



**WITHOUT PREJUDICE**

Our Ref: SMY 6420X

Your Ref: SLN 4531S

14<sup>th</sup> April 2021

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AIG Asia Pacific Insurance Pte Ltd

Dear Cecilia,

**Accident Involving:** SMY 6420X and SLN 4531S

**Date of Accident:** 19 March 2021

**Location of Accident:** Along PIE towards Changi

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

Cost of Repair Inc. GST	\$ 7,811.00	\$7300 COR + \$511GST 7%
Add Loss of Rental	\$ 2,728.50	17 Days - Inv#TL202104-4538 : 2 Days PRS (20/21/22 Mar) + 2 Days Resurvey (23/24 Mar) + 7 Repair Days Agreed (25/26/27/29/30/31 Mar, 1 Apr) + 1 Sun (28 Mar)
Total	\$ 10,539.50	
Add LTA Search Fee	\$ 7.45	
<b>GRAND TOTAL</b>	<b>\$ 10,546.95</b>	

Kindly pay the Grand Total Amount of **\$10,546.95** 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: teamautoffice@gmail.com

Thank you.

  
Regards  
Adel (Ms)

# PROFORMA INVOICE

**ATTENTION:**

Desmond Tan Kah Ghee

PI Number	P2104-2139
PI Date	26-Apr-2021
Vehicle No.	SMY 6420X
Accident Date	19-Mar-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMY 6420X	COR Lump Sum		\$ 7,300.00

**Notes:**

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

Total Amount	\$	7,300.00
GST 7%	\$	511.00
GRAND TOTAL AMOUNT	\$	7,811.00

Authorized Signature



**BILL TO:**

NAME: DESMOND TAN KAH GHEE  
ADDRESS: 230 WESTWOOD AVENUE #11-25 S648359  
NRIC: S7201206B  
CONTACT: 9748 4897

ATTENTION: DESMOND TAN KAH GHEE

**TAX INVOICE****Date of Invoice**

6 April 2021

**Invoice No.**

TL202104 - 4538

No.	SERVICE DESCRIPTION	Amount (SGD)
1	Date of Rental: <b>20 March 2021 to 06 April 2021</b> Vehicle: <b>TOYOTA/ALPHARD 2.5 SA A</b> Car Plate: <b>SMX6885T</b> Rates: \$150 per day x 17 days	\$ 2,550.00

SMY 6420 X

Gross:	\$ 2,550.00
GST 7%:	\$ 178.50
<b>Grand Total:</b>	<b>\$ 2,728.50</b>

**Terms & Conditions:**

1. Payments to be made within 7 **days** from date of invoice.
2. Cheque to be made payable to TITANIUM LIMOUSINES PTE LTD
3. For bank transfer:

**Bank: DBS Bank ( Current Account )**

**Account no: 033-903307-3**

**Bank Code: 7171**

**Branch Code: 033**

**Bank Swift Code: DBSSSGSG**

*This is a computer generated document. No signature is required.*

**TITANIUM LIMOUSINES PTE LTD**

GST Reg No: 201213055R

10 Anson Rd, #23-02A International Plaza, Singapore 079903

T: +65 9180 2235 | E: enquiry@titaniumlimousines.com.sg





## TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

### HIRER PARTICULARS

Name	Desmond Tan Kah Ghee.
Contact	9248 4897
NRIC	S7201206 B.
Date of Birth	11/11/1972.
Address	230 Westwood Avenue #11-25
Postal Code	648359

### VEHICLE PARTICULARS

Car Make / Model	Toyota Alphard.
Vehicle Registration	Smy 6885 T
Petrol / Diesel / Hybrid	Petrol

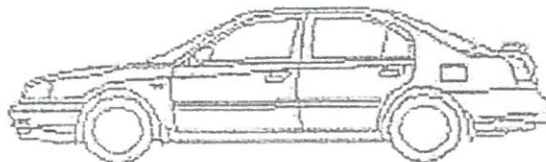
### COLLECTION / RETURN DETAILS

Collection Date	20/3/2021
Collection Time	3 pm
Mileage Check Out	
Fuel Level Check Out	Half ↓
Return Date	6/4/2021
Return Time	5-50 pm.
Mileage Check In	82710
Fuel Level Check In	Half ↑
Rental Period	17 days

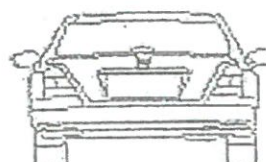
### PAYMENT DETAILS

Daily / Weekly / Monthly Rates	150
Deposit	
Payment Account Number	
Excess Section 1	2675.00
Excess Section 2	
Malaysia Excess Section 1	
Malaysia Excess Section 2	

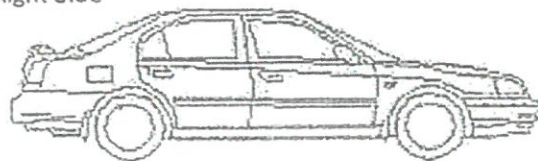
Left Side



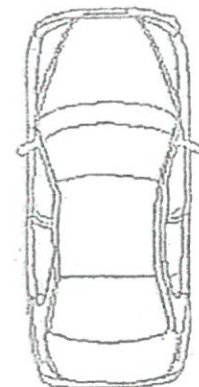
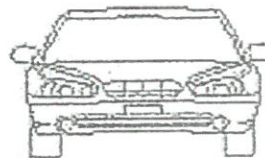
Back



Right Side



Front



Top

Vehicle stated has been checked in the presence of the Company's authorised personnel. In acknowledgment and agreement to the above terms & conditions of the rental agreement contract. All terms & conditions shall be governed by construed in accordance to the laws of Republic of Singapore

### HIRER SIGNATURE

HIRER NAME:

DATE / TIME:

AMT DEPOSIT REFUNDED:

HIRER TO SIGN HERE WHEN VEHICLE RETURNED

### AUTHORISED PERSONNEL

NAME:

DATE / TIME:



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Mar 2021 / 13:11:49

Receipt Date/Time : 20 Mar 2021 / 13:11:37

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210320-001182

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 - SLN4531S				
As at 19 Mar 2021/18:20:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLN4531S			
	Enquiry Fee	7.00	0.49	7.49
	20210320131026493064			
	<b>Sub-Total</b>	<b>7.00</b>	<b>0.49</b>	<b>7.49</b>
	<b>Total Before Rounding</b>	<b>7.00</b>	<b>0.49</b>	<b>7.49</b>
	<b>Rounding Difference</b>			<b>0.04</b>
	<b>Total Amount Payable</b>			<b>7.45</b>
	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.: SMY 6420 X  
and SLN 4531 S and SKM 3738 L  
and ..... and .....  
@ Along PIE towards Changi

dated 19/03/2021.

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	22/03/2021 12:50 (SGT)
Date of Accident	19/03/2021 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PIE TOWARDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6420X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DESMOND TAN KAH GHEE
NRIC No	SXXXX206B
Email Address	DESMOND72_TAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97484897
Alternative Phone No	(Home) +65-97484897

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200 AMG LINE PREMIUM PLUS 7-SEATER
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
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA567951/1
Cover Note Number	-

#### DRIVER

Name of Driver	DESMOND TAN KAH GHEE
NRIC No	SXXXX206B



Date Of Birth	11/01/1972
Occupation	Indoor
Date Of Driving Pass	08/02/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97484897
Alt. Phone Number	(Home) +65-97484897
Email Address	DESMOND72_TAN@YAHOO.COM.SG
Address	230 WESTWOOD AVENUE #11-25
Address complement	-
Postcode	648359
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLN4531S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM3738L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	DESMOND TAN KAH GHEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY6420X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## IMPORTANT NOTICE

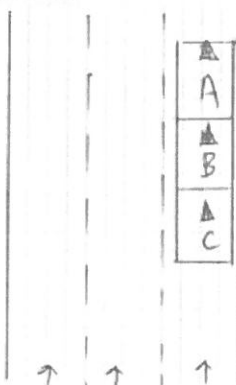
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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 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.
  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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



VA = SMY 6420 X

VB = SLN 4531 S

VC = SKM 3738 L

Along PIE towards Changi

Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling straight on the stated venue. I was travelling within<sup>the</sup> designated speed. The vehicle in front of my vehicle was suddenly jam brake. Hence, I also apply my brake immediately. Shortly, I felt a sudden impact from my vehicle rear portion. I alighted and realized that vehicle 'B' was collided against my vehicle rear portion. I was involved in 3 car chain collision. I wish to state that I kept within my lane.

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



Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**


T/20210323/7032

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210323/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2021 18:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DESMOND TAN KAH GHEE			Address: 230 WESTWOOD AVENUE #11-25 SINGAPORE 648359		
ID Type / ID No.: NRIC NO / S7201206B			Contact No.: Home/Office: Mobile: 97484897		
Nationality: SINGAPORE CITIZEN			Email: desmond72_tan@yahoo.com.sg		
Sex: Male	Age: 49	Date of Birth: 11/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT business process consultant/business analyst			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2021 18:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage 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	Conditio	No of
SKM3738L	Car	BMW				0
SLN4531S	Car	TOYOTA	Wish	Silver		0
SMY6420X	Car	MERCEDES BENZ	GLB200 AMG LINE PREMIUM PLUS 7- SEATER	Black		0





**SINGAPORE  
POLICE FORCE**



T/20210323/7032

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210323/7032

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY6420X	AXA INSURANCE SINGAPORE PTE LTD	GA567951	18/03/2021	17/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LINCOLN	ID No.	NIL
Related Vehicle	SKM3738L (Car)	Contact No.	98257395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHRIS	ID No.	NIL
Related Vehicle	SLN4531S (Car)	Contact No.	92376880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	DESMOND TAN KAH GHEE	ID No.	S7201206B
Related Vehicle	SMY6420X (Car)	Contact No.	97484897
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/03/2021	Date	22/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20210323/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210323/7032

**CONTINUATION OF REPORT**

**Brief Details.**

Along PIE towards Changi.

In the stated date & time, I was travelling straight on the stated venue. I was traveling within the designated speed when the vehicle in front of me suddenly jam brake. I applied my brake immediately and was able to stop within a safety distance from the first vehicle. At this point of time, I felt a sudden impact from my vehicle rear. I alighted and realised that another vehicle has collided against my vehicle rear portion. I was involved in a 3 car chain collision and I wish to state that I have kept within my lane.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210323/7032

4 of 4

Report No. T/20210323/7032

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476229

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/03/2021 18:21

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours Monday to Friday, 09:00 - 17:00  
UEN S66550020G / GST Reg No M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY0A213M0003 Vehicle Registration No: SMY36420X  
Name (as shown in NRIC) : DOSMEND TAN YEH HUE NRIC/FIN/Passport No : S \* \* \* \* 266B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : 92484247 Mobile No. : \_\_\_\_\_  
Email Address : DOSMEND72 - TAN@YAHOO.COM.SG  
Date of Accident : 9/3/2001 Time of Accident : 1820hrs  
Place of Accident : PIC towards Chang  
Insurance Company : AXA

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Injury Yes as attached police report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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





redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

# Certificate of Insurance

account number  
04247

-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)

## Policy details

Policyholder name	TAN KAH GHEE DESMOND	Certificate number	GA567951 / 1
Cover	Comprehensive	Chassis number	W1N2476872W050292
Plan name	Flexi	Engine number	28291480312687
NCD applicable	50%		
Vehicle registration number	SMY6420X		
Period of Insurance	from 18/03/2021 to 17/03/2022 (both dates inclusive)		
Finance loan company	UNITED OVERSEAS BANK LIMITED		

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

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  - 1. LIM WEI CHING EVONNE (LIN HUIZHEN EVONNE)
- (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 hire 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 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.

EXCESS	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 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 Workshops.

## Additional clauses & endorsements to your policy

Nil

I/We 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, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd


Authorised signature

## Important note

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, endorsement etc.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7201206B



Name  
DESMOND TAN KAH GHEE  
(CHEN JIAYI)  
陈加义


Race  
CHINESE

Date of birth  
11-01-1972


Country/Place of birth  
SINGAPORE

Sex  
M

S7201206B



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7201206B

Name  
DESMOND TAN KAH GHEE  
(CHEN JIAYI)

Birth Date 11 Jan 1972

Issue Date 03 Mar 2014

002278106H

5255816



NRIC No. S7201206B



Date of issue  
13-01-2014

Address  
230 WESTWOOD AVENUE  
#11-25  
SINGAPORE 648359

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 Feb 1995

NP 428A

Licence No: S7201206B

