

WITHOUT PREJUDICE

Our Ref: SLU 8888A Your Ref: SMS 3993K

21st July 2022

ATTN: INSURER:

LKK Auto Consultants Pte Ltd

AIG Asia Pacific Insurance Pte Ltd

Dear Cecilia,

Accident Involving: SLU 8888A and SMS 3993K

Date of Accident: 5 December 2021

Location of Accident: Bradell Road towards Bartley Road

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

GRAND TOTAL	\$	50,203.45	
Add Search Fee	\$	7.45	
Add Tow Fee	\$	120.00	
Total	\$	50,076.00	
Add Loss of Rental	\$	5,136.00	Control Contro
Cost of Repair Inc. GST	S	44 940 00	\$42,000 COR Agreed + \$2,940 GST 7%

Kindly pay the Grand Total Amount of \$50,203.45 to: 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



ENTION:		
Kek Guan I	Hwee	

PI Number	P2207-2719
PI Date	21-Jul-2022
Vehicle No.	SLU 8888A
Accident Date	5-Dec-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLU 8888A	COR Lum	p Sum	\$ 42,000.00

Notes:

Total Amount	\$ 42,000.00
GST 7%	\$ 2,940.00
GRAND TOTAL AMOUNT	\$ 44,940.00





TAX INVOICE

KEK GUAN HWEE

Invoice Date 3 Jan 2022

Invoice Number TL202201-4579

GST Registration No. 201213055R

Titanium Limousines Pte Ltd (UEN: 201213055R) 10 Anson Road #23-02A International

Plaza

Singapore 079903

Description	Quantity	Unit Price	Tax	Amount SGD
RENTAL PERIOD: 06/12/2021 - 30/12/2021 Vehicle Car Plate: SMP 5340 Y TO: KEK GUAN HWEE IC: S7716610F ADDRESS: 261B PUNGGOL WAY #13-337 SINGAPORE 822261 Rental Amount: \$200.00 x 24 days	24.00	200.00	7%	4,800.00
			Subtotal	4,800.00
	TOTAL LO	OCAL SUPPLY OF GOO SERV	DDS AND VICES 7%	336.00
		то	TAL SGD	5,136.00

Due Date: 4 Jan 2022

Terms & Conditions:

1. Payments to be made before or on the due 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: 0339033073 Bank Code: 7171 Branch Code: 033

Bank Swift Code: DBSSSGSG PAYNOW UEN: 201213055R



TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

HIRER PARTICULARS

	11
Name	Keik Guan Hwee
Contact	
NRIC	S7716610F
Date of Birth	20/06/1977
Address	261B Runggel Way #13-337
Postal Code	822261

VEHICLE PARTICULARS

Car Make / Model	Toyota Vellfre
Vehicle Registration	SMP 5340Y
Petrol / Diesel / Hybrid	

COLLECTION / RETURN DETAILS

06/12/2021
51055 km
1/4
30/12/2021
16:00
52234 km
24 days

PAYMENT DETAILS

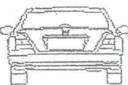
Daily /Weekly / Monthly Rates	\$200/day
Deposit	
Payment Account Number	
Excess Section 1	\$2675/-
Excess Section 2	\$2675/-
Malaysia Excess Section 1	NIA
Malaysia Excess Section 2	NIA



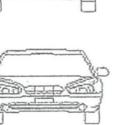
Right Side

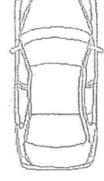


Back



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

HIDED CICALATURE X			
HIRER SIGNATURE	4	AUTHORISED PERSONNEL	
HIRER NAME:	1	NAME:	
DATE / TIME:		DATE /TIME:	
AMT DEPOSIT REFUNDED:			
HIRER TO SIGN HERE WHEN VEHIC	LE RETURNED		

TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

ADDITIONAL DRIVER PARTICULARS

Name	Fan Tran Hock
Contact	8782 8383
NRIC	S 74165736
Date of Birth	24/04/1974
Address	BIK 8644 Tampines St 83 #08-446
Postal Code	Smgapore 521664

DRIVER SIGNATURE DATE / TIME



一概由车主自行负责。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

Plus Recovery Services Pte Ltd

Andy 2 9230 3409 / 9696 5559

Email: plusrecoveryservices@gmail.com Business Reg. No.: 202124586N Pand By Enc

Woodlands and Tuas Checkpoint

E. & O. E.

NO. 0056
CASH SALE / JOB ORDER

Date: 05/12/2021 asy Messrs: Jump Start/Changing of battery 车牌 Tyre Replacement/Patching Vehicle No. SLU 8888 A Model No: Porsche Accident/Breakdown 时间(日/夜) 联络号码 Time (day/night): Multi/Basement Contact No: With Load/Cargo Box woodleigh under pass Location: _ King Dolly 到 Transport Charge To: 银额 其他 Low Body Kit 1201: Cash \$ Others: Door Opening Service 经手人 Tow Truck Crane Up/Winch Out Authorised By: Driver Name: Collect Doc/Key Repo 注意: 本公司对所拖之车辆, 在進行中如有任何损失或破坏,

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

06 Dec 2021 / 10:58:00

Receipt Date/Time: 06 Dec 2021 / 10:58:00

Tax Invoice/Receipt

Receipt No.: ITNET-00000-211206-001004

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 - SMS3993K				
As at 05 Dec 2021/21:15:00				
Insurance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
1 Insurance Enquiry - SMS3993K				
Enquiry Fee		7.00	0.49	7.49
20211206105706686763				
	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.:	SLU8888A
and		SM	S3993K			and		
and				• • • • • • • • • • • • • • • • • • • •		and		
@ _	Braddel	Roa	ad Toward	ds Bartley	Road			
date	o5/12	2/21						

- 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,

Claimant Signature & Co's Stamp (if applicable)

SY0921C6000I / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 06/12/2021 18:30 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (06/12/2021 18:30 (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 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 06/12/2021 18:30 (SGT) Date of Accident 05/12/2021 21:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information BRADELL RD TWDS BARTLEY RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLU8888A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KEK GUAN HWEE** NRIC No SXXXX610F **Email Address** PATRICKTTH74@GMAIL.COM Mobile Phone No (Phone) +65-87828383 Alternative Phone No (Home) +65-87828383

VEHICLE PARTICULARS

Manufacturer Porsche Model Cayenne Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V04899/VPS/R00 Cover Note Number

DRIVER

Name of Driver TAN TIAN HOCK NRIC No SXXXX573G



Date Of Birth 24/04/1974 Occupation Indoor Date Of Driving Pass 14/11/1994 Driving experience 27 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87828383 Alt. Phone Number **Email Address** PATRICKTTH74@GMAIL.COM Address BLK 864A TAMPINES ST 83 #08-446 Address complement Postcode 521864 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend 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

Collision - Major/Minor Rd

Clear

Female

Dry

OTHER INFORMATION

Type of Accident

Road Surface

Weather Conditions

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 5 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name

LUSIANA Gender Female PASSENGER 2 Name THIN THIN HMWE

Gender PASSENGER 3

Name TAN ZHU HAO Gender Male

PASSENGER 4

Name TAN ZHU HONG Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 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?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

WITH OWNER

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS3993K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	y = .
Vehicle Category	Private car
Name of Driver	LIM YEW HWA
Contact Number	(Phone) +65-91283993
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
	-
	_
Name of Driver Contact Number Address Address complement Postcode Insurance Company Name	

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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Gingapord (OIA) for erchining and that copies of this report will for a fee be made available upon application by interested parties
- 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) WIID INJURIES URLICE(S) INJOINED IN THIS BECRIFF (S) WIND NAVE INSURED VEHICLE(S) INJOINED IN THIS BECRIFF (S) WIND NAVE INSURED VEHICLE(S) INJOINED IN THIS BECRIFF (S), 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;
- (ii) 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 Rersonal 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 said outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 8

Driver's Signature (# driver is not the policyholder) / Date

Time

Sketch Plan

Braddell Road Towards Bratkey Parks

+ Veh A SLU 8888 A

- Veh Bi, B2 SMS 3993 K

* Refer to pulse report : 7/2021120	6/2004
	Type Jeyl here

aration	
reclare the foregoing particulars are true in every respect.	
1	
M. O	





T/20211206/2004

1 of 3

Report No. T/20211206/2004

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 06/12/20	e Report M 21 01:01	lade:	Vide Report No.: E/20211205/0190	Station Diary No.: 12		
Informar	nt's Particu	ılars				
Name of	Informant:		Address:			
TAN TIA	N HOCK		APT BLK 864A TAMPINES STREET 83 #08-446 SINGAPO 521864			
ID Type /	ID No.:		Contact No.:			
NRIC NO / S7416573G			Home/Office: Mobile: 87828383			
Nationali	ty:		Email:			
SINGAP	ORE CITIZ	EN	patricktth74@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	47	24/04/1974	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupati	on:	34.00.00	Driving Licence Information:			
Retail/Shop sales manager			Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2021 21:15	Type of Location: Straight Road
Location:		1110	100/12/202121.10	
BRADDELL R	OAD			
Lamp Post Nu	mber: 18/4	1		
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Two Way		Not Controlled	Moderate	
Type of Collisi	on:			Anyone conveyed by
Moving Vehicl	e Against - Road Divider	/Kerb/Railings		ambulance:
				No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLU8888A	Car	PORSCHE	CAYENNE V6 TIPTRONIC SMT	White	Slightly Damaged	4
SMS3993K	Car	MERCEDES BENZ	B200 PROGRESS IVE (R18 LED)	Grey	Seriously Damaged	4





2 of 3

Report No. T/20211206/2004

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 **CONTINUATION OF REPORT**

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Ped	destrian	Cross	sing: NA
Driver						
Name	TAN TIAN HOCK	FAN TIAN HOCK		ID No.		S7416573G
Related Vehicle	SLU8888A (Car)			Contact No.		87828383
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	ischarge NIL		
No. of Days granted Medical Leave NIL		NIL	Degree of Injury NIL			
Driver						1996年 李州特 计多层设计
Name	LIM YEW HWA			ID No		S1615193I
Related Vehicle	SMS3993K (Car)			Contact No.		91283993
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment NIL			Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 05/12/2021 at about 9.15pm, while I was driving along Braddell Road towards Bartley Road, before Woodleigh Park I had to pressed hard on my brakes as a grey car from the opposite direction has cut through the divider and landed in front of my white car.

The car has knocked down a tree, from the divider, and it landed on the 1st lane of the 3 lanes causing a lane closure.

I wish to state that though I had pressed on the brakes, my car's front right has hit on the grey car.





3 of 3

Report No. T/20211206/2004

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report G /	Signature Of Informant:
Sr Staff Sgt MOHAMED IDIL BIN MOHAMED ALI	
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2021 01:01
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:
Authentication Stamp	





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http://www.libertyinsurance.com.sg

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

ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V04899 /VPS /R00			
Form	MX1			
Date of Issue	23-MAR-2021			
1.Index Mark and Registration No. of Vehicle:	SLU8888A			
2.Chassis number of Vehicle:	WP1ZZZ9YZKDA01505			
3.Name of Policyholder:	KEK GUAN HWEE			
4.Effective date of Commencement of Insurance for the purposes of the Act:	17-MAR-2021 00:00 AM			
5.Date of Expiry of Insurance:	15-MAR-2022 23:59 PM			
6.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 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.

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*:

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

8. The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 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

1000

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I -Named Drivers - Singapore \$\$6000 / Outside Singapore \$\$12000,Section I -Unnamed Drivers (Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience And No Claims For The Past 3 Years) - Singapore \$\$7000 / Outside Singapore \$\$14000,Windscreen

Excess S\$500

FINANCE COMPANY:

MAYBANK SINGAPORE LTD

PRODUCER NAME:

INSURE HUB PTE LTD

PLYW/-/24-MAR-21

S1_CI_T1_T3_OE_Template2-Ver1.

24-MAR-21

