

Surveyor

REF: CS3/ASM18015224/71sd371

Special Instruction:

From (Person): Xin Yi of Seahong Date/Time: 30/11/19 @ 5:38pm  
Estimated Cost: Bill to:

L/S: \$2,200.00

Third Parties:

Claimant:

Surveyor: Vicom

Workshop: Teamwork Garage

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLL193SR  
at Workshop m/s Teamwork  
of 53 ubi Ave 1 # 01-24

Insured: YP 4408B

Tel: 68442475

Policy No:

Sum Insured:

Claim No: 18-05856 PD-0

Make of Veh:

(Client's Record)

Excess:

D.O.A. 18/06/2018

Date/Time: Person Contacted: H.O.D. Endorsement/Date:  
Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 4 days)  
Date/Time: 05/03/19 Submit Final Fig 1/592,000, 4 days (Red \$ 200/-19 %; Original 4 days)

Date/Time	Action/Instruction
	SLL193SR-CS/AGI18021419/CS3
	YP 4408B-CS3/ASM18015224/712453.2
	DUA: 26/11/2018
	DUA: 18/6/18
	RECEIVED 05 MAR 2019
	5/3/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :  
Salvage Value :  
Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

1) Date/Time File Pass to

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time

4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to

22/03/2013

SS REC BY:

REF: 193 / ASM 18015224 / 7124d3<sup>2</sup>

Special Instruction:

SUNVAIOR

From (Person):

Taukh  
Stacey Ng

ASSIGNMENT (Office)

of ASM

Date/Time: 21082013 8:44am

Estimated Cost:

Bill to:

OD / TRV WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLL 1935R

Insured:

YP 4408B

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 #01-04

Policy No:

Claim No:

S8M00LAX

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18062013

CA / REV / REP. / REV 24 HRS Wp

Date/Time: 21082013 3:44pm

Person Contacted:

Damon

H.O.D. Endorsement:

Vehicle: IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	SLL 1935R - NA / INC 18011102 / 24
	YP 4408B - X

D.A.: 18062013



**Nivitha (LKK Auto)**

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Wednesday, 30 January 2019 5:38 PM  
**To:** 'Admin-D (LKKAuto)'  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg  
**Subject:** SLL 1935R [Our file ref: 18.25856 PD-O]  
**Attachments:** OI GIA.pdf; TP LOD LITIGATION - PARWANI LAW LLC.pdf

Dear Catherine,

<b>CLAIMANT :</b>	<b>RED CASTLE CO PTE LTD</b>
<b>VEHICLE NUMBER :</b>	<b>SLL 1935R</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>18 JUNE 2018</b>
<b>AXA VEHICLE NUMBER :</b>	<b>YP 4408B</b>

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)  
Seah Ong & Partners LLP  
36 Robinson Road  
#12-03 City House  
Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

SERVICE COPY



3019585120 - - -

Our Ref : VP.282865.18(ac)  
Your Ref : S8M00LAXMC/NPS

Date : 6 December 2018



60124205

**AXA INSURANCE PTE LTD**  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811

Attention: Motor Claims Department

**CHUAN HENG IMPORT & EXPORT  
PTE. LTD.**  
21 Lorong 8 Toa Payoh  
Toyogo Building  
Singapore 319256

Dear Sirs,

**CLAIMANT: RED CASTLE CO PTE LTD**  
**ACCIDENT INVOLVING SLL 1935R & YP 4408B ALONG YISHUN AVE 2 TWDS**  
**LENTOR AVE BEFORE YISHUN CTRL 1 ON 18 JUNE 2018**

We act on the instructions of **RED CASTLE CO PTE LTD**, the owner of Motor Vehicle No. **SLL 1935R** (the "Vehicle").

We are instructed by our clients to claim damages against you/your insured in connection with the abovementioned road traffic accident involving our clients' motor vehicle (**SLL**

## PARWANI LAW LLC

**ADVOCATES & SOLICITORS  
COMMISSIONER FOR OATHS  
NOTARY PUBLIC**

UEN No: 201410012K

- ☐ Via Fax
- ☐ Via AR Registered
- ☒ Via Certificate of Posting
- ☐ Via Ordinary Post
- ☒ Via Hand / Courier
- ☐ Via Email

**Managing Director**

Vijai Parwani [parwani@parwanilaw.com.sg](mailto:parwani@parwanilaw.com.sg)

**Associates**

Nicholas Chandra [nicholas@parwanilaw.com.sg](mailto:nicholas@parwanilaw.com.sg)  
Victor Huang Po Han [victcr@parwanilaw.com.sg](mailto:victcr@parwanilaw.com.sg)

**Senior Legal Executive**

Ari James [ari@parwanilaw.com.sg](mailto:ari@parwanilaw.com.sg)

**Legal Executive**

Andre Chua [andre@parwanilaw.com.sg](mailto:andre@parwanilaw.com.sg)

We do not accept service of court documents by fax



**CERTIFICATE OF POSTING**  
**(For your information only)**

Address: 151 Chin Swee Road #13-06 Manhattan House Singapore 169876  
Tel: 6734 9100 Fax: 6734 9160 Email: [hello@parwanilaw.com.sg](mailto:hello@parwanilaw.com.sg)  
Website: [www.parwanilaw.com.sg](http://www.parwanilaw.com.sg)

## 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 Authorised 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 ability.
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 Report	19/06/2018 16:34
Date Of Accident	18/06/2018 16:15
Exact Location Of Accident	YISHUN AVE 2 TWDS LENTOR AVE BEFORE YISHUN CTRL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1935R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RED CASTLE CO PTE LTD
Co Reg No	201222975N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097963931
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD SUFYAN BIN SABARI
NRIC No	S8535061G
Date Of Birth	04/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91896635
Fax Number	
Contact Number	OFFICE-91896635
EMail Address	NOEMAIL



Address	BLK 213A PUNGGOL WALK #14-747
Postcode	821213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4408B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG BOON KIONG
NRIC/Passport Number	S1381331J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

Image As per Original  
--CSU--

## IMPORTANT NOTES

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized 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 claimant who does not file a claim with the police for investigation.
6. The 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 lodging 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

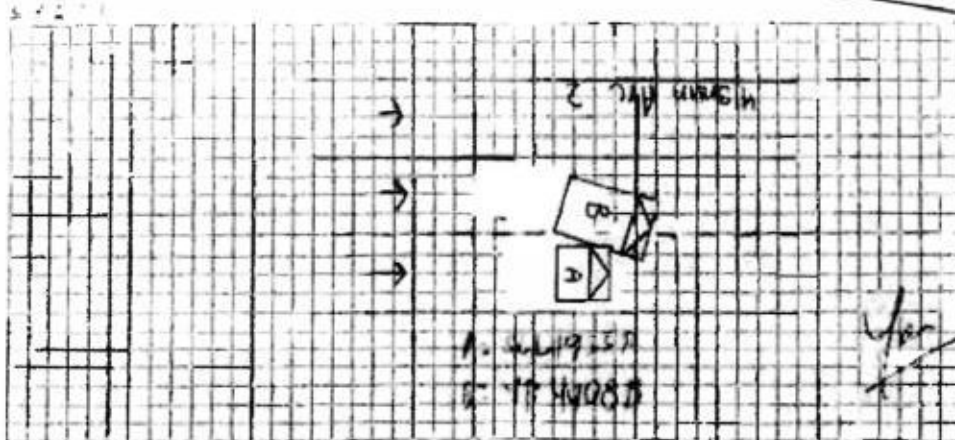
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:



# Accident Sketch Plan

Image As per Original  
--CSU--



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the first lane Yishun Ave 2 towards Lenton Ave before Yishun Central. While travelling, vehicle B suddenly cut into my lane from the second lane causing our vehicles to collide. Vehicle B didn't stop over but continued driving, so I chased after him and finally got him to stop at one side. When the driver of vehicle B came down and spoke to me, he said that he wanted to avoid the front vehicle in front of him which suddenly braked. Hence, he cut onto my lane and collided onto my vehicle.

## 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:

Reporting Centre Personnel's Signature  
Name  
NRIC/Pass No.

WINDUP, March 2018, v.1.5

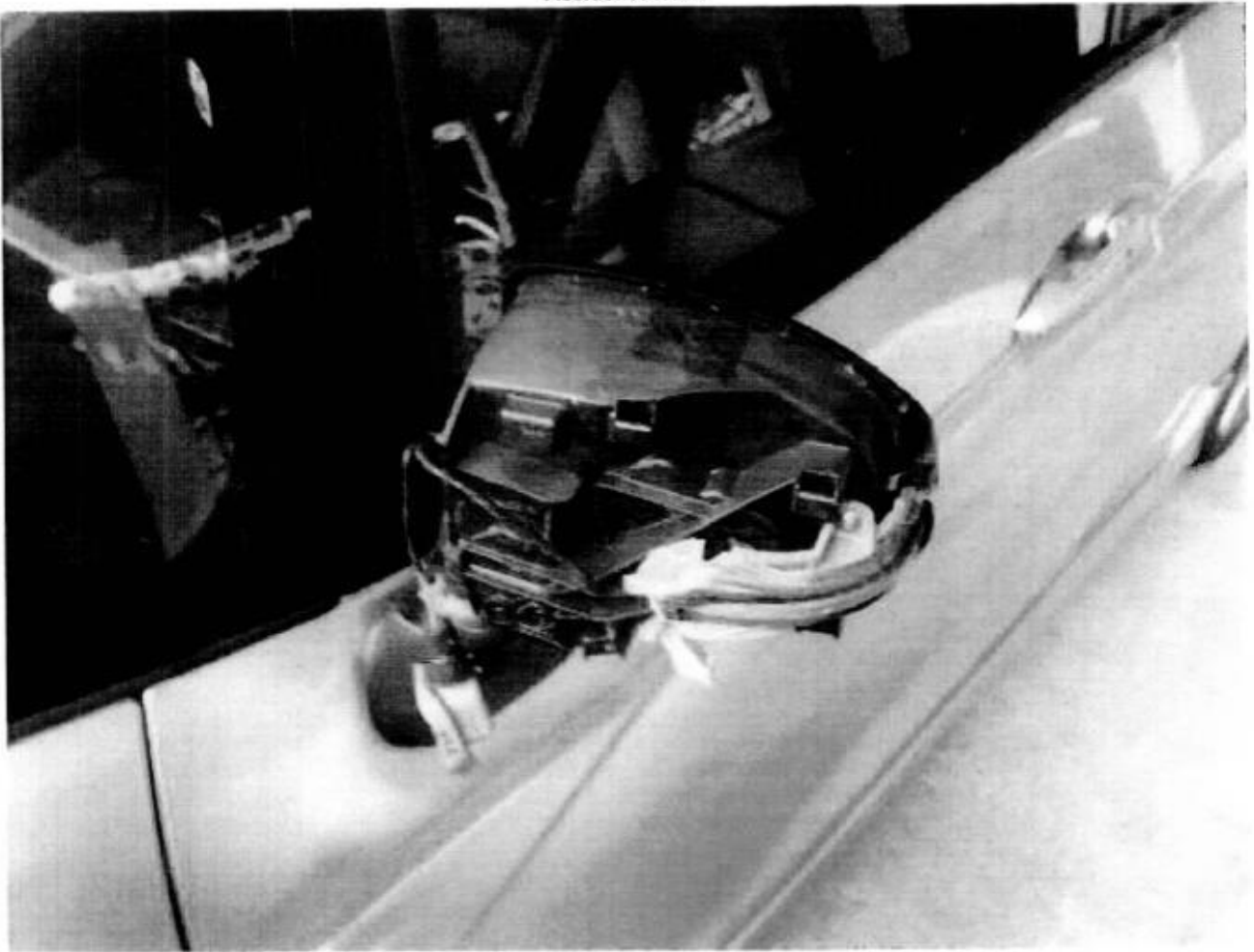
Accident Photo



Accident Photo



Accident Photo



Accident Photo

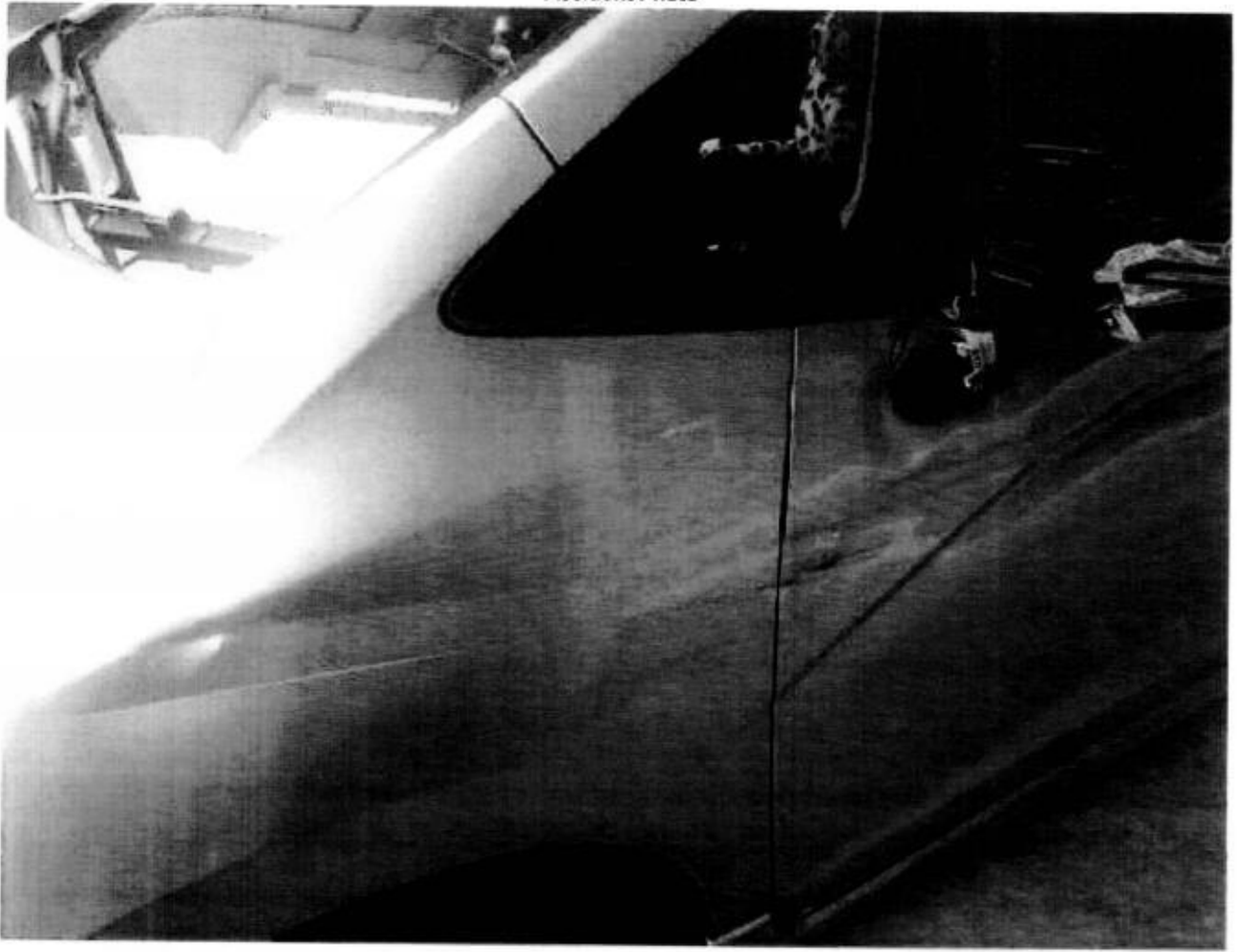


Accident Photo





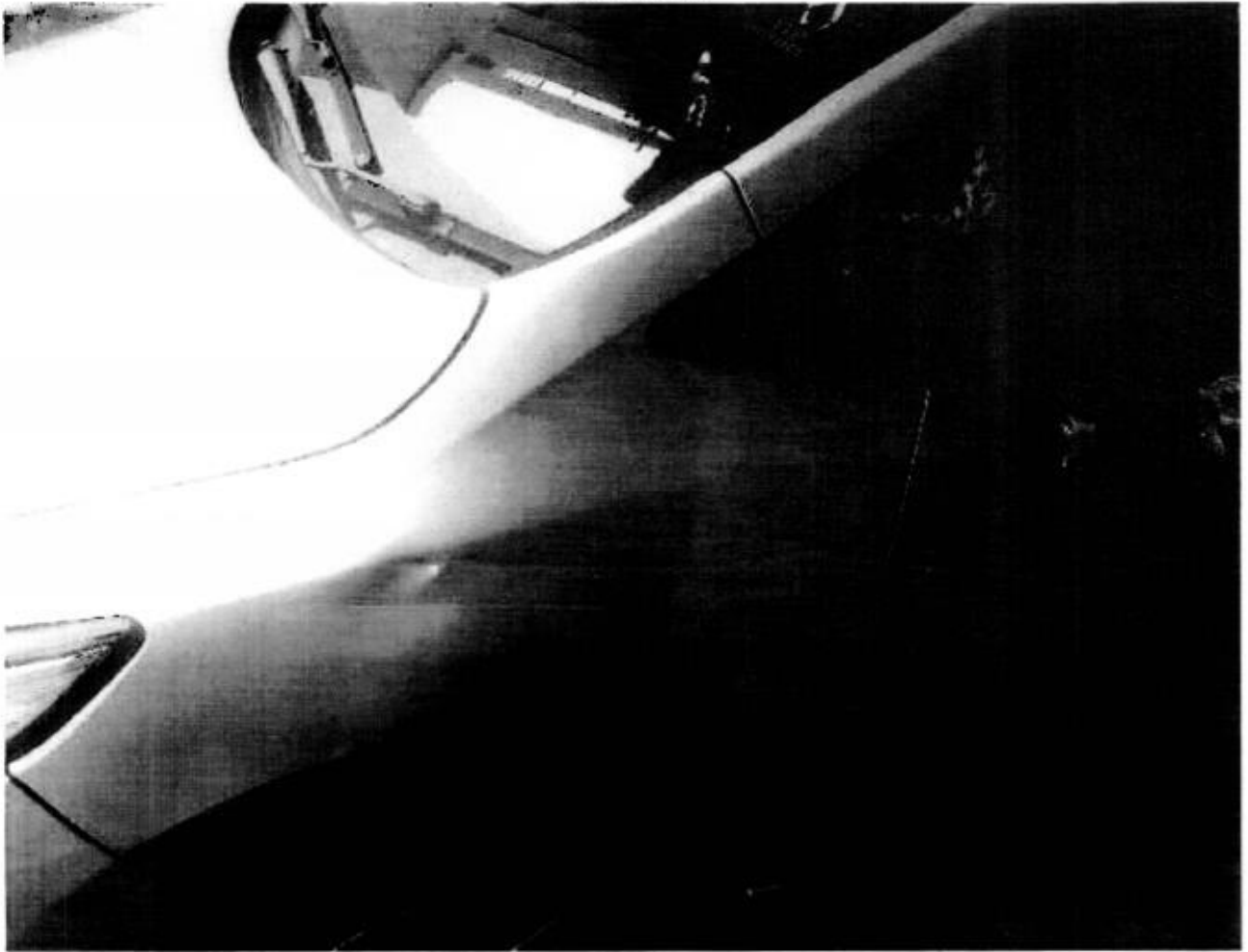
Accident Photo



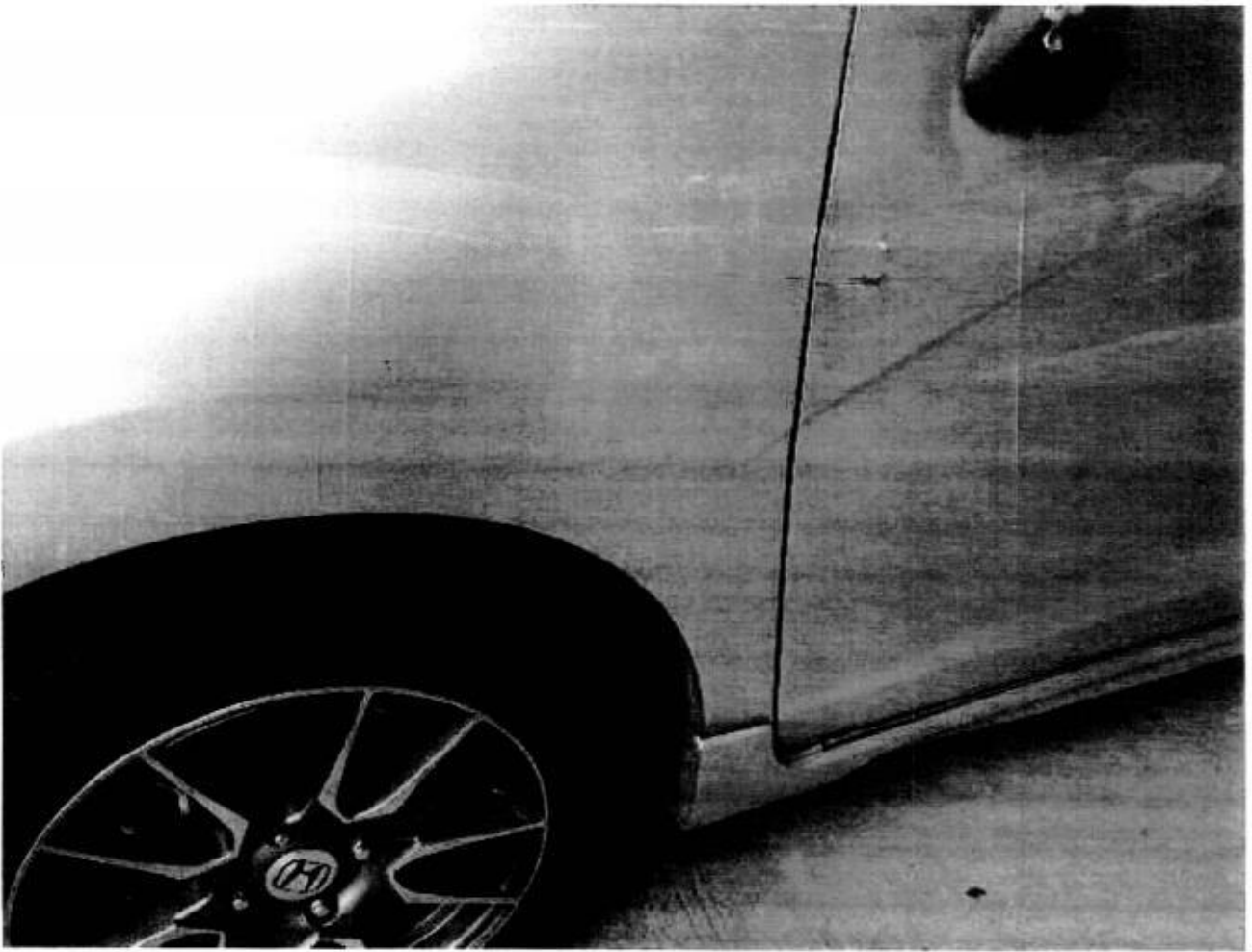
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

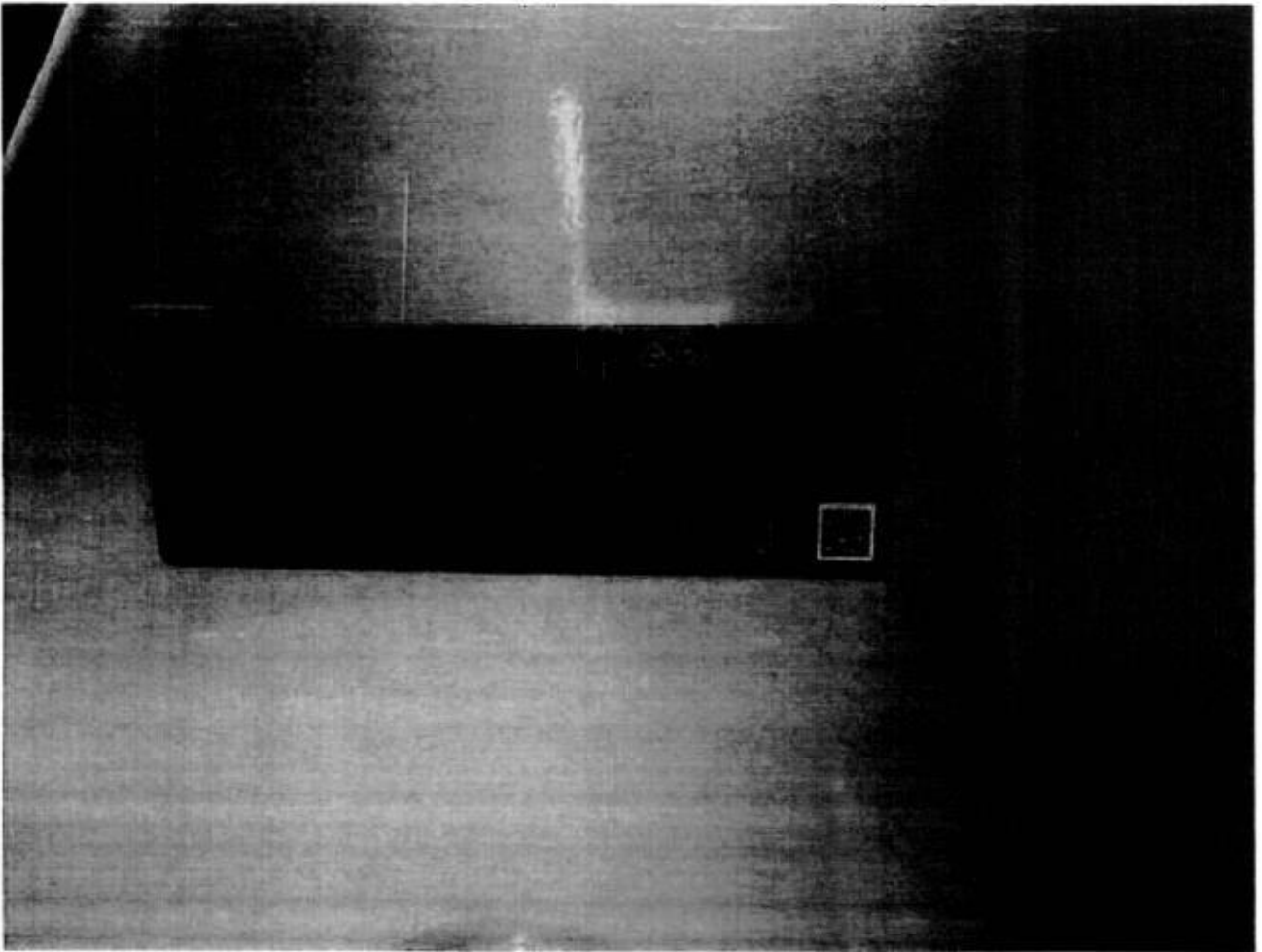




Accident Photo



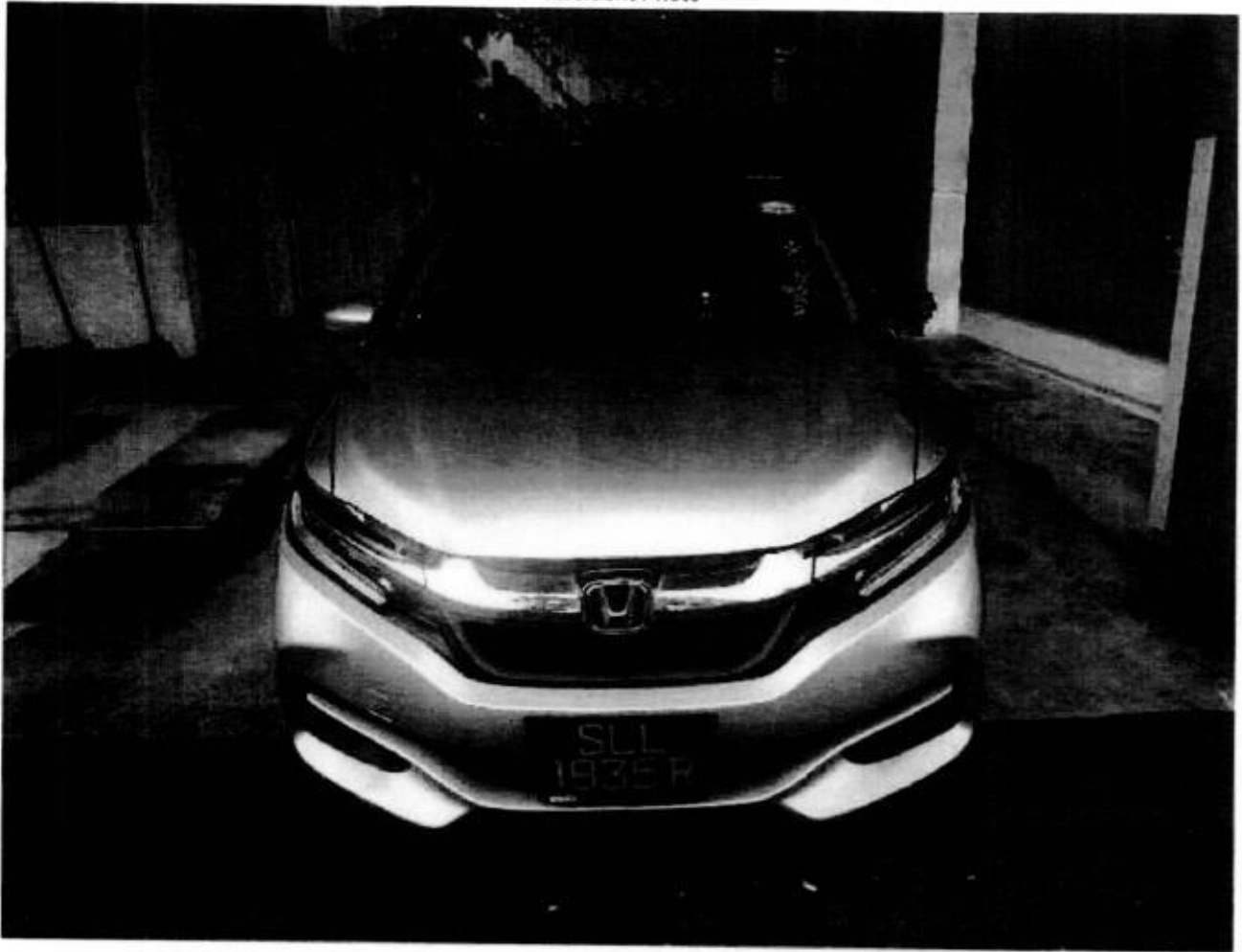
Accident Photo



Accident Photo



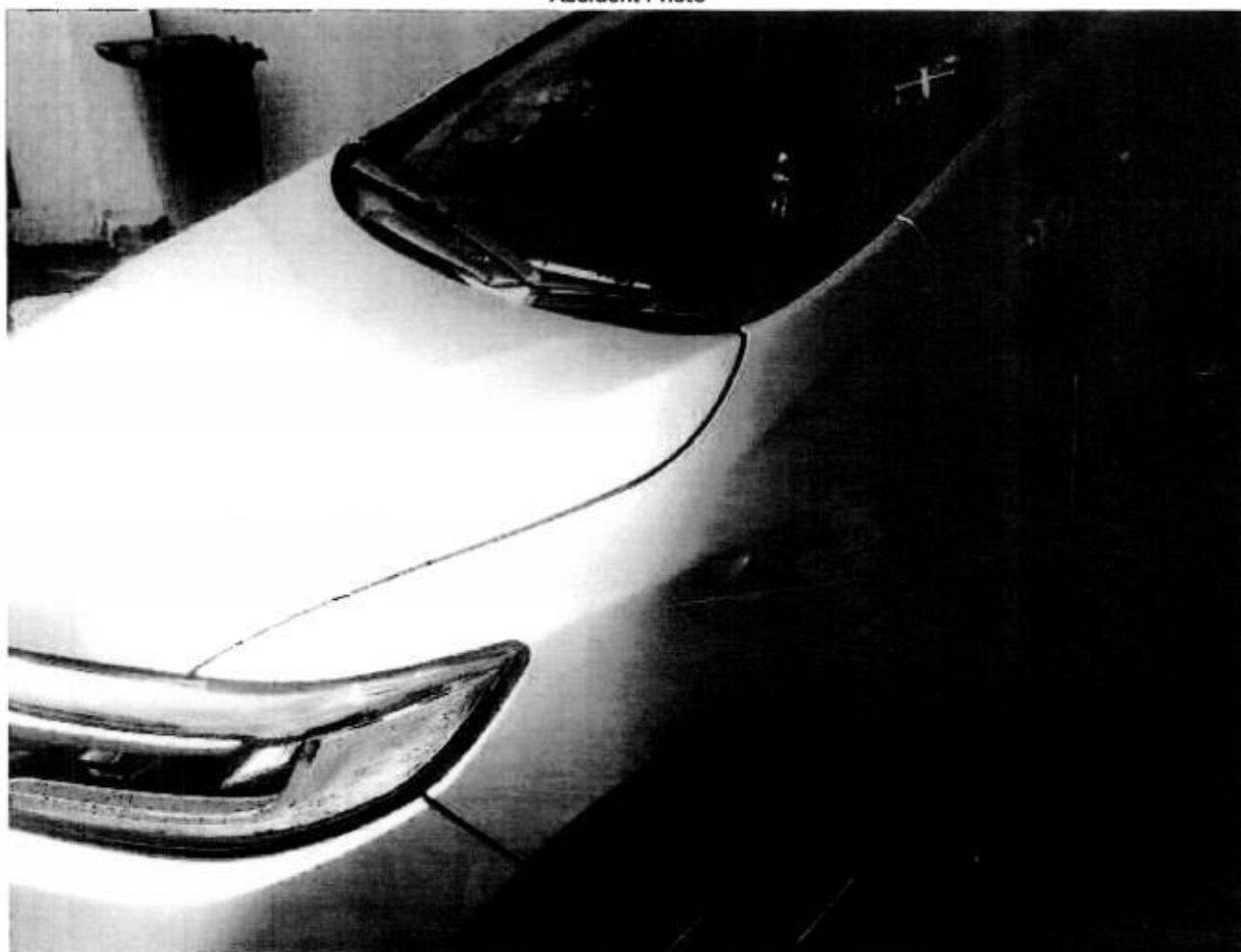
Accident Photo



Accident Photo



Accident Photo





## 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 Authorised 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 ability.
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 Report	19/06/2018 16:54
Date Of Accident	18/06/2018 16:25
Exact Location Of Accident	ALONG YISHUN AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4408B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAN HENG IMPORT & EXPORT PTE LTD
Co Reg No	199401745C
Email Address	SALES@TOYOGOGROUP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62518747

### Vehicle Particulars

Manufacturer	HINO
Model	XZU720
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	P1847395
Cover Note Number	

### Driver

Name of Driver	ONG BOON KIONG
NRIC No	S1381331J
Date Of Birth	22/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97305364
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 222 LOR 8 TOA PAYOH #10-695
Postcode	310222
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN BAN CHYE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO REPORT

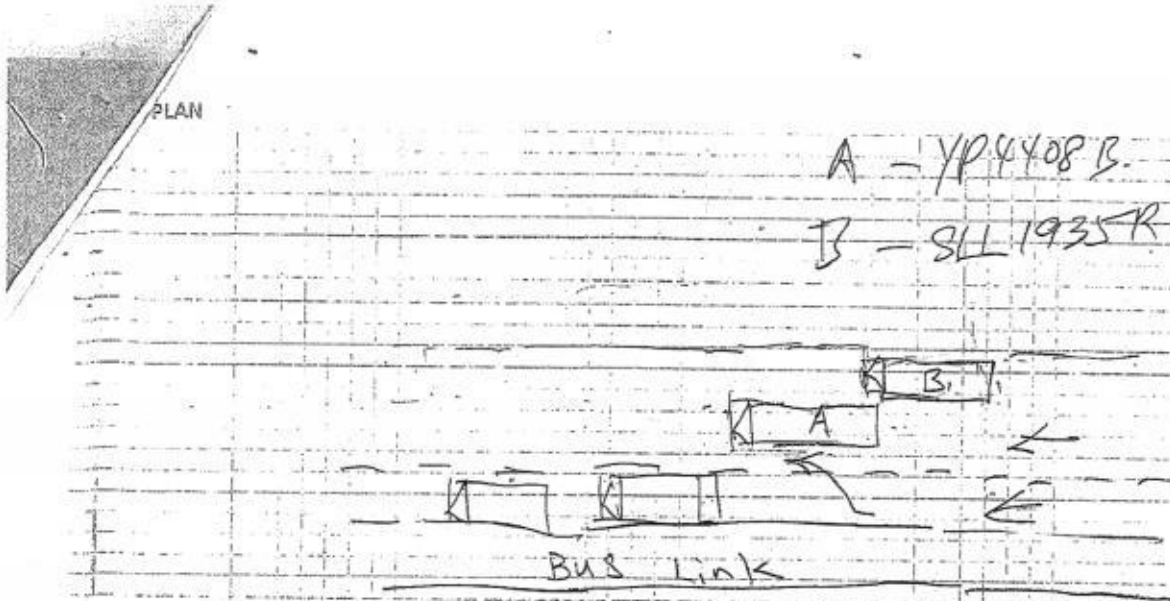
#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1935R
Vehicle Make/Model/Colour	SALOON CAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SUFYANBIN
NRIC/Passport Number	S8535061G
Contact Number	91896635
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

前方是 Bus Link 有車停 第一條有兩車命車慢車  
有以第二條出沒有車，可是對方車跑很快，  
所以撞到尾部，左邊跌，



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN 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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 3

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.service@axa.com.sg



## 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) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VCB/P1847395	Account No. : 04437
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: CHUAN HENG IMPORT & EXPORT PTE LTD	
Vehicle Registration No.	: YP4408B	
Period of Insurance	: From 04/10/2017 To 03/10/2018 (Both Dates Inclusive)	

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Policyholder's order or with their 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.

### LIMITATIONS AS TO USE\*

- (a) Use in connection with the Policyholder's business
  - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
  - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (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.

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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOTCAS2 on 22/09/2017

### IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

**ALLINK INSURANCE AGENCY**  
Blk 153 Bukit Batok Street 11  
#02-290 Singapore 650153  
Tel: 6567 4722  
Fax: 6567 4480