



WITHOUT PREJUDICE

Our Ref: SMT 5100C

Your Ref: SH 9940K

12th March 2021

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Jasper,

Accident Involving: SMT 5100C and SH 9940K
Date of Accident: 18 January 2021
Location of Accident: Near Eng Neo Flyover, PIE towards Changi Airport

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

Cost of Repair as agreed	\$	5,457.00	\$5100 COR + \$357 GST 7%
TOTAL LOR/U DAYS		8 DAYS	2 Days PRS (21/22 Jan) + 5 Repair Days Agreed + 1 Sunday (24 Jan)
Add Loss of Rental	\$	963.00	5 Days - In#223819
Add Loss of Use	\$	360.00	3 Days
Total	\$	6,780.00	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	6,787.45	

Kindly pay the Grand Total Amount of **\$6,787.45** 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:
Zee Way Keong

PI Number	P2103-2077
PI Date	12-Mar-2021
Vehicle No.	SMT 5100C
Accident Date	18-Jan-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMT 5100C	COR Lump Sum		\$ 5,100.00

Notes:

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

Total Amount	\$	5,100.00
GST 7%	\$	357.00
GRAND TOTAL AMOUNT	\$	5,457.00

Authorized Signature





友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
 Rochor Centre Singapore 18000
 Tel: 6292 7656 Fax: (65) 6293 9
 E-mail: uniqtour@singnet.com.sg
 STB LIC TA/00076

Co. Reg. No.: 197401067R
 GST Reg. No.: M2-0019671-6

Mr Zee Way Keong
 Blk 684C Edgedale Plains
 # 15-649
 Singapore 823684

20, Sin Ming Lane,
 #08-51, Midview City
 Singapore 573968
 Tel: 6292 7656

TAX INVOICE

NO. 223819

Singapore, 26.01.2021 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Audi Q3 2.0T Auto
 Registration no. SKL 1390 Z self driven
 as from 20.01.2021 to 25.01.2021.

5 days at \$180.00 per day

\$ 900.00

Add GST at 7%
 Amount Due

\$ 900.00

\$ 63.00

\$ 963.00

(SIN DOLLARS: NINE HUNDRED AND SIXTY THREE ONLY)

Standard Rated Supplies:\$ 900.00
 Total Amount of GST:\$ 63.00

AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. **22757**

VEHICLE NO.

SKL 1390 Z

MAKE/MODEL

BUDI D3

NAME OF HIRER

MR. ZEE WAY KEONG

ADDRESS

BLK 684C EDGEDALE PLAINS
#15-649

SINGAPORE

823684

OFFICE TEL

RES TEL

HP

9823 2022

NAMED DRIVER

MR. ZEE WAY KEONG

OCCUPATION

NATIONALITY

S'POREAN

PASSPORT / NRIC

S 8022148G

DATE OF BIRTH

130780

DRIVING LIC NO.

S 8022148G

PLACE OF ISSUE

S'PORE

DATE PASS/EXPIRY

100699

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL

RES TEL

HP

OCCUPATION

NATIONALITY

PASSPORT / NRIC

DATE OF BIRTH

DRIVING LIC NO

PLACE OF ISSUE

DATE PASS/EXPIRY

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"

• THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$ 1200/-

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DATE OUT

2001/21

TIME OUT

550PM.

PETROL OUT

E

1/4

1/2

3/4

F

DATE IN

250121

TIME IN

450PM

PETROL IN

E

1/4

1/2

3/4

F

RENTAL RATES:

\$

¢

MONTHLY @ \$

WEEKLY @ \$

DAILY @ \$

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ 7%

RENTAL DEPOSIT

TOTAL:

963 00

DEPOSIT REFUND

PAYMENT BY: BILL CO / CREDIT CARD / CASH

ATTENDED BY:

OF UNIQUE TOURIST SERVICE (PTE) LTD

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. _____ ON _____ TIME _____

2. _____ ON _____ TIME _____

3. _____ ON _____ TIME _____

DATE:

SIGNATURE OF HIRER

DATE:

SIGNATURE OF HIRER

> Back to OneMotoring



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

Print Date/Time : 20 Jan 2021 / 18:07:27

Receipt Date/Time : 20 Jan 2021 / 18:07:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210120-003276

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 - SH9940K				
As at 18 Jan 2021/16:30:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SH9940K Enquiry Fee 20210120180508106314	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				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.: SMT 5100 C
and SH 9940 K and
and and
@ PIE TOWARDS CHANGI
dated 18/01/2021.

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 Submission	19/01/2021 17:24 (SGT)
Date of Accident	18/01/2021 16:30 (SGT)
Exact Location of Accident	Near Eng Neo Flyover, Singapore
Additional Location Information	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5100C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZEE WAY KEONG
NRIC No	SXXXX148G
Email Address	ADRIANZEE@YMAIL.COM
Mobile Phone No	(Phone) +65-98232022
Alternative Phone No	(Home) +65-98232022

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	LEXUS IS300 EXECUTIVE
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Great Eastern
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0113422-VDP
Cover Note Number	-

DRIVER

Name of Driver	ZEE WAY KEONG
NRIC No	SXXXX148G
Date Of Birth	13/07/1980
Occupation	Indoor

Date Of Driving Pass	10/06/1999
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98232022
Alt. Phone Number	(Home) +65-98232022
Email Address	ADRIANZEE@YMAIL.COM
Address	BLK 684C EDGEDALE PLAINS #15-649
Address complement	-
Postcode	823684
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9940K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR YEO
Contact Number	(Phone) +65-96633451

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

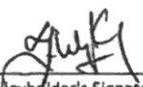
Name of injured person	ZEE WAY KEONG
Address	BLK 684C EDGEDALE PLAINS #15-649
Address Complement	-
Post Code	823684
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT5100C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the 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:

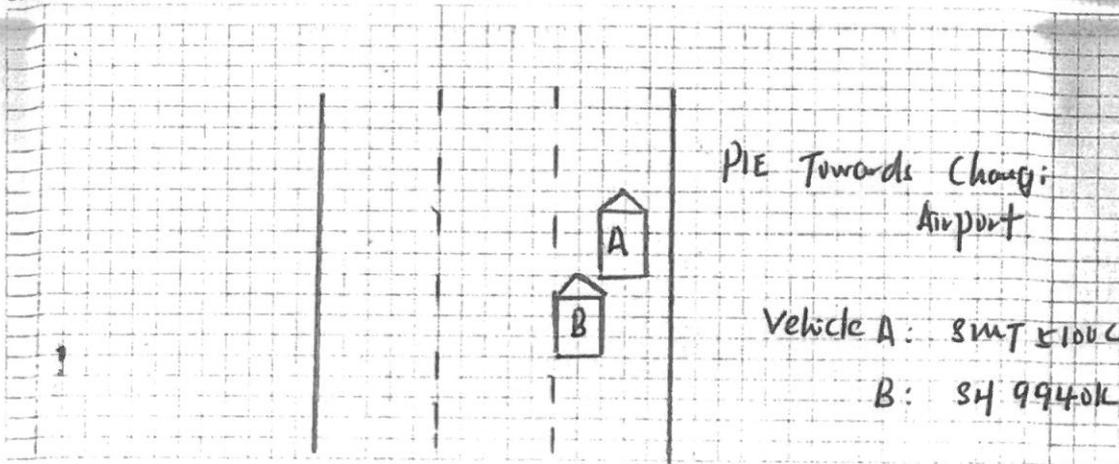
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

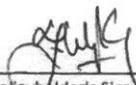


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

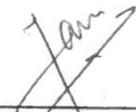
I was travelling along PIE towards Changi at about 4.30pm. Traffic was slow moving with stops in between. When the car in front of me slowed down and stopped, I did the same but noticed that a taxi, SH 9940 K was attempting to filter to the middle lane and did not notice. I tried to move in more towards the right in order to give him more clearance but he still did not manage to filter out without clipping me on the left rear bumper.

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.:



**SINGAPORE
POLICE FORCE**



T/20210119/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20210119/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2021 17:01	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: ZEE WAY KEONG		Address: APT BLK 684C EDGEDALE PLAINS #15-649 SINGAPORE 823684	
ID Type / ID No.: NRIC NO / S8022148G		Contact No.: Home/Office: Mobile: 98232022	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 13/07/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2021 16:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9940K	Car				Slightly Damaged	2
SMT5100C	Car	TOYOTA	LEXUS IS300 EXECUTIVE	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210119/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20210119/2086

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT5100C	OVERSEAS ASSURANCE CORPORATION LIMITED	V0113422	13/08/2020	12/08/2021

Brief Details.

On 18/01/2021 at around 1630hrs, I was traveling at the extreme right lane of the PIE expressway (3 lanes) heading towards Changi.

Suddenly, the vehicle in front of me came to a halt and I manage to stop my vehicle SMT5100C in time. However, the vehicle, SH9940K at my rear which was about to change his lane to his left, while filtering to the next lane, his vehicle hit on to the rear of my vehicle.

Both of us alighted from our vehicles and exchanged particulars. No ambulance or police was at scene.

On the same day, I went to the private clinic, 'One Doctors' in Punggol Waterway Point at around 1800hrs and I was given a 01 day MC valid on 19/01/2021. Last night I experienced some pain at the back hence, later today I went to the same clinic at around 1500hrs and I was being issued 04 days from 19/01/2021 - 22/01/2021 MC no: OP0000041175. I suffered neck and shoulder sprain after the incident as verified by the doctor.

There is an in-car camera footage and I have submitted the footage to my insurance company Great Eastern.

The purpose of lodging this police report is to make vehicle and medical insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210119/2086

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

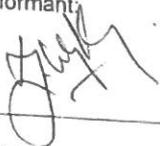
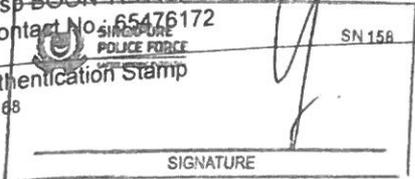
Report No. T/20210119/2086

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: F / Sgt 2 Phua Yuying	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2021 17:01
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No: 65476172	Classification Of Case:
Authentication Stamp NP188 	

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM MX1

Policy No. : 2020-VO113422-VDP Risk# : 0001
Policy Type : Drive And Save Plus Cover : Comprehensive any Workshop

DESCRIPTION OF VEHICLES:
Vehicle Registration : SMT5100C
Vehicle Make & Model : LEXUS IS300 EXECUTIVE

Name of Insured : ZEE WAY KEONG

Period of Insurance : 13-08-2020 (1000HRS) to 12-08-2021

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

(a) The Policyholder.

The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

(c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

* 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

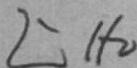
LIMITATIONS AS TO USE

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

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company



Authorised Signature



ENGINE NO : SARZ 133674

CHASSIS NO : JTHBAID2X05083798

HIRE PURCHASE : MAYBANK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8022148G



Name
**ZEE WAY KEONG
(XU WEIQIANG)**
徐伟强

Race
CHINESE

Date of birth
13-07-1980

Country of birth
SINGAPORE

Sex
M

S8022148G



REPUBLIC OF SINGAPORE DRIVING LICENCE



Category Number: **S8022148G**

Name
**ZEE WAY KEONG
(XU WEIQIANG)**

Birth Date: **13 Jul 1980**

Issue Date: **10 Jun 2003**

100560779A



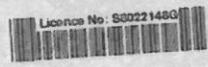
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

PASS DATE
10 Jun 1999

NP 428A

Licence No: S8022148G



4744810



NRIC No: S8022148G



Date of issue
12-07-2011

APT BLK 664C EDGE DALE PLAINS #15-849
SINGAPORE 823884

NRIC No: S8022148G Date: 13/02/2018