

303, Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941  
Tel. 63190100 (Sales & Admin)  
63190111 (AfterSales)  
Fax. 64747770260, Kampong Arang Road  
East Coast Centre  
Singapore 438180  
Tel. 63190888 (AfterSales)  
Fax. 63449773315, Alexandra Road  
Sime Darby Business Centre  
Singapore 159944  
Tel. 63190528 (AfterSales)  
63190533 (Motorrad)  
Fax. 64796601 (AfterSales)  
64796624 (Motorrad)

## SERVICE TAX INVOICE

|  |                                      |
|--|--------------------------------------|
| Repair Order No. : B1 1362881              | Page No. : 1 of 2                    |
| Date IN : 16/05/2019                       | Invoice Number : 2122116 / WSB       |
| Cust. Svc. Advisor: Inthiran A/L Thurasamy | Invoice Date : 10/07/2019            |
|  | Payment Terms : 30 Days From Invoice |
|  | Invoice By : Sharon Heng             |

## - CUSTOMER INFORMATION -

Mr Manokaran S/O Mookkayyah  
290G Bukit Batok Street 24  
#05-91

Singapore 656290

## - INVOICE TO - 121

AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way  
#08-16 Chartis Building  
Singapore 079120

|                      |                        |                          |                       |                  |
|----------------------|------------------------|--------------------------|-----------------------|------------------|
| REGN. NO.<br>SKR406M | CHASSIS NO.<br>0V44791 | REGN. DATE<br>03/07/2017 | MODEL<br>X4 XDRIVE20I | MILEAGE<br>43680 |
|----------------------|------------------------|--------------------------|-----------------------|------------------|

## - - - - LABOUR 1 - - - -

NETT

|   |          |
|---|----------|
| To replace front bumper, front right fender and front right wheel arch cover etc including to remove and install body parts in order to carry out painting job. | 1,700.00 |
| To respray front bumper and front right fender.   | 1,996.00 |
| To check electrical wiring systems at the front section for proper function including adjustments of headlights.  | 150.00   |
| To carry out body cavity preservation.  | 100.00   |
| To replace right B1-Xenon headlight.  | 408.00   |
| Sundries.   | 80.00    |
| INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.  | 0.00     |
| DATE OF ACCIDENT : 7.4.2019. 3RD PARTY CAR : SKN2258G.  |          |
| YOUR REF NO : NIL.  |          |
| VEHICLE WAS SURVEYED BY MR RUSAL FROM LKK AUTO CONSULTANTS PTE LTD ON 16.5.2019 AT 2.10 PM. AUTHORISED REPAIR BY KHANCHNA FROM LKK ON 25.4.2019 VIA E-MAIL.     |          |
| PROPOSE LOSS OF USE = \$120X5. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.   | 0.00     |
| GIA SEARCH FEE = \$2.00.  | 0.00     |

Total Labour 1: 4,434.00

## - - - - PARTS - - - -

Retail

|                                   | Qty | Price    | NETT     |
|-----------------------------------|-----|----------|----------|
| FRT RH WHEEL ARCH COVER           | 1   | 179.75   | 179.75   |
| CLIP                              | 6   | 2.00     | 12.00    |
| RH BI XENON HEADLIGHT             | 1   | 2,437.65 | 2,437.65 |
| FRT RH FENDER                     | 1   | 804.50   | 804.50   |
| EXPANDING RIVET                   | 20  | 1.35     | 27.00    |
| CLADDING BUMPER FRT (PDC/SCHWARZ) | 1   | 315.70   | 315.70   |
| FRT BUMPER PANEL PRIMED           | 1   | 1,362.10 | 1,362.10 |

Total Parts : 5,138.70

**Performance Motors Limited**

A member of the Sime Darby Group  
Co. Reg. No. 197401559W GST Reg. No M2-0220081-A



303, Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941  
Tel: 63190100 (Sales & Admin)  
63190111 (AfterSales)  
Fax: 64767770

280, Kampong Arang Road  
East Coast Centre  
Singapore 438180  
Tel: 63190888 (AfterSales)  
Fax: 63449773

319, Alexandra Road  
Sime Darby Business Centre  
Singapore 159944  
Tel: 63190528 (AfterSales)  
63190533/530 (Motorrad)  
Fax: 64796601 (AfterSales)  
64796624 (Motorrad)

**SERVICE TAX INVOICE**

|   |   |
|---|---|
| Repair Order No. : <b>B1 1362881</b>              | Page No. : <b>2 of 2</b>                    |
| Date IN : <b>16/05/2019</b>                       | Invoice Number : <b>2122116 / WSB</b>       |
| Cust. Svc. Advisor: <b>Inthiran A/L Thurasamy</b> | Invoice Date : <b>10/07/2019</b>            |
|   | Payment Terms : <b>30 Days From Invoice</b> |
|   | Invoice By : <b>Sharon Heng</b>             |

|                                  |   |
|----------------------------------|---|
| Labour Charges : <b>4,354.00</b> | Total Labour & Parts Charges : <b>S\$ 9,572.70</b>      |
| Parts Charges : <b>5,138.70</b>  | Less Insurance Excess : <b>S\$ 0.00</b>                 |
| Lubricant/Misc : <b>80.00</b>    | Invoice Total Amount Exclude GST : <b>S\$ 9,572.70</b>  |
|                                  | GST @ 7% : <b>S\$ 670.09</b>                            |
|                                  | Invoice Total Amount Include GST : <b>S\$ 10,242.79</b> |

Computer generated invoice. No signature is required.

Amount Payable Include GST : **S\$ 10,242.79**

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @ 1% per month will be debited on overdue amounts.



# Performance Motors Limited

A member of the Sime Darby Group



## LETTER OF AUTHORISATION

ACCIDENT INVOLVING SKR406M & SKN258G ON 7-04-2019.

I, Mankaran S/O Mookkayyah owner of Vehicle Registration No. SKR406M hereby authorise **Performance Motors Limited** to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.

I further authorise **Performance Motors Limited** to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my claim above.

I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by **Performance Motors Limited** of the settlement amount in respect of such claim shall constitute the full discharge of my claim in respect of such loss and damage.

Signed by:

Name: M. Mankaran (Date) 8/4/19  
NRIC No.: S14063801c

In the presence of:

Name: \_\_\_\_\_ (Date) \_\_\_\_\_  
NRIC No.: \_\_\_\_\_

Inthoon A/L. Thiruganayagam  
Performance Motors Limited  
303 Alexander Road  
Sime Darby Performance Centre  
Singapore 159941

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**AIG THIRD PARTY EXPRESS SETTLEMENT  
FOR ACCIDENTS ON OR AFTER 1<sup>ST</sup> JUNE 2008  
(PAYMENT BREAKDOWN)**

|                   |          |        |     |
|-------------------|----------|--------|-----|
| Vehicle No:       | SR406 M  | Model: | BMW |
| Date of Accident: | 7.4.2019 |        |     |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Global Sum Settlement:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repair Estimate  | : \$                         | 9538.35                     |
| Final Repair Cost  | : \$                         | 10242.79                    |
| Loss of Use  | : \$                         | 600.00                      |
| Rental (if any)  | : \$                         | 5 days at \$ 120 per day    |
| LTA / GIA Search Fee   | : \$                         | 2.00                        |
| Others   | : \$                         |                             |
|  | : \$                         |                             |
| Final Settlement Sum   | : \$                         | 10844.79                    |
| Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below) |                              |                             |
| A) For Non GIA Registered Workshop: Agreed Liability _____ (%)   |                              |                             |
| B) For GIA Registered Workshop: BOLA Application: Yes / No   |                              |                             |
| BOLA Scenario No: _____  |                              |                             |
| BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)  |                              |                             |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.                     |                              |                             |
| Remarks  |                              |                             |

| Payment Instruction: Payee's Breakdown |                           |      |          |
|--|---------------------------|------|----------|
| 1)                                     | Performance Motor Limited | : \$ | 10242.79 |
| 2)                                     | Performance Motors Ltd    | : \$ | 2.00     |
| 3)                                     | Manokaran S/O Mookkayyah  | : \$ | 600.00   |

Signed by appointed surveyor

Date

Please attach all the supporting documents to the form.  
Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act;  
Survey Report; Medical Report / Bill (if any)





**RELEASE VOUCHER**  
**(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)**

"We/I, Performance Motors Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. Mr. Rasul from LKK ("name of surveyor") with respect to the amount claimed for S\$ 10242.79 (repair costs), S\$ 600.00 (loss of use/rental) S\$ 2 (search fees) for vehicle no. SKR406M that was damaged pursuant to the accident which occurred on 7-6-2019 (date) along Kishan Central 1 (location) involving vehicle no/s SKN22586.

This is pursuant to the inspection conducted on 16-5-2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Manokaran S/o Mookkayath ("third party claimant") of vehicle no. \_\_\_\_\_ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SKR406M (vehicle no.) as a result of the accident.

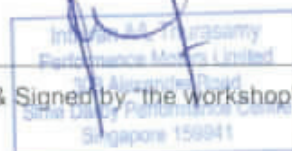
We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)

Signed by AIG appointed surveyor

Chopped & Signed by "the workshop"





**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)**

I, Manokaran s/o Mookkayyah ("the third party claimant")  
of 290G RR Batuk Street 24 #05-91 (656290) (address),  
owner of SKR 406 M (vehicle no.) hereby authorize  
Performance Motors 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. SKR 406 M that was  
damaged pursuant to the accident which occurred on 7.4.2019 (date) along  
Yishun Central 1 (location)  
involving vehicle no/s SKN 2258G ("the accident").

I further authorize the workshop to settle the 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.

Date this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)

Signed by "the third party claimant"

Inherent A. P. Insurance  
Signed by "the workshop"  
303 Aljunied Road  
Sole City Performance Centre  
Singapore 159941

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-19-057492  
Date of Request: 12/04/2019

Your Ref No: Online Purchase

Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

Dear Sir/Madam,

Enquiry Date 12/04/2019  
Enquiry By Melanie Setiawati  
TP Vehicle No. SKN2258G  
Accident Date 07/04/2019

**Enquiry Result**

| TP Vehicle No. | Insurer                              | Period of Insurance   | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SKN2258G       | AIG Asia Pacific Insurance Pte. Ltd. | 04/04/2018-25/05/2019 | 65-6419-3000     |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580  
 Phone: +65 6224 0010 Fax: +65 6224 0030  
 Operating Hours: Monday to Friday 9am to 5pm  
 GST Registration No: M400017735
**TAX INVOICE**

Our Ref No: GR-19-057492

Date of Request: 12/04/2019

Your Ref No: Online Purchase

 Performance Motors Limited  
 303 Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 159941

Dear Sir/Madam,

 Enquiry Date 12/04/2019  
 Enquiry By Melanie Setiawati  
 TP Vehicle No. SKN2258G  
 Accident Date 07/04/2019

| DESCRIPTION                      | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry               | 1.87         |
| GST Amount                       | 0.13         |
| Total Amount Due (GST Inclusive) | 2.00         |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [ ] Cash [ ] Cheque



64794601 - lathuran

MVA116045386 / VAC - Built Basic  
 ENTRY DATE & TIME: 08/04/2019 13:48  
 SUBMITTED BY: SUSAN SEAH JOH ENG

## 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 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 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 08/04/2019 13:48  
 Date Of Accident 07/04/2019 14:40  
 Exact Location Of Accident YISHUN CENTRAL 1  
 Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKR408M  
 Insured/Policyholder  
 Name Of Registered Owner MANOKARAN S/O MOOKKAYYAH  
 NRIC No S1406380C  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96684001  
 Alternative Phone No OFFICE-96684001  
 Vehicle Particulars  
 Manufacturer BMW  
 Model Z4-2.0 (A)  
 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 THIRD PARTY  
 Vehicle Category PRIVATE CAR  
 Insurance Company  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5092040424-01 (PREMIUM)  
 Cover Note Number  
 Driver  
 Name of Driver MANOKARAN S/O MOOKKAYYAH  
 NRIC No S1406380C  
 Date Of Birth 04/06/1960  
 Occupation OUTDOOR  
 Date Of Driving Pass 29/04/1987  
 Driving Experience 31 YEARS AND 11 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96684001  
 Fax Number  
 Contact Number OFFICE-96684001  
 Email Address NOEMAIL

Address 95 JALAN SENDUDOK  
#05-41 THE NAUTICAL  
Postcode S789473  
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 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) 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**

PLEASE SEE ATTENDED BY PLAN

**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 SKN2258G  
Vehicle Make/Model/Colour NISSAN SYLPHY  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver PHUA LON SHI  
NRIC/Passport Number S7401307Z  
Contact Number 93355180  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 willful misrepresentation or withholding of material facts may allow insurance companies to renewate 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 acted 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.

IDAC UNIT  
511 Bukit Batok Street 23  
Singapore 658543  
Tel: 6560 3312 Fax: 6560 0722  
Email: vacbb@singnet.com.sg



Policyholder's Signature  
Date & Time:



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

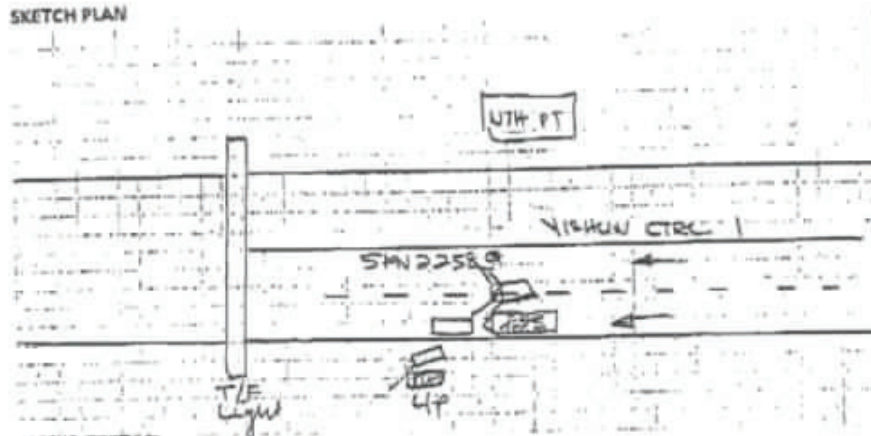
- 0 APR 2019

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



## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. A diagonal line is drawn across the entire area from the bottom-left to the top-right.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

8 APR 2019

IDAC BUKIT BAYAN (VAC)

511 Bukit Batak Street 23  
Singapore 650545  
Tel: 6560 3312 Fax: 6568 8727  
Email: vacbb@singnet.sg

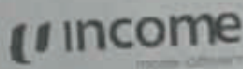
*[Signature]*  
Policyholder's Signature

Date & Time:

*[Signature]*  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

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



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1998  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (MALAYSIA)

Certificate Number: SSK2080424-01

|  |                         |
|--|-------------------------|
| 1. Index Mark and Registration Number of Vehicle   | Cover - Gross Premium   |
| Chassis Number                                     | SSK20804                |
| 2. Name of Policyholder                            | WELLYN2208044791        |
| 3. Effective Date of Insurance                     | MANJARAN S/D MOONKATTAN |
| 4. Expiry Date of Insurance                        | 23 Jul 2018             |
| 5. Persons or Classes of Persons entitled to drive | 01 Jul 2018             |

(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 to that effect from driving the Motor Vehicle.

6. Conditions as to Use

(a) Use for casual 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, stability 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

7. Limitations (imposed in accordance by Section 4 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), will not be included under these headings:

|                                    |   |
|------------------------------------|---|
| PREMIUM SECTION 11                 | 15400   |
| EXCESS SECTION 12                  | N/A   |
| MINIMUM EXCESS                     | 12130   |
| ADDITIONAL EXCESS                  | N/A   |
| UNLIMITED EXCESS                   | PLEASE REFER TO SLIP                                |
| REPAIR AT OWNERS PRESTIGE SHOWROOM | YES   |
| INSURE WITH CDL                    | YES   |
| ACD PROTECTION                     | YES (FREE)  |
| TRANSPORT ALLOWANCE                | NO  |
| EXCESS DRIVER                      | NO  |
| NUMBER OF DRIVERS                  | MANJARAN S/D MOONKATTAN                             |
| NAMED DRIVER (1)                   | MYTHUSUNARI S/D N. VILLASARI                        |
| NAMED DRIVER (2)                   | N/A   |
| INSURANCE COMPANY                  | STANDARD CHARTERED BANK (SINGAPORE) LIMITED         |
| DATE ISSUED                        | MARKET VALUE OF INSURATIVE VEHICLE AT TIME OF ISSUE |

This Certificate is valid from the date to which the Certificate relates issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agency: KINTEC INSURANCE AGENCY (KINTEC) (P) LTD  
Date of Issue: 28 Jul 2018 12:21 PM

For KINTEC INCOME INSURANCE CO-OPERATIVE LIMITED

Guaranteed By

Authorized Officer

Chief Executive

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1406380C**

Name: **MANOKARAN S/O MOOKKAYYAH**

Birth Date: **04 Jun 1960**

Issue Date: **08 May 2003**

**NP6462751K**




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1406380C**

Name: **MANOKARAN S/O MOOKKAYYAH**

**மனோகரன்**

Race: **INDIAN**

Day of birth: **04-06-1960**

Country of birth: **SINGAPORE**

Sex: **M**

**S1406380C**




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

**Class 3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

**PASS DATE**

**29 Apr 1987**

NP 428A



NRIC No: **S1406380C**



Date of issue: **17-05-2008**

**85 JALAN SENDUDOK #05-41**  
**SINGAPORE 769473**

NRIC No: **S1406380C**

Date: **01/02/2018**