ASS_REC_BY:					Special Instruction		
dirigital .			IGNMENT				
From (Person):	Kithy Teo	of	AS	M(AXA)	Date/Time:	14/3/19	
Estimated Cost			Bill				
on Triws	TP RES / OD R		IMVICS		•		
To Inspect Veh	icle No	SKH	17927	Ins	tred:		
	ds					831244	
of	No.10	Amk Ind	· purk >	A # 01-0	9		
Policy Noc			,	Taim Not _ 30	1M0191	5	
Sum Insured:				Danaer d	400-0	D	
				DAGGSS.			
Make of Veh:			1 TH	EACCSS			
(Client's Record	7.1		111111111111111111111111111111111111111	EXCSST	D.O.A	11/3/19	
(Client's Record CA / REV)	REP. / REV 24		-		D.O.A 15/3/10 H.O.D. E	11/3/19 DIPM	
(Client's Record CA / REV)	7.1		ontacted		D.O.A 15/3/10 H.O.D. E	11/3/19 DIPM	
(Client's Record CA / (REV)	REP. / REV 24	Person Co		weijie	D.O.A 15/3/10 H.O.D. E	11/3/19 Olpm (OUT)	
(Client's Record CA / REV) Date/Time:	REF. / REV 24	Person Co	Stimate	weijie	D.O.A IS/3/10 H.O.D. E Vehicle IN Ful lun	11/3/19 Olpm OUT) who hat	7
CA / REV	Action/Instruction	pm Person Co n ( / ) ( - ( ( 4 / As)	Estimate T 190045	weijie	D.O.A 15/3/10 H.O.D. En Vehicle IN Ful lun	11/3/19 DIPM OUT WHI hat.	
CA / REV	Action/Instruction Skill 11927 Revert	PM Person Co n ( // ) - CC4/AS/ WA SMA	Estimate m 190048 rt claim	weijie	D.O.A 15/3/10 H.O.D. En Vehicle IN Ful lun D.O.	11/3/19 Olpm OUT) who hat	
CA / REV	Action/Instruction Sch 14927 Revert Subjected Water 20	Person Co n ( )   - (C4) AS) WA SMA Uneceron	estimate of 190048 rt claim recau Te	Weijie	D.O.A  15/3/10  15/3/10  H.O.D. En  Vehicle IN  Ful lun  DO /  Color LTI  Keyrort.	MISITA OPPM OUT) WHI KITH - 11/4 7 2010 A: 62755	NV: 724
CA (REV) Date/Time  Date/Time	Action/Instruction Sch 14927 Revert Subjected Water 20	Person Co n ( )   - (C4) AS) WA SMA Uneceron	estimate of 190048 rt claim recau Te	Weijie	D.O.A  15/3/10  15/3/10  H.O.D. En  Vehicle IN  Ful lun  DO /  Color LTI  Keyrort.	11/3/19 DIPM OUT WHI hat.	NV: 724

Tech. Invs (\$

Weekend (\$

Others

TOTAL

From:

Insured:

Policy No.

Date:

Report Format:

Lump Sum / I.B.I: (\$

		ASSIGNMENT	
From	Date 15/3/20	19 Vohillo SK1+178	27 Yr Rogni (1, 12
Estimated Cost		Type: M.Car / M.Cycle / Bus / Van	/ Lorry / Taxi / Prime Mover /
OD TP/WS/TP RE	S / OD RES / EVA / INV / MV	Truck / Trailer or	Wagon
To Inspect Vehicle No		Make. Voko	XC60 00 2953
at Workshop m/s	Ah Him Motor	Colour M. L. Com	A/C: Insured / Std / NI / NA
or No. 10, At	MK Ind. Perk 2A #01-09	Sp.Reading 13362	7 T/Radio: Insured / Std / NI / NA
Insured	, ,,,,,,,	Eng/No:	
Policy No.		CINO: YVID Z	901160 2391151
Claims No.		Gen. Cond. 2000 / Fair / Poor / Bu	urnt
Sum Insured:	Excess: \$400	OO Steering: Inorder / Jammed / Leak	red / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leak	sed/Burnt or
Make of Veh:	1pm	Modi: Nil / S/Rim / STO A/Rig	s or
	, ,	Tyre Size: F:	
(Policy Condition)		R:	255/45 PZ
Remark: The veh ha		OIS BS DUN / EXNOVA / GY / FS / LI	ZA / MIC / OHTSU / PIR / SUMI /
repair at th	e time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	\$ 7 ok	Front	Rear
IDAC Accident Rport	Consistent? : Yes or No	R/Bal. 0 mm	R/Bal. 0 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 0 mm	L/Bal mm
Est. Repairs:	days Res.: Yes or No	D.O.A 11/3/19	DOI 15/3/19
Lum Sum:	% 3 Val. Yes or No	Survey held at	
CA / REV) RE	P. / 24 HRS	Des. of Damages Fr Rear / C	DIS / N/S / U/C / Rooftop or
$\sim$	Vehicle: 1 Person Contacted:		
Date:		The U/G / Chassis frame / E	Body Structure affected due to collision.
Date / Time   Ad	ction / Instruction		
		CONTRACTOR CONTRACTOR	
	F	RECEIVED 1 2 APR 2019	
Oute/Time, File Pass to?	: Preli. Report	Days Of Repair:	
1178 MUA	Final Report	Resurvey No. of Trip:	Survey Fee: 220
Date/Time, File Return to			Transportation
2)	Ac	dd Fee: Site Insp (\$	) _ S + RS _ SI
	quart Cinini /7/1	Interview (\$	) Photos
Report Format:			) Others
Lump Sum / I.B.	f: (\$ )	: Weekend (\$	)

### Shiau Chan (LKKAuto)

From:

Guo Qiang (LKKAuto)

Sent:

Friday, 30 August 2019 3:29 PM

To:

Admin @ VAuG

Cc:

Shiau Chan (LKKAuto)

Subject:

RE: SKH1792T After Repair

Hi Raymond,

Finalize COR \$7200 before GST @ 5 working days.

Regards, Guo Qiang

From: Admin @ VAuG [mailto:admin@vinsautogroup.com.sg]

Sent: Thursday, 6 June, 2019 9:52 AM

To: Guo Qiang (LKKAuto)

Cc: SUR

Subject: SKH1792T After Repair

Good morning,

Please check the attachment

Thanks! Best Regards Raymond Teo



Sin Ming AutoCity 160 Sin Ming Drive Singapore 575722

Showroom/Office: #03-03 Workshops: #08-08/09/10 Tel: 64532121 (4 lines)

Fax: 64599795

Website: <a href="mailto:www.vinsautogroup.com.sg">www.vinsautogroup.com.sg</a></a><br/>Email: <a href="mailto:admin@vinsautogroup.com.sg">admin@vinsautogroup.com.sg</a></a>

Follow us on:



\*\* w.e.f 15th May 2017, we have shifted location! \*\*

<sup>\*\*</sup> w.e.f 20th November 2017, we have changed our email address! \*\*

\$1 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## **Immediate Advice**

To: AXA Insurance Pte Ltd

28/5/2019

### **Survey Details:**

Date of loss	11-Mar-19	
Date of appointment	14-Mar-19	
Date of survey	27-May-19	
Location of survey	VIN'S MOTOR	

## Vehicle Details:

Claim Type:	Own Dama	ge	
Vehicle number	SKH 1792T	Service State Service (All Control of the Control o	
Make and Model	VOLVO XC60 T6 R-DESIGN AT ABS D/AB HID SE		WD
Date of registration	12/11/201	2	
Excess	\$	400.00	
Market Value	\$	70,000.00	
Parf Rebate	\$	62,755.00	
Nett Loss	\$	7,245.00	

## Repair details:

Initial Estimate	\$ 22,379.76

## Proposed/Revised repair cost:

Lump Sum(if applicable)	\$	7,200.00
Total	S	21,479.76
Labour	\$	900.00
Check items (estimate)	\$	1,493.02
Parts	\$	19,086.74

<u>5</u>	
	<u>5</u>

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (068) 62563561 FAX: (065) 62564315

### Remarks:

DAMAGES CONSISTENT. AS AGREED BETWEEN
INSURANCE AND REPAIRER AT REPAIR COST \$7,200.00 ON
LUMP SUM BASIS.

# Mandate:

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

Menu



# CHANGE WORKSHOP

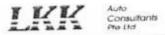
Type

Question

Message

Hi Vehicle will be repair at Vin's Motor. The agreed COR is lump sum \$7200 before excess \$400. Please liase with Vin's on resurvey and the breakdown of the COR. Please advice days of repair. Thanks.

Reply



51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Date: 18/3/2019

# **Immediate Advice**

To : AXA Insurance Pte Ltd

### Survey details

Date of loss	11-Mar-19
Date of appointment	14-Mar-19
Date of survey	15-Mar-19
Location of survey	AH LIM MOTOR

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SKH 1792T
Make and Model	VOLVO
Date of registration	12/11/2012
Excess	400.00
Market Value	\$70,000
Parf Rebate	\$62,755
Nett Loss	\$7,245

### Repair details

Initial Estimate	TOTAL LOSS	

### Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

_

#### Remarks:

Damage Consistent Repair cost uneconomical We did not authorise repair



# Service Request Details

Claim

S9M01GT6

Reference

None @

Loss Date

March 11, 2019

Report Date

Mar 13, 2019 10:17:38 AM

Request Date

March 14, 2019

Due Date

March 21, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

#### Vehicle Information

Incident Vehicle Registration #

SKH1792T

Menu

PHARMET

XC60 T6 3.0

Service Address

10 Ang Mo Kio Ind. Park 2A... 568047

Primary Contact/Insured

CHUA CHEW GUAT 223D COMPASSVALE WALK, #08-671, 544223, Singapore

INSURANCE@DICKSON-AUTO.COM

Claim Handler

TEO Kitty 6568804602 kitty.teo@axa.com.sg

Additional Instructions

XS - \$400

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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 witholding 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

AND RESIDENCE AN	ACCIDENT STATEMENT
Date Of Report	12/03/2019 17:28
Date Of Accident	11/03/2019 08:30
Exact Location Of Accident	UPPER SERANGOON RD
	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH1792T
Insured/Policyholder	CONTRACTOR CONTRACTOR
Name Of Registered Owner	CHUA CHEW GUAT
NRIC No	S6832545E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98113577
Alternative Phone No	OTHERS-98113577
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60-2.0 T6 R-DESIGN (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No. Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA340074/1
Cover Note Number	02/04/2018 - 01/04/2019
Driver	
Name of Driver	SEBASTIAN TAN BOON GUAN
NRIC No	S1294974Z
Date Of Birth	28/05/1958
Occupation	INDOOR
Date Of Driving Pass	13/03/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98113577
Fax Number	7/0012 (=-0) (5/6/35*) (5/6/5
Contact Number	OTHERS-98113577

NOEMAIL

Address

BLK 564 ANG MO KIO AVE 3

#02-3487

Postcode

560564

FRIEND

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

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 THE SKETCH PLAN BY DRIVER

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

SLT5375R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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 South For

nel's Signature

NRIC/FIN No.:

### Sketch Plan Pg. 2

	1791 7 Vehicle B: VKV 5875 R	UBPER RERANGOOM RD. Vehicle C: TAX (UNKNO
ETCH PLAN		
-		
< 7h	X1 (SEN 7375) (SEN 17927	
7,5	71 2 11	
	9	ab a
	UDPER SZRANGOD	N NO
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	3417	
V . 1c	. /	0. /
72/2 /24410	LE INFROMT SLOW DOW	4 20 V WAY
UNABLE	To \$ OP IN Time.	
Claim OD/P at Ah I	Lim Motor ☐ Claim OD/TP at other wor	kshop
- ( )		kshop Reporting Only
- ( )	Lim Motor	kshop Reporting Only
Remarks : Please forward My workshop : Email address :		kshop Reporting Only
Remarks : Please forward My workshop : Email address : & myself :		kshop Reporting Only
Remarks: Please forward My workshop: Email address: & myself: Email address:	d a copy of my efile accident report to :	
Remarks: Please forward My workshop: Email address: & myself: Email address: Note: Please take note til	d a copy of my efile accident report to :  hat your insurer have 14 days timeframe for you	to submit own damage claim under
Remarks: Please forward My workshop: Email address: & myself: Email address: Note: Please take note til	d a copy of my efile accident report to :	to submit own damage claim under
Remarks: Please forward My workshop: Email address: & myself: Email address:  Note: Please take note to you own policy. Kindly ch	d a copy of my efile accident report to : hat your insurer have 14 days timeframe for you neck with your own insurer for more information	to submit own damage claim under
Remarks: Please forward My workshop: Email address: & myself: Email address:  Note: Please take note to you own policy. Kindly ch	d a copy of my efile accident report to :  that your insurer have 14 days timeframe for you neck with your own insurer for more information  ticulars are true in every respect	to submit own damage claim under
Remarks: Please forward My workshop: Email address: & myself: Email address:  Note: Please take note to you own policy. Kindly ch	d a copy of my efile accident report to : hat your insurer have 14 days timeframe for you neck with your own insurer for more information	to submit own damage claim under n.
Remarks: Please forward My workshop: Email address: & myself: Email address:  Note: Please take note to you own policy. Kindly ch	d a copy of my efile accident report to :  that your insurer have 14 days timeframe for you neck with your own insurer for more information  ticulars are true in every respect	to submit own damage claim under
Remarks: Please forward My workshop: Email address: & myself: Email address:  Note: Please take note to you own policy. Kindly ch	d a copy of my efile accident report to :  that your insurer have 14 days timeframe for you neck with your own insurer for more information  ticulars are true in every respect	to submit own damage claim under

### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

 Owner ID Type:
 Singapore NRIC

 Owner ID:
 2545E

Owner ID: Vehicle Details

Vehicle No.: SKH1792T
Vehicle to be Exported: No

Intended Deregistration Date: 13 Mar 2019
Vehicle Make: VOLVO

Vehicle Model: XC60 T6 R-DESIGN AT ABS D/AB HID SR 4WD

Primary Colour: Silver
Manufacturing Year: 2012

 Engine No.:
 B6304T13071203121

 Chassis No.:
 YV1DZ90H6D2391151

 Maximum Power Output:
 224.0 kW (300 bhp)

 Open Market Value:
 \$46.965.00

 Original Registration Date:
 12 Nov 2012

 First Registration Date:
 12 Nov 2012

Transfer Count: 3
Actual ARF Paid: \$46,965.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Nov 2022
PARF Rebate Amount: \$30,527.00

Intended COE Rebate Details
COE Expiry Date: 11 Nov 2022

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

 QP Paid:
 \$88,002.00

 COE Rebate Amount:
 \$32,228.00

 Total Rebate Amount:
 \$62,755.00

The information contained herein is correct as at 13 Mar 2019





Cortificate number

Chassis number

Engine number

AXA Insurance Pte Ltd 2 1800 380 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 customer.care@axa.com.sg www.axa.com.sg

# Certificate of Insurance

account number 08028

tor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 1891-Lifetor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysian -Motor Vehicles (Theo-Party Risks I Rules, 1959 (Maraysia)

#### Policy details

Policyholder name Cover

Plan name WCD applicable

Vehicle registration number Period of Insurance Finance Idan company

Essential 0% SKH1792T

CHUA CHEW GUAT

Comprehensive

from 02/04/2018 to 01/04/2019 (both dates inclusive) MAYBANK

GA340074/1 YV1DZ90H6D2391151 D6304T13071203121

### Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. SEBASTIAN TAN BOON GUAN

(c) 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.

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for nice or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inopolative by Section 8 of the Motor Vehicles (Third-Party Richs and Companisation) Act, (Chapter 159) and Section 35 of the Road Transport Act, 1987 (Maleysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 800.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. SS500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers, This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

# Additional clauses & endorsements to your policy

VWe hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chepter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

#### AXA Insurance Pte Ltd

Authorised signature

#### Important note

Policyholders are warned that on the sals of a motor vehicle they must surrender the Certifloste 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. Fadure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cep. 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 conditions.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower. Singapore 068811 Customer Centre, #81-01

1 of 3

### Sketch Plan Pg. 4



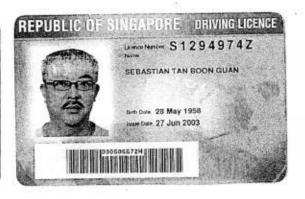
IDENTITY CARD NO. \$1294974Z



SEBASTIAN TAN BOON GUAN

Acci CHINESE 28-05-1958 M Country of Birth SINGAPORE

51394974



98113577. DIC NO Wymy. Novide. lacy



Broad Grone Cony of your 20-06-2000

APT BLK 564 ANG MO KIO AVENUE 3 #D2-3487 SINGAPORE 560564

3155470

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A