

WITHOUT PREJUDICE

Our Ref: SJR 3149Y Your Ref: SMW 3526E

REVISED DATE: 20th May 2021

ATTN:

LKK Auto Consultants Pte Ltd

INSURER:

AIG Asia Pacific Insurance Pte Ltd

Dear Hsiao Tong,

Accident Involving: SJR 3149Y and SMW 3526E

Date of Accident:

29 March 2021

Location of Accident: Woodlands Ave 4 turn to Woodlands Drive 50

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

GRAND TOTAL	\$ 7,414.95	
Add LTA Search Fee	\$ 7.45	
Add 3rd Party Report Fee	\$ 29.00	
Total	\$ 7,378.50	
Add Loss of Rental	\$ 1,440.00	8 Days - Inv#GINV21040070
Cost of Repair Inc. GST	\$ 5,938.50	\$5550 COR + \$388.50 GST 7%

Kindly pay the Grand Total Amount of \$7,414.95 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

T = A M RG

Thank you

Regards Adel (Ms)

T E A M A U T O

PROFORMA INVOICE

TTENTION:		
MKM Car	Leasing Pte Ltd	

PI Number	P2105-2187
REVISED PI Date	20-May-2021
Vehicle No.	SJR 3149Y
Accident Date	29-Mar-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJR 3149Y	COR Lum	p Sum	\$ 5,550.00

Notes:

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

Total Amount	\$ 5,550.00
GST 7%	\$ 388.50
GRAND TOTAL AMOUNT	\$ 5,938.50





176 Sin Ming Drive # 04-08, Sin Ming AutoCare, Singapore 575721 Tel: 6747-6880 Fax: 6352-0443 Co. Reg. No./ GST Reg No.: 201224734R Website: www.mkmcarleasing.com.sg Email: enquiries@mkmcarleasing.com.sg

BILL TO:

Mr SUZIRMAN BIN JUMARI

Blk 886C Woodlands Drive 50 #03-557

Singapore 733886 Tel: 97625286





Tax Invoice

Inv No.: GINV21040070 Date: 07 Apr 2021

Ref:

Currency: SGD Terms: COD

RA No. : GR21030008 **Veh No. :** SMA4422E

Sales:

#	Description	Qty UOM	Unit Price	Tax Amt		Taxable Amt
1	Rental (30/03/2021 to 07/04/2021)	1.00	1,345.79	94.21	GST (SR) (7%)	1.345.79

Remark: SMA4422E - Replacement Car for SJR3419Y Accident Repair (Date of Accident: 29/03/2021)

Notes:

Please pay within 7 days hereof, time is of the essence.

Late Payment Charges on all overdue sums accruing at the rate of 1.5% per month until full payment.

Please refer to our terms & conditions.

Subtotal : Total Tax : S\$ 1,345.79 S\$ 94.21

Total:

S\$ 1,440.00

For MKM Car Leasing Pte Ltd

(Authorised Signature)



176 Sin Ming Drive # 04-08, Sin Ming AutoCare, Singapore 575721 Tel: 6747-6880 Fax: 6352-0443 Co. Reg. No./ GST Reg No.: 201224734R Website: www.mkmcarleasing.com.sg Email: enquiries@mkmcarleasing.com.sg



No. GR21030008

Date: 30 MAR 2021

LEASE AGREEMENT

VEHICLE DESCRIPTION

Vehicle No.

: SMA4422E

Make

: TOYOTA

Model

: PRIUS ALPHA HYBRID 1.8S

Chassis No.

: ZVW400029163

Engine No.

: 2ZR0B46889

HIRER PARTICULARS

Name

: SUZIRMAN BIN JUMARI

NRIC/Passport No

: S1816425F

Address

Blk 886C Woodlands Drive

50 #03-557 Singapore

733886

Contact No.

: 97625286

Email

: suzirman_jumari@yahoo.c

om.sg

Driving License No.

: S1816425F

Passing Date

: 25/03/1994 : 18/02/1967

Date of Birth Next of Kin

ZURAINI BINTE MOHAMAD

(spouse)

Contact No.

: 92363562

LEASE DETAILS

Lease Start Date & Time

: 30 Mar 2021 | 1100

Lease End Date & Time

: 07 Apr 2021 |1300

Lease Period:

: 08 days

Lease per Day:

: S\$ 168.22

GST 7.00%

: S\$ 11.78

Nett Amount per Day

: S\$ 180.00

Security Deposit (No GST)

: S\$ 500.00

IMPORTANT

It is essential that the vehicle be returned to us not later than the period stated above. On the expiration of that period, all third party or the insurance cover ceases to be effective.

ADDITIONAL DRIVER PARTICULARS

Name

NRIC/FIN/Passport No

Address

Contact No.

Driving License No.

Passing Date

Date of Birth

REMARKS

REPLACEMENT CAR FOR SJR3149Y

INSURANCE

(a) Own Excess Damage fee per claim is

5\$ 2,000.00;

(b) Third Party Damage Excess fee per claim is

S\$ 2,000.00;

(c) Outside Singapore Damage Excess fee per claim is

S\$ 4,000.00; S\$ 3,000.00:

(d) Addition Own Damage Excess fee per claim

is applicable for any of the drivers below:

(i) Aged 24 years old or below;

(ii) Aged 66 years or above; or

(iii) Driving experience in Singapore of less than 2 years under the relevant class of driving license.

(e) Windscreen Damage Excess fee per claim is

S\$ 200.00:

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.



Hirer's Signature SUZIRMAN BIN JUMARI

Rented out by Leasing Consultant MKM Car Leasing



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

Date of Request: 07/04/2021 Your Ref No: SJR3149Y

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 29/03/2021 00:00 (SGT)

Vehicle No: SJR3149Y

Place of Accident: Woodlands Avenue 4 & Woodlands Drive 42, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMW3526E	Woodlands Avenue 4 & Woodlands Drive 42, Singapore	(29.00)	1	(27.10)
GST Amount	(1.90)			
Total Amount Due (GS	(29.00)			

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.

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

29 Mar 2021 / 11:15:12

Receipt Date/Time: 29 Mar 2021 / 11:15:12

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210329-001214

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 - SMW3526E				
As at 29 Mar 2021/08:10:00				
Insurance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
1 Insurance Enquiry - SMW3526E				
Enquiry Fee		7.00	0.49	7.49
20210329111359109361	0.1.7		27.127	
	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

· T

Team AutoPro Pte Ltd

CRN

201811621K

located at

160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Letter of Authorization & Undertaking

ln	Respect	of	Accident	Involving	my/our	Vehicle	No.:	SJR3149Y
and		SM	W3526E			and		
and						and		
@ _	WOODL	ANI	OS AVE 4	TURN TO) WOOD	LANDS	DR50	
date	ed 29/03	3/202	21					

- 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, And And And And And And And An
Claimant Signature & Co's Stamp (if applicable)
Date:

SS21213U0005-01 / STA Inspection Pte Ltd[575627] ENTRY DATE & TIME: 30/03/2021 16:31 (SGT) SUBMITTED BY: Mohamad Farez Bin Jalil VERSION: 2 (31/03/2021 18:00 (SGT))



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 witholding of material facts may allow insurance companies to repudiate oblicy 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 30/03/2021 16:31 (SGT) Date of Accident 29/03/2021 08:10 (SGT) **Exact Location of Accident** Woodlands Avenue 4 & Woodlands Drive 50, Singapore Additional Location Information WOODLANDS AVENUE 4 TURN TO WOODLANDS DRIVE 50 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJR3149Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MKM CAR LEASING PTE LTD Company Reg No 2XXXXX734R **Email Address** rina@mkmcarleasing.com.sg Mobile Phone No (Phone) +65-67476880 Alternative Phone No (Office) +65-67476880

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of

accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V08997/VPZ/R01 Cover Note Number

DRIVER

Name of Driver NRIC No

SUZIRMAN BIN JUMARI SXXXX425F

No - Claiming third party

Private hire



Date Of Birth 18/02/1967 Occupation Outdoor Date Of Driving Pass 25/03/1994 Driving experience 27 YEARS Gender Male Mobile Number (Phone) +65-97625286 Alt. Phone Number **Email Address** rina@mkmcarleasing.com.sg Address 176 SIN MING DRIVE Address complement #04-08 SIN MING AUTO CARE SINGAPORE Postcode 575721 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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) 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? Police Station Name Bukit Batok Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18006659999 Alt. Police Station Phone No. (Fax) +65-64252661 Police Station Address 21 Bukit Batok East Ave 4 Singapore 659840 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE 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 SMW3526E 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	100
Details of property damaged in accident	_
No. Of Dagganger (Including Driver)	-
No. Of Passenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SUZIRMAN BIN JUMARI
Address Complement	176 SIN MING DRIVE #04-08 SIN MING AUTO CARE SINGAPORE
Post Code	575721
Approximate Age Years Old	54
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SJR3149Y
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 Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful mistepresentation or withholding of material facts may allow insurance companies to regulate 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)

Lunderstand, 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.

(h)

Policyholder's Signature / Date 8 Time Driver's Signature (If driver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre Personnel

Sketch Plan

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V = 216 31/4

6: 3000 3506 E

Describe Cir	cumstances of the Accident
	On the Stoted date and time I value to
	Stop slowly at the vehicle '2' fear, Suddraly, fell
	an happed flows my year, so I get out of my
	· ·
	car and realised behalf "K" but against my
	Vehicle rear position.
The state of the s	
-	

Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8 Time

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin; Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

1 of 4 Report No. T/20210330/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 09:12			Vide Report No.:	Station Diary No.:	
Informar	nt's Partic	ulars	The second secon		
	Informant: AN BIN JU		Address: APT BLK 886C WOODLAND SINGAPORE 733886		
ID Type / ID No.: NRIC NO / S1816425F Nationality:			Contact No.: Home/Office: Mobile: 97625286		
	y. DRE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 54 18/02/1967			Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:10	Type of Location Straight Road	
WOODLAND	S AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Work	king	Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR3149Y	Car				Slightly Damaged	0
SMW3526E	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210330/2019

Police Station Of Origin: Bukit Batok N.P.C

Report No. T/20210330/2019

21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver	the production of the section	E ALLES E MA	PENNENDER ST	Zasta.	472.0	的ACC中国工作中国CREE
Name	SUZIRMAN BIN JUMARI			ID No),	S1816425F
Related Vehicle	SJR3149Y (Car)		Conta	ct No.	97625286	
Hospital/Clinic	NORWOOD MEDICA	AL CLINIC		Class Drivin Licene Expire	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/03/2021	Date Disc	4	NIL		
No. of Days gran	ted Medical Leave	05	Degree of Injury Slight			
Driver	No. 4. PAR	14 A 18 S A 18 A 18 A 18 A 18 A 18 A 18 A		H. Diff	118 355	ライン からこと はまま 単純 豊
Name	LAU GUEK MING			ID No		S7345720C
Related Vehicle	SMW3526E (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
No. of Days granted Medical Leave NIL				Degree of Injury NIL		

Brief Details.

On 29/03/2021 at about 0810hrs while I was driving my vehicle SJR3149Y along Woodlands Avenue 4 towards Woodlands Avenue 7 and upon reaching junction to turn left towards Woodlands Drive 50, the traffic light was red. I was the second vehicle waiting for the light to turn green. I have made my intentions clear to turn left, and on my signal light.

As the light turn green, the front car moved slowly to give way for the pedestrians to cross. I slowly moved forward and out of a sudden, there was a loud bang and my vehicle jerked forward. Upon the collision, I felt pain on my lower back and my neck area.

I alighted my vehicle to make a check and discovered that a vehicle SMW3526 has collided with the rear of my vehicle. The driver came out and apologised to me first and we both exchanged particulars. My vehicle suffered damages and dent on the rear right side and his vehicle suffered damages to the front left side.

After the accident, I went to the car workshop to repair my vehicle and went to the clinic as I still felt the pain on my lower back and the doctor issued me with 5 days MC.

I am making this report for insurance claim purposes.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

3 of 4 Report No. T/20210330/2019

Tel No: 1800-6659999

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20210330/2019

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-6659999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: J / Sgt 2 MUHAMMAD FAUZVBIN MOHD ZAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 09:12
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp	



GINERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANTS BASINGS OF CARSON THE CAMPAINTS OF CAMP

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

ADDENDUM

			ADDENOU	141				
(A)		RSON MAKING THE AT			940 21110 V			
	Original Report No	3723000		Vehicle Registration	No. SUR 3149 Y			
	Name (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
					3 Singapore (738886)			
	Contact (Tel)	9760 5786		Mobile No : 976	1 5586			
	Email Address	rina @ mborrorle	asing.com.so	ĵ				
	Date of Accident	29/3/2021		Time of Accident :				
	Place of Accident	woodlands ave	4 turn	to woodlands	D 50			
	Insurance Company	Liberty						
(B)	ADDITIONALINFOR	MATION/AMENDME	NTS:					
	Thave made a report make the following a		ied accident an	d would like to includ	de additional information or			
	To	Amend - Injunes	: 'Yes'					
	- Potice Report = "Yos"							
					1			
				IDAC - SIN MIN	16			
	~	CARTA		STA Inspection 302 Sin Ming Roa				
	\$	(\$\frac{1}{2}\text{\$\}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		Singapore 57562 Tel : 6555 6888				
	- 0_	*****		Eav. 6454 3270				
	Policyholder / Driver's Date - 30 3-2021	Signature		Reporting Centre P	ersdone44 Signature			
				NRIC/FINNO Date	\bigvee			





Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertvinsurance.com.sq.

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)

AUSTRALIA CONTRACTOR PER PART DE LA CONTRACTOR DE LA CONT	The second secon	
Certificate No	SD20V08997 /VPZ /R01	
Form	MZ406C	
Date Of Issue	14-AUG-2020	
1.Index Mark and Registration No. of Vehicle:	SJR3149Y	
2.Chassis number of Vehicle:	ZGE200003838	
3.Name of Policyholder:	MKM CAR LEASING PTE LTD	
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-AUG-2020 00:00 AM	
5.Date of Expiry of Insurance:	16-AUG-2021 23:59 PM	
6 Persons or Classes of Persons		

Persons or Classes of Persons

entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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

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.

7. Limitations as to use*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
- C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

8. 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.

*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 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.

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Personal Accident Insc, Airside, PHV Extension (Geographical

Area: Singapore only)

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

PLVC/-/20-AUG-20

S1_CI_T1_T3_OE_Template2-Ver1.

20-AUG-20







This card is not transferable and is the property of the Land Fransport Authority (LTA). It must be surrendered to LTA on request. If found, pleas return to LTA, 10 Sin Ming Drive, Singapore 5/5/01.

Esue Date

PRIVATE HIRE CAR VL

02/03/2018

