



**WITHOUT PREJUDICE**

Our Ref: SFW 3357J

Your Ref: SLU 8304T

14<sup>th</sup> April 2022

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

Dear Hsiao Tong

**Accident Involving:** SFW 3357J and SLU 8304T

**Date of Accident:** 22 March 2022

**Location of Accident:** SLE towards CTE (City) before Upp Thomson Exit

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

Cost of Repair Inc. GST	\$ 8,881.00	\$8300 COR Agreed + \$581 GST 7%
Add Loss of Rental	\$ 2,311.20	18 DAYS - Inv#AR202204-000806 - 2 Days PRS (22/23 Mar) + 14 Repair Days Agreed + 2 Sunday (27 Mar, 3 Apr)
Total	\$ 11,192.20	
Add Towing Fee	\$ 120.00	
Add Search Fee	\$ 7.45	
<b>GRAND TOTAL</b>	<b>\$ 11,319.65</b>	

Kindly pay the Grand Total Amount of **\$11,319.65** 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

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

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

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

# PROFORMA INVOICE

**ATTENTION:**

Podisingho Christopher Aloysius

PI Number	P2204-2599
PI Date	14-Apr-2022
Vehicle No.	SFW 3357J
Accident Date	22-Mar-2022

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SFW 3357J	COR Lump Sum		\$ 8,300.00

Notes:

Total Amount	\$	8,300.00
GST 7%	\$	581.00
GRAND TOTAL AMOUNT	\$	8,881.00

Authorized Signature



# SKYWAY MOTOR PTE LTD

400 ORCHARD ROAD #15-06 ORCHARD TOWER, SINGAPORE 238875  
Tel: 6333 6333 Fax: 6416 8555

## TAX INVOICE

RCB : 199904194N GST : 199904194N

**TEAM AUTOPRO PTE LTD C/O PODISINGHO CHRISTOPHER ALOYSIUS** INVOICE : AR202204-000806

160 SIN MING DRIVE #02-12 SIN MING AUTOCITY  
SINGAPORE 575722

DATE : 01/04/2022

TERMS :

SALESMAN: CYNTHIA

PO NO : RA04325

TEL : 62581955 FAX : 62581956

NO.	DESCRIPTION	UNIT	AMOUNT (S\$)
1	Rental Billing From 22/03/2022 To 09/04/2022 (SMX4764Y)  DRIVEN BY: PODISINGHO CHRISTOPHER ALOYSIUS REF NO. SFW3357J  Make and Model: TOYOTA C-HR HYBRID 1.8S CVT (LED)	18 DAYS	2,311.20

**AMOUNT : S\$**

**TWO THOUSAND THREE HUNDRED AND ELEVEN DOLLARS AND  
TWENTY CENTS ONLY**

Please issue cheque payable to **SKYWAY MOTOR PTE LTD** and send us a copy of  
cheque image then bank in to our **DBS Bank Ltd. Current A/C No. 003-947-267-6.**

SUB TOTAL	:	2,160.00
GST 7%	:	151.20
<b>TOTAL S\$</b>	:	<b>2,311.20</b>





MOTOR PTE LTD

SKYWAY MOTOR PTE LTD

400 Orchard Road #15-06

Singapore 238875

Tel : 6333 6333 Email : rental@skyway.com.sg

Company Reg. No. 199904194N

GST Reg. No. 199904194N

RENTAL AGREEMENT

NO. 04325

CUSTOMER'S COPY

### HIRER'S PARTICULARS

Owner's Vehicle No.: **SFW 3357 J**  
Model: **Mitsubishi Colt Plus**  
Name: **Podirsingho Christopher Aloysius**  
Address: **Blk 21 Telok Blangah Crescent**  
**#03-62**  
**Singapore 090021**

Office Tel: Residence Tel:  
Occupation Hp / Pgr No: **8781-1867**  
P.P / I.C No.: Nationality: **Singaporean**  
Date of Birth: **13/11/1981** Place of Birth: **Singapore**  
Dr. Licence No.  
Date of Issue: Country of Issue: **Singapore**

### ADDITIONAL DRIVER'S PARTICULARS

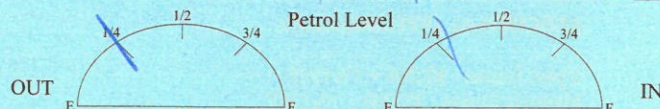
Name:  
Address:

Office Tel: Residence Tel:  
Occupation Hp / Pgr No:  
P.P / I.C No.: Nationality:  
Date of Birth: Place of Birth:  
Dr. Licence No.  
Date of Issue: Country of Issue:

**IMPORTANT:** The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences.

### RENTAL VEHICLE PARTICULARS

Rental Vehicle No.: **SMX 4764 Y**  
Model: **Toyota C-HR**  
Collection Out Date & Time **11 am** Mileage Out **12640 km**  
Return In Date & Time **09/04/22 1 pm** Mileage In **13771 km**



### RENTAL CHARGES

Months	@ \$	per month
18	@ \$	120/-
Weeks	@ \$	per week
Days	@ \$	per day
Hours	@ \$	per hour

### ADDITIONAL CHARGES

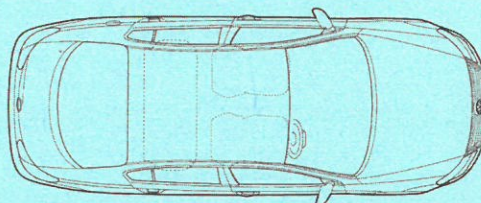
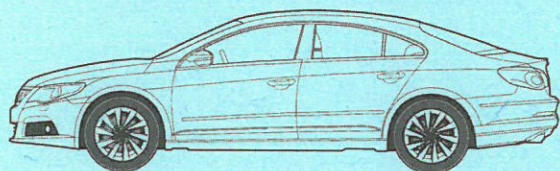
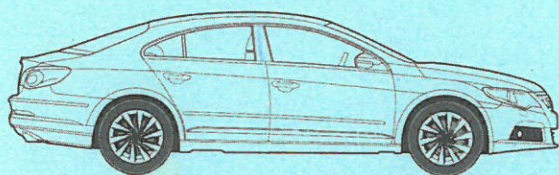
PETROL TOP-UP CHARGES

MISC (GST) **\$ 151.20/-**

**TOTAL CHARGES (incl 7% GST) 4/2311.20/-**

### PAYMENT MODE

☐ Master :  
☐ VISA :  
☐ Cash :  
☐ Others :



Remarks:

CHECKED OUT BY

CHECKED IN BY



SKYWAY MOTOR PTE LTD

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

CUSTOMER'S SIGNATURE





# 24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841

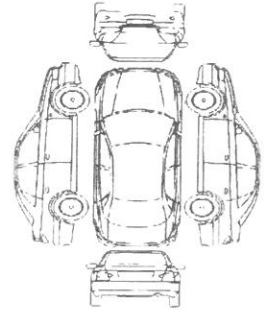
Email: 24hoursrecovery@gmail.com

No. 32308

Date : 22-3-22



M/S : TEAM AUTO  
Vehicle No : SFW 3357 J Model :  
From : SLE = Y C TE Call Time : 0845  
To : 160 Sin mny #02-12 Time Arrival : 0930  
Remarks : Arrival Workshop : 1005



- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Change Tyres / Patch Tyre   | <input checked="" type="checkbox"/> Accident        | <input type="checkbox"/> Use Car Carrier      | <input type="checkbox"/> Loaded     |
| <input type="checkbox"/> Basement / Multi Carpark    | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door            | <input type="checkbox"/> Jump Start |
| <input checked="" type="checkbox"/> Using King Dolly | <input type="checkbox"/> Dismantle Brake / Shaft    | <input type="checkbox"/> Crane Up / Winch Out |                                     |

AMOUNT S\$

120k

WEL

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Mar 2022 / 12:04:49

Receipt Date/Time : 22 Mar 2022 / 12:04:33

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220322-001619

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 - SLU8304T As at 22 Mar 2022/07:32:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLU8304T Enquiry Fee 20220322120344562498	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				
	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**

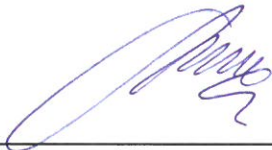
In Respect of Accident Involving my/our Vehicle No.: SFW 3357 J  
and SLU 8304 T and SJS 7608 H  
and ..... and .....  
@ SLE Towards CTE (City) before Upp Thomson Exit  
dated 22/03/2022

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: 22/3/22

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	22/03/2022 19:32 (SGT)
Date of Accident	22/03/2022 07:32 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWDS CTE(CITY) BEFORE UPP THOMSON EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW3357J
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PODISINGHO CHRISTOPHER ALOYSIUS
NRIC No	SXXXX761H
Email Address	PODISINGHOCHRISTOPHER@GMAIL.COM
Mobile Phone No	(Phone) +65-87811867
Alternative Phone No	+65-87811867

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Colt
Variant	PLUS
Exact purpose for which vehicle was being used at time of 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	1499

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA557534
Cover Note Number	-

#### DRIVER

Name of Driver	PODISINGHO CHRISTOPHER ALOYSIUS
NRIC No	SXXXX761H



Date Of Birth	13/11/1981
Occupation	Indoor
Date Of Driving Pass	08/07/2004
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87811867
Alt. Phone Number	+65-87811867
Email Address	PODISINGHOCHRISTOPHER@GMAIL.COM
Address	BLK 21 TELOK BLANGAH CRESCENT #03-62
Address complement	-
Postcode	090021
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

PLS 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	SLU8304T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	REBECCA LOUISE QUINN
NRIC No	SXXXX483G
Contact Number	(Phone) +65-92999164
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 .....	SJS7608H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEOK WEI QUAN BENJAMIN
NRIC No .....	SXXXX583D
Contact Number .....	(Phone) +65-82000054
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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 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. 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.

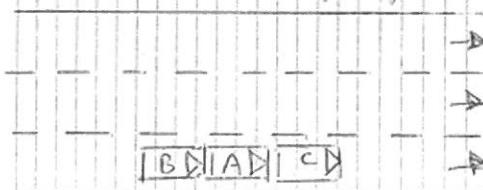
  
Policyholder's Signature / Date & Time

 27/3 @ 1045pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## Sketch Plan

SLE Towards CTE (CCM) before Upper Thomson Exit



\* Veh A : SFW 3357 J  
\* Veh B : SLU 8304 T  
\* Veh C : SJS 7608 H



## Describe Circumstances of the Accident


On the stated date and time, I was travelling along the stated venue.  
 As front vehicle jammed brake to stop, I quickly braked to stop.  
 I managed to come to a complete stop. When I was stationary for a few  
 seconds, suddenly vehicle B could not stop in time and collided onto the  
 rear of my vehicle. The impact caused my vehicle to move forward and hit  
 onto vehicle C.


\* Please email a copy to : teamautop1@gmail.com


TP CLAIM: other workshop.

## Declaration

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

  
 Policyholder's Signature / Date &  
 Time

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

22/3 @  
 1045H  
  
 Witnessed by Reporting Centre  
 Personnel



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/04/2022 13:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PODISINGHO CHRISTOPHER ALOYSIUS			Address: 21 TELOK BLANGAH CRESCENT #03-62 SINGAPORE 090021		
ID Type / ID No.: NRIC NO / S8137761H			Contact No.: Home/Office: Mobile: 87811867		
Nationality: SINGAPORE CITIZEN			Email: PODISINGHOCHRISTOPHER@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 13/11/1981	Type of Informant: Driver		
Race: Sinhalese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2022 07:30	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFW3357J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

**CONTINUATION OF REPORT**

Driver			
Name	PODISINGHO CHRISTOPHER ALOYSIUS		ID No. S8137761H
Related Vehicle	SFW3357J (Car)		Contact No. 87811867
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time, I was travelling along the stated venue. As front vehicle jammed brake to stop, I quickly braked to stop. I manage to come to a complete stop. When I was stationary for a few seconds, suddenly vehicle b could not stop in time and collided onto the rear of my vehicle. The impact caused my vehicle to move forward and hit onto vehicle c. I visited a doctor and was given 5 days MC i suffered injuries my back, neck and shoulder.





**SINGAPORE  
POLICE FORCE**



T/20220409/7020

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

3 of 3

Report No. T/20220409/7020

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
09/04/2022 13:36

Classification Of Case:



redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

# Certificate of Insurance

account number  
**17120**

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

## Policy details

<b>Policyholder name</b>	PODISINGHO CHRISTOPHER ALOYSIUS	<b>Certificate number</b>	GA557534 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	JMYLTZ23W9Z000448
<b>Plan name</b>	Essential	<b>Engine number</b>	4A910162502
<b>NCD applicable</b>	40%		
<b>Vehicle registration number</b>	SFW3357J		
<b>Period of Insurance</b>	from 14/11/2021 to 13/11/2022 (both dates inclusive)		
<b>Finance loan company</b>	HITACHI CAPITAL ASIA PACIFIC PTE LTD		

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

- (a) The Policyholder  
 (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## Limitation as to use\*

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

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 300.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

## Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

## Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S8137761H

PODISINGHO CHRISTOPHER ALOYSIUS

Birth Date: 13 Nov 1981

Issue Date: 09 Nov 2016

002627372J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8137761H

PODISINGHO CHRISTOPHER ALOYSIUS

Race: SINHALESE

Date of birth: 13-11-1981

Country of birth: SINGAPORE

Sex: M

S8137761H

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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: 08 Jul 2004

Licence No: S8137761H

NP 428A

4450989

NRIC No. S8137761H

Date of issue: 06-08-2009

APT BLK 21 TELOK BLANGAH CRESCENT #03-02 SINGAPORE 080021

NRIC No: S8137761H Date: 17/01/2020