



**WITHOUT PREJUDICE**

Our Ref: SFF 38P  
Your Ref: SHA 7265G

24<sup>th</sup> September 2020

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** India International Insurance Pte Ltd

Dear Cecilia,

**Accident Involving:** SFF 38P and SHA 7265G  
**Date of Accident:** 14 September 2020  
**Location of Accident:** Guillemard Road

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$ 6,300.00
Add Loss of Rental	\$ 960.00 8 Days - Inv#00736 **2 Days PRS (15/16 Sep) + 7 Repair Days Agreed (17/18/19/21/22/23/24 Sep)
<b>Total</b>	<b>\$ 7,260.00</b>
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
<b>GRAND TOTAL</b>	<b>\$ 7,296.45</b>

Kindly pay the Grand Total Amount of **\$7,296.45** to:

**Team AutoPro Pte Ltd**  
160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautooffice@gmail.com

Thank you



Regards,  
Adel (Ms)

# PROFORMA INVOICE



**ATTENTION:**  
Going Places  
\_\_\_\_\_  
\_\_\_\_\_

PI Number	P2009-1077
PI Date	24-Sep-2020
Vehicle No.	SFF 38P
Accident Date	14-Sep-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SFF 38P	COR Lump Sum		\$ 6,300.00

**Notes:**

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 6,300.00
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Authorized Signature



# MM CAR LEASING PTE LTD

INVOICE

160 SIN MING DRIVE  
#08-04 SIN MING AUTOCITY  
SINGAPORE 575722  
CO REGN NO. 201802112N

TEL : 8811 7879 / 8833 78789 EMAIL: mmcarleasing@gmail.com

**Bill To:**  
LEE CHUANG-WEI MATTHEW  
573 ANG MO KIO AVE 3  
#10-3305  
SINGAPORE 560573

INVOICE NO.: 00736

DUE DATE: 23/09/2020

DESCRIPTION	AMOUNT
BEING RENTAL OF: VEHICLE NO: SMK7248U MAKE AND MODEL: TOYOTA SIENTA  RENTAL DATE: 15/09/2020 - 23/09/2020	\$ 960.00
<b>TOTAL</b>	<b>\$ 960.00</b>

Make all checks payable to MM CAR LEASING PTE LTD

Bank Account: OCBC 712 - 583103 - 001

If you have any questions concerning this invoice, please call WENDY @ 8833 7879/ FIRDAUS @ 8811 7879



THANK YOU FOR YOUR BUSINESS!

# MM CAR LEASING PTE LTD

ROC NO.: 201802112N

160 Sin Ming Drive #08-04 Sin Ming Autocity Singapore 575722

Email: mmcarleasing@gmail.com

HP : 8811 7879 / 8833 7879

Rental Agreement No. **00736**

Date : 15/9/20

SFF 38P

## HIRER'S DETAILS (1<sup>st</sup> Driver Name)

Name : Gomy Places

Address : 573 ANG MO KIO AVE 3 #10-3305

UEN: 53357876X

I/C or Passport No : 575329302 Nationality : S'pore

Date of Birth : 04/11/1975 Occupation : \_\_\_\_\_

Driving License No : \_\_\_\_\_ Pass Date : 04/08/1994

Contact No : 96385138 ALT No : \_\_\_\_\_

## RELIEF DRIVER (if any)

Name : LEE CHUANG-WEI MATTHEW

Address : 11

I/C or Passport No : \_\_\_\_\_ Nationality : \_\_\_\_\_

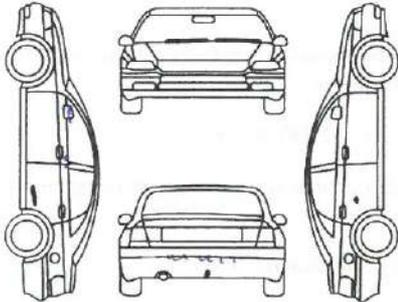
Date of Birth : \_\_\_\_\_ Occupation : \_\_\_\_\_

Driving License No : \_\_\_\_\_ Pass Date : \_\_\_\_\_

Contact No (H) : \_\_\_\_\_ (HP) : \_\_\_\_\_

Return: 10am - 12pm latest

## VEHICLE INFORMATION AND CHECK LIST



Number	Description
1	Scratch
2	Dint
3	Break

Vehicle No. SMF7248M

Vehicle Make And Model Toyota Sierra

### OUT

### IN

Date	Mileage	Date	Mileage
<u>15/9</u>	<u>29977</u> Km	<u>23/09</u>	<u>31210</u> Km
<u>2:10pm</u>	<u>3 bar</u>	<u>5:00pm</u>	<u>4 Bar</u>

## RENTAL CHARGES

<u>8</u> Weekday/s	@ S\$ <u>120</u> /per day	S\$ <u>960</u>
Weekend/s	@ S\$ /per day	S\$
Month/s	@ S\$ /per day	S\$
Additional to JB *1 day S\$30 / S\$100 Monthly ( day)		S\$
Petrol Top Up		S\$
Delivery / Collection Fee		S\$
MISC		S\$
Extension		S\$
Day/s	@ S\$ /per day	
Total ( Balance Payment / To Refund )		S\$ <u>960</u>
( CASH / NETS / CHEQUE : _____ )		
Deposit (refundable)		(S\$ )

## IMPORTANT NOTES

1. Rental vehicle is strictly for Singapore use only any may not be driven out of Singapore without Prior consent of the owner.
2. Only person/s authorized by MM Car Leasing Pte Ltd may drive the vehicle.
3. All parking and traffic violations are the responsibility of the Hirer. An administrative charge will be levied on any traffic violations redirected.
4. The Hirer shall be liable for excess charges for any late return at the rate shown hour per of per day.
5. In the event of accident, the Hirer shall report to the rental office immediately.
6. The Hirer is liable for punctures, damage tyres, wheel rims and windscreens.

### Non Waiver-able Excess

- The Hirer acknowledges a S\$3000 / S\$6000 collision damage excess per accident applies.

I / We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I / We opt to pay by credit / charge card I / we agreed that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable card charge slip.

[Signature]

Hirer's Signature

Add. Driver



MM Car Leasing Pte Ltd

CUSTOMER'S COPY



**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-20-112828  
Date of Request: 21/09/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SFF38P  
Date of Accident: 14/09/2020  
Place of Accident: GUILLEMARD RD  
Involving Vehicle No: SHA7265G

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque



**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-20-112829

Date of Request: 21/09/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 14/09/2020

Vehicle No: SFF38P

Place of Accident: GUILLEMARD ROAD

Involving Vehicle No: SHA7265G

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA7265G	GUILLEMARD ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

> Back to OneMotoring



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

Print Date/Time : 15 Sep 2020 / 13:40:06

Receipt Date/Time : 15 Sep 2020 / 13:40:06

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200915-001938

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 - SHA7265G As at 14 Sep 2020/22:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHA7265G Enquiry Fee 20200915133854095605	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45

Paid By

426569XXXXXX8855 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

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.

To : **Team AutoPro Pte Ltd**  
CRN : **201811621K**  
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

**Letter of Authorization & Undertaking**

In Respect of Accident Involving my/our Vehicle No.: SFF 38 P  
and SHA 7265 G and .....  
and ..... and .....  
@ GUILLEMARD ROAD

dated 14/09/2020.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,

  
\_\_\_\_\_  
Claimant Signature & Co's Stamp (if applicable)



Date: .....

## 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 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	15/09/2020 18:08
Date Of Accident	14/09/2020 22:00
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF38P
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### Insured/Policyholder

Name Of Registered Owner	GOING PLACES
Co Reg No	5XXXX876X
Email Address	MATTHEW.LEE.CW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96385138
Alternative Phone No	OFFICE-96385138

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK 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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P2373519
Cover Note Number	

### Driver

Name of Driver	LEE CHUANG-WEI MATTHEW
NRIC No	SXXXX930Z
Date Of Birth	04/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1994
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96385138
Fax Number	
Contact Number	
E-Mail Address	MATTHEW.LEE.CW@GMAIL.COM

Address	APT BLK 573 ANG MO KIO AVE 3 #10-3305
Postcode	560573
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	SHA7265G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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.

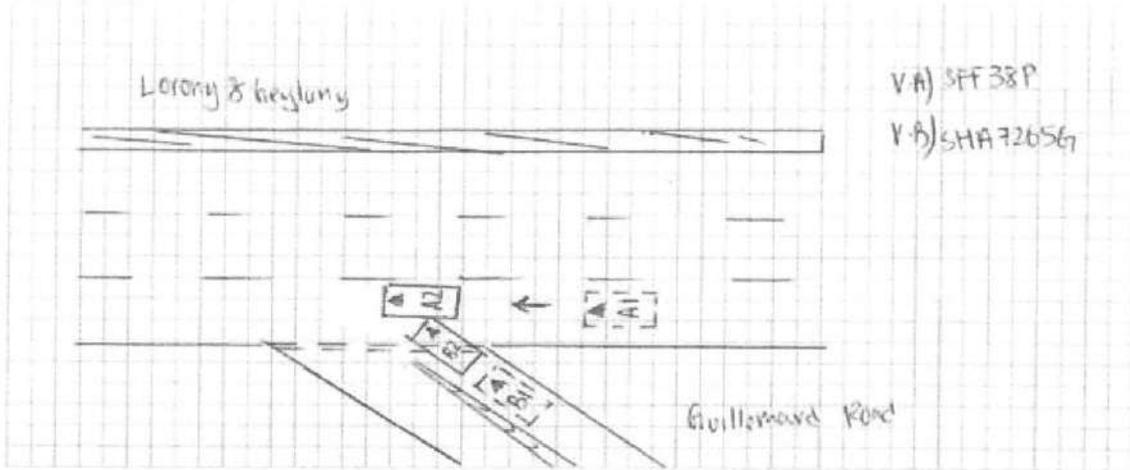
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report No. T/20200914/2179

I also wish to state that I was travelling on lane 3 instead of lane 2 as per my police report.

DECLARATION

I/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/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200914/2179

Police Station Of Origin:  
Geylang N.P C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3  
Report No T/20200914/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 22:50		Vide Report No.:		Station Diary No.: 114
<b>Informant's Particulars</b>				
Name of Informant: LEE CHUANG-WEI MATTHEW		Address: APT BLK 573 ANG MO KIO AVENUE 3 #10-3305 SINGAPORE 560573		
ID Type / ID No.: NRIC NO / S7532930Z		Contact No.:		Mobile: 96385138
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 04/11/1975	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Private Hire		Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2020 22:00	Type of Location: X-Junction	
Location: GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFF38P	Car				Seriously Damaged	0
SHA7265G	Car				Slightly Damaged	0

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

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200914/2179

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3  
Report No. T/20200914/2179

CONTINUATION OF REPORT

Driver			
Name	LEE CHUANG-WEI MATTHEW		ID No. S7532930Z
Related Vehicle	SFF38P (Car)		Contact No. 96385138
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	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, while I was at the junction of Guillemard X Mountbatten Road, I was in the direction of City Centre trying to make a U-Turn towards Paya Lebar Raod. After I had made the U-Turn, I was travelling at lane 2 at Guillemard Road.

When I drove past the filter lane, I suddenly heard a loud bang and found out that a Comfort Delgro Taxi bearing the Registration Plate of SHA7265G had hit the left side of my vehicle after filtering out into Guillemard Road.

Me and the driver then got out off our vehicle, non of us are injured. The Chinese male taxi driver did not want to give me his particulars as he told me that it is not needed, and to claim from our own insurance company and drove off. My left passenger door was badly dented and scratched due to the accident.

POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20200914/2179

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20200914/2179

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHUN KHANG YEE	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 22:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP158	

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel:1800 8804888 Fax:-  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.care@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. : VCX/P2373519 Account No. : 14278  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : GOING PLACES  
Vehicle Registration No. : SFF38P  
Period of Insurance : From 26/01/2020 To 25/01/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Named Driver(s) as stated in the Policy  
1. LEE CHUANG-WEI MATTHEW

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 for the carriage of passengers or goods in connection with the Policyholder's business.
  - (b) Use for social, domestic and pleasure purposes.
- The Policy does not cover
- (a) Use for racing, pace making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
- (04)

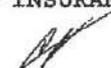
EXCESS :

All Claims-Any Author'd Driver : SGD 2,000.00  
Windscreen Excess : SGD 100.00  
(For Unnamed Driver Excess, please refer to your policy)

\* Limitations rendered inoperative by Section 8 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 - SGOGOWT on 24/01/2020

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.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7532930Z**

Name: **LEE CHUANG-WEI MATTHEW (LI ZHUANGWEI)**

Birth Date: **04 Nov 1975**

Issue Date: **04 Nov 2008**

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**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7532930Z**

Name: **LEE CHUANG-WEI MATTHEW (LI ZHUANGWEI)**

**李 壮 伟**

Race: **CHINESE**

Date of birth: **04-11-1975** Sex: **M**

Country of birth: **SINGAPORE**

**S7532930Z**



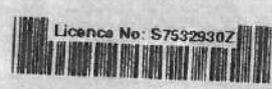

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

PASS DATE: **04 Aug 1994**

NP 428A

Licence No: **S7532930Z**



4310881



NRIC No: **S7532930Z**



Date of Issue: **04-11-2008**

Address: **APT BLK 573 ANG MO KIO AVENUE 3 #10-3305 SINGAPORE 560573**

