



WITHOUT PREJUDICE

Our Ref: SJT 7679Y

Your Ref: SMR 551C

28th September 2021

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

Dear Cecilia,

Accident Involving: SJT 7679Y and SMR 551C

Date of Accident: 1 September 2021

Location of Accident: Ang Mo Kio Ave 3 towards Ang Mo Kio Industrial Park 2

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

Cost of Repair Inc. GST	\$ 4,922.00	\$4600 COR + \$322 GST 7%
Add Loss of Rental	\$ 1,669.20	13 DAYS : Inv#224520 2+3 Days PRS (2/3/4-Sat/5-Sun/6 Sep) + 1 Day Resurvey (7 Sep) + 7 Repair Days + 1 Sunday
Total	\$ 6,591.20	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 6,598.65	

Kindly pay the Grand Total Amount of **\$6,598.65** 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:**

Nirmaljit Kaur D/O Bulwant Singh

PI Number	P2109-2380
PI Date	28-Sep-2021
Vehicle No.	SJT 7679Y
Accident Date	1-Sep-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJT 7679Y	COR Lump Sum		\$ 4,600.00

Notes:

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

Total Amount	\$	4,600.00
GST 7%	\$	322.00
GRAND TOTAL AMOUNT	\$	4,922.00

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 180001
Tel: 6292 7656 Fax: (65) 6293 97
E-mail: uniqtour@singnet.com.sg
STB LIC TA/00076

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

TAX INVOICE

NO. 224520

Mdm Nirmaljit Kaur D/O Bulwant Singh
Blk 873 Woodlands Street 81
12-260
Singapore 730873

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

16.09.2021

Singapore, _____ 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Honda Civic 1.6 Auto
Registration no. SJP 3664 L self driven
as from 02.09.2021 to 15.09.2021.

13 days at \$120.00 per day

\$ 1560.00

Add GST at 7%
Amount Due

\$ 1560.00

\$ 109.20

\$ 1669.20

(SIN DOLLARS: ONE THOUSAND SIX HUNDRED SIXTY NINE AND TWENTY CENTS ONLY)

Standard Rated Supplies:\$ 1560.00
Total Amount of GST:\$ 109.20


AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

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

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

SJT 76797

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22591

VEHICLE NO.

SJP 3664 L

MAKE/MODEL

HONDA CIVIC

NAME OF HIRER

Nirmaljit kaur D/O Bulwant Singh

ADDRESS

Blk 873 Woodlands Street 81

12-260

SINGAPORE

730873

OFFICE TEL

RES TEL

HP

9777 9498

NAMED DRIVER

Jaspal Singh Padda S/O Balbir Singh

OCCUPATION

NATIONALITY

Singaporean

PASSPORT / NRIC

S 9840 718 J

DATE OF BIRTH

08/12/98

DRIVING LIC NO.

S 9840 718 J

PLACE OF ISSUE

S'PORE

DATE PASS/EXPIRY

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.

DATE OUT

02/09/21

TIME OUT

1130 hrs

PETROL OUT

E

1/4

1/2

3/4

F

DATE IN

15/09/21

TIME IN

1530 hrs

PETROL IN

E

1/4

1/2

3/4

F

RENTAL RATES:

\$

¢

MONTHLY @\$

WEEKLY @\$

DAILY 13 @\$ 120/-

1560.00

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ 7%

109.20

RENTAL DEPOSIT

TOTAL:

1669.20

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.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:

1. ON TIME

2. ON TIME

3. ON TIME

DATE:

SIGNATURE OF HIRER

DATE:

SIGNATURE OF HIRER



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

Print Date/Time : 02 Sep 2021 / 14:21:52

Receipt Date/Time : 02 Sep 2021 / 14:21:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210902-001968

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 - SMR551C				
As at 01 Sep 2021/21:33:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMR551C Enquiry Fee 20210902142111175896	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				
426569XXXXXX8100		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.: SJT 7679 Y
and SMR 551 C and SLM 5544 D
and and
@ Ang Mo Kio Ave 3 Towards Ang Mo Kio Ind Park 2
dated 01/09/2021.

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	02/09/2021 13:07 (SGT)
Date of Accident	01/09/2021 21:33 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO AV3 TOWARD ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7679Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NIRMALJIT KAUR D/O BULWANT SINGH
NRIC No	SXXXX320F
Email Address	JASPALAPPLE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97779498
Alternative Phone No	+65-97779498

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	Manual
CC	1490

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	JASPAL SINGH PADDAS/O BALBIR SINGH
NRIC No	SXXXX718I

Date Of Birth	08/12/1998
Occupation	Indoor
Date Of Driving Pass	27/02/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97779498
Alt. Phone Number	-
Email Address	JASPALAPPLE@HOTMAIL.COM
Address	BLK 873 WOODLANDS STREET 81 #12-260
Address complement	-
Postcode	730873
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR ARIFF BIN ABDUL RAHIM
Gender	Male

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

KINDLY REFER TO POLICE REPORT

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	SLM5544D
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	SMR551C
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	NUR ARIFF BIN ABDUL RAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT7679Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JASPAL SINGH PADDA S/O BALBIR SINGH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT7679Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	NUR ARIFF BIN ABDUL RAHIM
Phone	-
Email	-

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.

(Handwritten signature)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ang Mo Kio Ave 3 Towards Ang Mo Kio Ind Park 2

+ Vel A = SDT 7679 Y
 + Vel B = SMR 551 C
 + Vel C = SLM 5544 D

Describe Circumstances of the Accident

Refer to false report → 7/20210902/7009

Email to : gia.reporting@gmail.com

Declaration

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

1

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/20210902/7009

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

1 of 3

Report No. T/20210902/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2021 12:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JASPAL SINGH PADDA S/O BALBIR SINGH			Address: 873 WOODLANDS STREET 81 #12-260 SINGAPORE 730873		
ID Type / ID No.: NRIC NO / S9840718I			Contact No.: Home/Office: Mobile: 97779498		
Nationality: SINGAPORE CITIZEN			Email: jaspalapple@hotmail.com		
Sex: Male	Age: 22	Date of Birth: 08/12/1998	Type of Informant: Driver		
Race: Sikh			Language: English		Institution / School Name:
Occupation: Car dealer			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: 01/09/2021 21:35	Type of Location: Straight Road
Location: Ang Mo Kio Ave 3 Towards Ang Mo Kio Industrial Park 2				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJT7679Y	Car					0
SLM5544D	Car					0
SMR551C	Car					0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NUR ARIFF BIN ABDUL RAHIM	ID No.	S9307976J
Related Vehicle	SJT7679Y (Car)	Contact No.	91134842
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	JASPAL SINGH PADDA S/O BALBIR SINGH	ID No.	S9840718I
Related Vehicle	SJT7679Y (Car)	Contact No.	97779498
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I (SJT 7679 Y) was travelling along the stated venue. I stopped my vehicle as the traffic light was red. When I was stationary waiting for the traffic light to turn green, suddenly, vehicle bearing no: SMR 551 C which was also stationary, collided onto the rear of my vehicle. I then alighted and realised that I was involved in a chain collision of 3 vehicles including mine. The other 2 vehicles numbers are SMR 551 C and SLM 5544 D. After the accident, my friend who was travelling with me (Nur Ariff Bin Abdul Rahim) and myself felt unwell. We went to see a doctor and both of us was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210902/7009

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

3 of 3

Report No. T/20210902/7009

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 /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
02/09/2021 12:13

Classification Of Case:

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks 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)

**AUTHORISED
WORKSHOPS**

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC21A00047900**Chassis No: **JSAEZC31S00204811**Agency Name: **INSURE GENERAL PTE LTD**Engine No: **M16A1483534**Agency Code: **A0000172**1. Index Mark and Registration Number of Vehicle: **SJT7679Y**2. Name of Policyholder: **NIRMALJIT KAUR D/O BULWANT SINGH**3. Period of Insurance (both dates inclusive): **14 May 2021 to 13 May 2022**

4. Persons or Classes of Persons entitled to drive

- a) The Policyholder and all Named Drivers declared under the policy
- b) Any other person who is driving on the Policyholder's order or with his 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.

5. 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, tuition, driving test, race, 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 the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN

SGD 100.00

SECTION I - INSURED/NAMED DRIVER

SGD 600.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS

SGD 500.00

SECTION I - AGE <25, AGE >65 OR DRIVING EXP <2 YEARS OLD

SGD 3,000.00

7. Hire Purchase Company: **MAYBANK SINGAPORE LIMITED**

Signed for and on behalf of ECICS Limited



AUTHORISED SIGNATORY

Important Notice:

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

3237363



Card No. **S1751320F**

Blood Group Date of issue
B+ **30-12-2000**

Address

**APT BLK 873 WOODLANDS STREET 81
#12-260
SINGAPORE 730873**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1751320F



Name

**NIRMALJIT KAUR D/O
BULWANT SINGH**



Race
SIKH

Date of Birth
19-10-1966

Sex
F

Country of Birth
SINGAPORE



