL.COM

Company Name	HD PERFECT AUTOWORK PTE LTD	UEN:	202136904Z
Company Address	8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875		
Hirer's Name	Wong Kian Fatt		
Hirer's Address	Apt Blk 277C Compassvale Link #13-288 Singapore 543277		
NRIC/Passport No.	S7577205Z	Country Of Issue	SINGAPORE DOB : 28-Feb-75
Driving License No.	H00305178	Issue date	12/11/2023
Local Contact	97861154		

### VEHICAL DETAILS



Brand : TOYOTA  
Licence Plate : SMG4804E  
Colour & Year : BLACK 18  
Model : VELLFIRE HS

\* Rates do not include Petrol.

#### Taken

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
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#### Return

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
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\* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks : D = Dent S = Scratches C = Chips R = Rust M = Missing

### RENTAL DETAILS

Start Date	27/12/2024	Start Time	1315hrs
Return Date	4/1/2025	Return Time	1730hrs

DESCRIPTION	RATES	QTY	TOTAL
Daily Rental Amount	220	9	\$1,980.00
Additional Driver	0	0	\$0.00
Discount	0	0	\$0.00
Deposit	0	0	\$0.00
Late fee	0	0	\$0.00
<b>Total paid</b>			<b>\$1,980.00</b>

Remarks:



Company stamp

Hirer's sign and stamp

> Back to OneMotoring

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

Print Date/Time : 27 Dec 2024 / 13:23:17

Receipt Date/Time : 27 Dec 2024 / 13:23:17

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241227-002430

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 - GBK4168S				
As at 26 Dec 2024/16:15:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBK4168S Enquiry Fee 20241227132153065394	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.



# 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	28/12/2024 12:35 (SGT)
Reported by	Actual Driver
Date of Accident	26/12/2024 16:15 (SGT)
act Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	TOWARDS NEW UPP CHANGI RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN9794T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIMO BOOKING PTE. LTD.
Company Reg No	2XXXXXX361C
Email Address	KFWONG75@HOTMAIL.COM
Mobile Phone No	(Phone) +65-89003010
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2493
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	5142595672

## DRIVER



Name of Driver	WONG KIAN FATT
NRIC No	SXXXX205Z
Date Of Birth	28/02/1975
Occupation	Outdoor
Driving Pass Date	21/03/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89003010
Alt. Phone Number	-
Email Address	KFWONG75@HOTMAIL.COM
Address	277C COMPASSVALE LINK
Address complement	#13-288
Postcode	543277
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY DIRECTOR
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)	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	GBK4168S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	WONG KIAN FATT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SNN9794T
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 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 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/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.



*[Handwritten signature]*

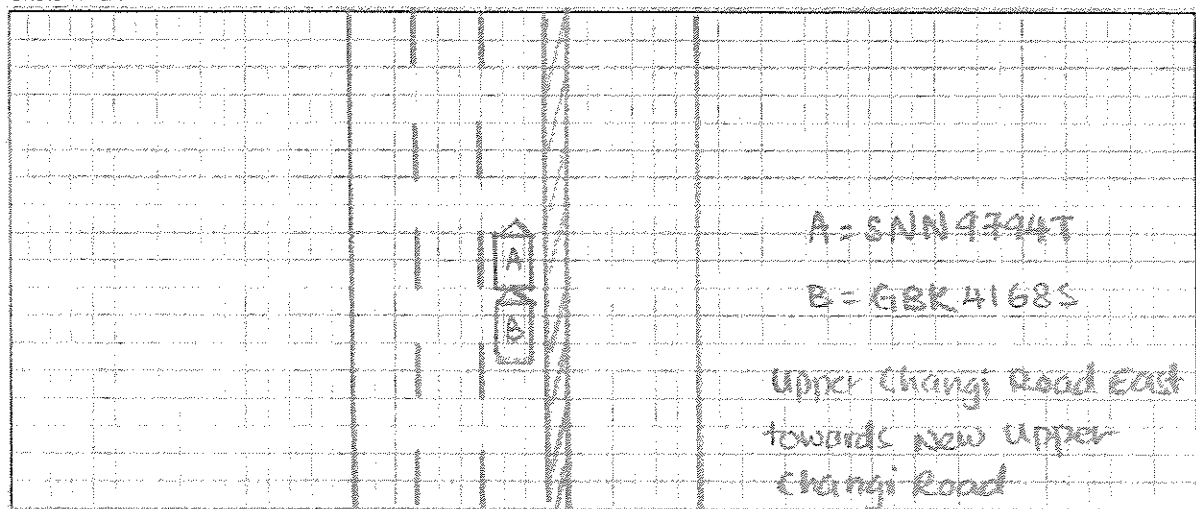


Policyholder's Signature / Date & Time




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

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

**Sketch Plan**



2

<b>Policyholder's Signature / Date &amp; Time</b>		<b>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</b>	<b>Witnessed by Reporting Police Person(s) (Name as in MVR/CDL card)</b>
			
<b>Declaration</b> We declare the foregoing particulars are true in every respect			
<b>Describe Circumstance of the Accident</b>			
Refer to Police Report			
7/20/2024 / 1069			



**SINGAPORE  
POLICE FORCE**



T/20241227/7069

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

1 of 3

Report No. T/20241227/7069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2024 16:49			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: WONG KIAN FATT			Address: 277C COMPASSVALE LINK #13-288 SINGAPORE 543277		
ID Type / ID No.: NRIC NO / S7577205Z			Contact No.: Home/Office: Mobile: 97861154		
Nationality: SINGAPORE CITIZEN			Email: kfwong75@hotmail.com		
Sex: Male	Age: 49	Date of Birth: 28/02/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/12/2024 16:15	Type of Location:
Location: UPPER CHANGI ROAD EAST				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNN9794T	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20241227/7069

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

2 of 3

Report No. T/20241227/7069

CONTINUATION OF REPORT

Driver			
Name	WONG KIAN FATT	ID No.	S7577205Z
Related Vehicle	SNN9794T (Motor car)	Contact No.	97861154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time I vehicle SNN9794T was stationary on the rightmost lane along Upper Changi Road East towards New Upper Changi Road direction.

I was waiting for the traffic lights to turn green.

Suddenly vehicle GBK4168S came from behind and slammed into my car rear portion.

The impact was great and caused me to be lunged forward only to be pulled back by my seat belt.

After a while I start to feel pain on neck, shoulder and lower back areas.

Today I proceeded to Norwood Medical Hougang to seek treatment and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20241227/7069

3 of 3

Report No. T/20241227/7069

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP168

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

Date/Time:  
27/12/2024 16.49

Classification Of Case:

SNN9794T

Driver

REPUBLIC OF SINGAPORE


NATIONAL DIGITAL IDENTITY CARD



NAME

WONG KIAN FATT  
(HUANG JIANFA)

NRIC NO.

S7577205Z 

DATE OF BIRTH

28 FEB 1975 

SEX

MALE


NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

16 MAR 2005

ADDRESS

277C COMPASSVALE LINK 

#13-288

SINGAPORE 543277

^ Hide details





SNN9794T

Driver

# DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

**S7577205Z** 

CLASS AND ISSUE DATE

**2B • 22 NOV 1993**

**2A • 21 FEB 1995**

**3 • 21 MAR 1997**

**4 • 13 MAR 2001**

**5 • 12 JUN 2001**

CERTIFICATE OF MERIT

**ELIGIBLE**

DEMERIT POINTS

**0**

CARD SERIAL NO.

**001335220H**

 Hide details



Last updated on 27 Dec 2024

 Show NRIC



SNN97947 Driver

# VOCATIONAL LICENCE

LAND TRANSPORT AUTHORITY

LICENCE NO.

**H00305178**

LICENCE TYPE • EXPIRY DATE • LICENCE STATUS

**PRIVATE HIRE CAR DRIVER • 10 DEC 2026 •**


**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 27 Dec 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:** 5142595672

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SNN9794T**  
Chassis Number : AGH300201820
2. Name of Policyholder : LIMO BOOKING PTE. LTD.
3. Effective Date of Insurance : 13 Jan 2024
4. Expiry Date of Insurance : 12 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 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	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
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 : ASSURE GENERAL INSURANCE AGENCY & CREDIT PTE. LTD. (00000662806)

Date of Issue : 12 Jan 2024 18:05 hrs

For **INCOME INSURANCE LIMITED**



Chief Executive