



SmartOne Auto Pte. Ltd.  
Co. Reg No: 201939368E  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: smartoneauto@gmail.com

## LETTER OF DEMAND

20 SEP 2021

Accident involving my vehicle number GBJ 6296Y and vehicle number  
SLK 3651B on 04/04/2021 at 11:45 HOURS at/along  
Slip Road of Ubi Ave 2 towards Paya Lebar Road

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair Cost /-Excess-	\$ 5200.00
Rental for <u>4</u> days x \$ <u>160.50</u> /day	\$ 642.00
Loss of Use for <u>-</u> days x \$ <u>-</u> /day	\$ -
LTA Search Fee / 3 <sup>rd</sup> Party GIA Report	\$ 36.45
Others	\$ -
Total:	\$ 5878.45

Yours faithfully,

*Michelle*



Michelle

HP: 9856 4815

## Authorisation To Act

I, Meridian Curtains & Furnishings ("the third party claimant") of  
349, Changi Road, Singapore 419817  
(address), owner of GBJ 6296Y (vehicle no.)  
hereby authorise SmartOne Auto Pte. Ltd. ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. GBJ 6296Y that was  
damaged pursuant to the accident which occurred on 04/04/2021 (date)  
at/along Slip Road of Ubi Ave 2 towards Paya Lebar Road  
(location) involving vehicle no/s SLK 3651B ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.

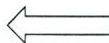
I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 04 day of 04 (month) 20 21 (year)

谢东

Signed by "the third party claimant"



M



Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. GBJ 6296Y and SLK 3651B on 04/04/2021  
at/along Slip Road of Ubi Ave 2 towards Paya Lebar Road

1. I/We the Owner of motor vehicle no. GBJ 6296Y hereby instruct and authorise SmartOne Auto Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 04 day of 04 2021

Signature of vehicle owner 谢庆

Name : Meridian Curtains & Furnishings

IC/UEN No : 53363467M

(Company stamp, if applicable)

Address : 349, Changi Road,  
Singapore 419817

Tel : 6744 7656



Mr

Witnessed by :

Michelle

# TAX INVOICE

SmartOne Auto Pte. Ltd.

Co. Reg No: 201939368E

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: smartoneauto@gmail.com



Date	Invoice Number	Vehicle Number
20/09/2021	SOA202109-00133	GBJ6296Y

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,200.00
Total	\$ 5,200.00

Cross cheques and pay: SMARTONE AUTO PTE. LTD.  
Please indicate the invoice number on the reverse side.

SmartOne Auto Pte. Ltd.

AUTO Generated - Signature Not Required





# 長江企業(私人)有限公司

## Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

TOTAL DEFENCE

### TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS &amp; LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K

### HIRER'S PARTICULARS

If Different From

Section 1

I/We SINGAPORE BLINDS MANUFACTURE PR-CTY GB762967  
(Signature)  
S \_\_\_\_\_ Tel: \_\_\_\_\_

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

#### a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1500/= to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

#### b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle. whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 <u>GBH 76315</u>		Rental Agreement 合同號碼 No. A 93118	
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT <u>04/04/21 1:35pm</u>	
姓名 Name: <u>XIE QING</u>		交車日期及時間 Date & Time IN <u>08/04/21 3:15pm</u>	
地址 Address:		Chargeable	
S		4	
		天 Days @ \$ <u>9600/-</u>	
居民證/護照號碼 I/C No./Passport No:		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Month @ \$	
出生日期 Date of Birth: <u>02/09/1980</u>		發出地 Place of Issue: <u>SPORE</u>	
三號保險底金 \$1500/=		ADD 7% GST <u>842/-</u>	
a) Third Party Only Policy Excess \$1500/=		b) Comprehensive Policy Excess \$2000/=	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		送車/費 Delivery Fees	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge <u>9642/-</u>	
		按金 Security Deposit	
		總金額 Total Payable <u>9642/-</u>	
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	
IMPORTANT! For Singapore Use only!		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT		出車油箱 Fuel Tank IN	
E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	
車牌號碼 Vehicle No:		起 From:	
1)		至 To:	
車牌號碼 Vehicle No:		起 From:	
2)		至 To:	
工具 Tools		裝飾品 Accessories	
輪胎 Spare Tyre		加額費用 Total Additional Charges	
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:	
NOTE: 註		總計 Grand Total	
租車者或司機必須付所有停車及違反交通法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.			

租車者不准載沙或石灰  
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期

Date:

租車者簽名

Signature of Hirer:

謝庆



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

Print Date/Time : 04 Apr 2021 / 12:47:45

Receipt Date/Time : 04 Apr 2021 / 12:47:45

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210404-000101

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLK3651B				
As at 04 Apr 2021/11:50:00				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLK3651B Enquiry Fee 20210404124657010304	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				
526471XXXXXX1359		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.



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard #42-01b, Singapore 038989

Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Reg No: M400017735

UEN: S66SS0020G

**TAX INVOICE**

SmartOne Auto Pte. Ltd. - Meridian  
Curtains & Furnishings

**Invoice Number**  
GR-2021-001164

**Invoice Issue Date**  
06 Apr 2021

**Invoice Due Date**  
13 Apr 2021

**Total Amount (S\$)** 27.10  
**Total GST 7.00% (S\$)** 1.90  
**Total Amount Incl. of GST (S\$)** 29.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	06/04/2021,04/04/2021,GBJ6296Y,SLK3651B	27.10	1.90	29.00
Total Amount (S\$)				27.10
Total GST 7.00% (S\$)				1.90
Total Amount Incl. of GST (S\$)				29.00

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



## 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	05/04/2021 19:31 (SGT)
Date of Accident	04/04/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip Road of Ubi Ave 2 towards Paya Lebar Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6296Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERIDIAN CURTAINS & FURNISHINGS
Company Reg No	5XXXX467M
Email Address	smartoneauto@gmail.com
Mobile Phone No	(Phone) +65-94518821
Alternative Phone No	(Office) +65-67447656

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117962469
Cover Note Number	-

#### DRIVER

Name of Driver	XIE QING
Passport No/FIN	GXXXX302X



Date Of Birth	02/09/1980
Occupation	Outdoor
Date Of Driving Pass	19/10/2018
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85230280
Alt. Phone Number	-
Email Address	smartoneauto@gmail.com
Address	349 Changi Road
Address complement	-
Postcode	419817
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK3651B
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 XIE QING  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained BODY PAIN  
Injured person in which vehicle? GBJ6296Y  
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' 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.



谢庆

IDAC KAKI BUKIT (VICOM LTD)

23 KAKI BUKIT AVENUE 4S(415933)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A = GBJ62967

B = SLK 36513

Slip Road of  
Ubi Ave 2  
towards Payu Lebar Road

Describe Circumstances of the Accident

Refer to attached

Declaration

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



Policyholder's Signature / Date & Time

谢庆

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

IDAC KAKI BUKIT (VICOM LTD)

23 KAKI BUKIT AVENUE 4S(415933)

Witnessed by Reporting Centre Personnel



On 04.04.21 at about 11:45 hours at slip road of Ubi Ave 2 towards Paya Lebar Road. While I was stopping at the above slip road waiting for oncoming traffic to clear, suddenly I heard a loud bang from behind. I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : GBJ6296Y

Vehicle (B) : SLK3651B



谢庆



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

SINGAPORE BLINDS MANUFACTURE PTE. LTD.



Name  
**XIE QING**

Employment ID  
**0 75398921**

Employment Sector  
**CONSTRUCTION**



**K1820821**

GBJ6296Y

driver

**VISIT PASS**  
Immigration Regulations

07-10-2019

Name  
**XIE QING**

FIN  
**G2195302X**

Date of Birth Sex  
**02-09-1980 M**

Nationality  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass  
App to check status





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2195302X**  
Name: **XIE QING**

Birth Date: 02 Sep 1980  
Issue Date: 14 Mar 2018  
Valid Till: 08/04/2023

002782706J



G2195302X  
driver

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

Class	Effective Date
Class 2B	Motorcycles $\leq 200$ CC
Class 3	Motor cars $\leq 3000$ kg with $\leq 7$ passengers, exclusive of the driver; and motor tractors/vehicles $\leq 2500$ kg

EFFECTIVE DATE

09 Apr 2013  
19 Oct 2018

G2195302X

S / No. 9000319114

NP 428A



## 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5117962469

**Cover :** Comprehensive

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>GBJ6296Y</b>                 |
| Chassis Number  | : KDY2318038173                   |
| 2. Name of Policyholder   | : MERIDIAN CURTAINS & FURNISHINGS |
| 3. Effective Date of Insurance  | : 26 Jun 2020                     |
| 4. Expiry Date of Insurance   | : 25 Jun 2021                     |
| 5. Persons or Classes of Persons entitled to drive#   |                                   |
| (a) The Policyholder.   |                                   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                   |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                   |
| 6. Limitations as to Use#   |                                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 24 Jun 2020 10:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive