



WITHOUT PREJUDICE

Our Ref: SKU 7991C

Your Ref: SKN 7012R

16th June 2022

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

Dear Asher,

Accident Involving: SKU 7991C and SKN 7012R
Date of Accident: 29 May 2022
Location of Accident: Bt Batok St 32 & St 33 T-Junction

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

Cost of Repair Inc. GST	\$ 6,206.00	\$5800 COR Agreed + \$406 GST 7%
TOTAL LOR/U DAYS	16 DAYS	2 Days PRS (29/30 May) + 1 Day Resurvey (31 May) + 11 Repair Days Agreed + 2 Sunday (5/12 May)
Add Loss of Rental	\$ 1,980.00	11 DAYS : Inv#2206.4081
Add Loss of Use	\$ 600.00	5 DAYS
Total	\$ 8,786.00	
Add Tow Fee	\$ 60.00	
GRAND TOTAL	\$ 8,846.00	

Kindly pay the Grand Total Amount of **\$8,846.00** 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: teamautooffice@gmail.com

Thank you.


Reg no: 201811621K
Regards
Adel

PROFORMA INVOICE

**ATTENTION:**

Goh Mien Seng

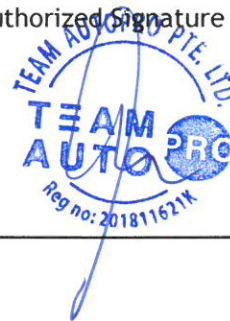
PI Number	P2206-2684
PI Date	16-Jun-2022
Vehicle No.	SKU 7991C
Accident Date	29-May-2022

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKU 7991C	COR Lump Sum		\$ 5,800.00

Notes:

Total Amount	\$	5,800.00
GST 7%	\$	406.00
GRAND TOTAL AMOUNT	\$	6,206.00

Authorized Signature





**TEAM[®]
AUTO**

Your Team Of Automotive Professionals

THIS IS YOUR INVOICE

Bill To:
Goh Mien Seng
339 Bt Batok St 34 #05-290
S'650339

Date:	9 Jun 2022
Invoice Number:	2206.4081
Vehicle Number:	SKU 7991C
Rental Vehicle Number:	SJY 972U

S/N	Description	Unit Price	Quantity	Amount
1	Leasing of Vehicle Number: SJY 972U Rental Rate Per Day: \$180.00 Rental Duration: 11 Commencement Date: 29-05-2022 Ceasement Date: 09-06-2022	\$180.00	11	\$1,980.00

Notes:

- Kindly remit payment to our office address as stated. If you have any query pertaining to this invoice, please do not hesitate to contact us.
- Preferred Payment Mode: Cash
- Alternative Payment Mode : Bank transfer to UOB
Current Account Number: 3243141123 or PayNow to Unique Entity Number (UEN): 202013212Z, immediately or prior to the collection of your vehicle.
- Invoice Raised By: **Wei Jie**

Total Amount: \$1,980.00

Discount: \$0.00

Total Nett Amount Due: \$1,980.00



Authorized Signature And Date

Official Use - Payment Details

Bank Transfer / Cash / Cheque / Credit Card: _____

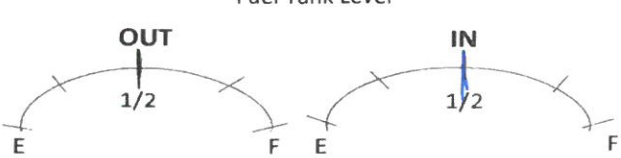
Date: _____

Team AutoCare Pte. Ltd. (Registration No: 202013212Z)

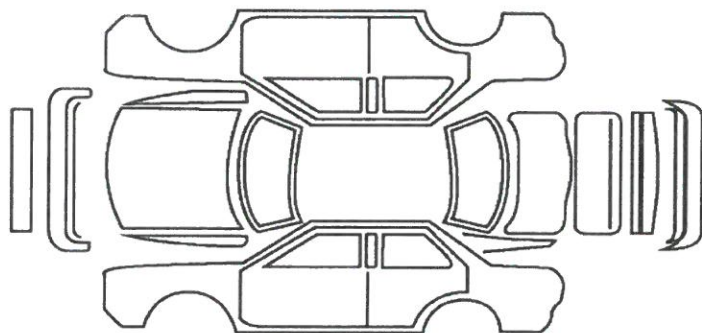
160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722


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

2206-4081

HIRER'S PARTICULAR		Vehicle No / Model	Rental Vehicle No / Model
Name:	Goh Mien Seng	SKU 7991C Cwsh	SJY 972U / A115
NRIC/Passport No:	576226981	Date / Time Out:	Date / Time In:
Driving Licence No:	Exp:	24/05/22 13:45	09/06/22 2100
Address: Apt B1K 339 Bukit Batok street 34 #05-290 Singapore 650339		Fuel Tank Level	
Tel:			

ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES		TOTAL S\$
Name:		Hour @	per hour	
NRIC/Passport No:		11 Days @	150 per days	1980
Driving Licence No:	Exp:	Weeks @	per week	
Address:		Months @	per month	
Tel:		Additional Payable:		
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		SUBTOTAL Payable:		1980 / ✓



Physical Damage Excess		Acknowledgement	HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.
Singapore - Own Damage	\$2,500		
Singapore - 3rd Party Damage	\$2,500		
Malaysia (If applicable)	\$8,000		
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)		

IMPORTANT NOTE :

- The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.
- Only persons above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of Team AutoCare Pte Ltd.
- Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.
- In case of accident, the hirer shall report to Team AutoCare Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours

DEPOSIT AMOUNT PAID	DEPOSIT AMOUNT REFUNDED / Date
Mode of Payment	
ADDITIONAL REMARKS	

Authorized Signatory On Behalf of Team AutoCare Pte Ltd

HIRER Signature / Date





24 HOUR RECOVERY SERVICES Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

Blk 647Jalan Tenaga #11-123 Eunos Tenaga Ville Singapore 410647

Email: 24hoursrecovery@gmail.com

No. 50193

Date

29/05/22



M/S

Vehicle No

From

To

Remarks

Team Auto

SKU 7991C

Bt. Batok Bt. 30

Autocity @ 8m #02-12

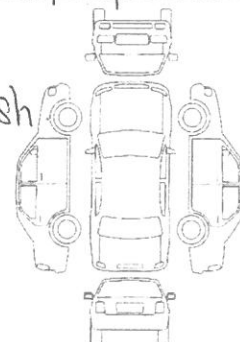
Model

Toyota Wish

Call Time

Time Arrival

Arrival Workshop



- | | | | |
|--|---|---|-------------------------------------|
| <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 type="checkbox"/> Using King Dolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | <input type="checkbox"/> Break Down |

AMOUNT S\$

60

Received By

for 24 hour Recovery Services

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

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.: SKU 7991C
and SKN7012R and
and and
@ BUKIT BATOK ST 32 & ST 33 T-JUNCTION
dated 29/05/2022.

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)

29/5/22

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	30/05/2022 15:02 (SGT)
Date of Accident	29/05/2022 11:11 (SGT)
Exact Location of Accident	Bukit Batok Street 32, Singapore
Additional Location Information	BUKIT BATOK STREET 32 & STREET 33 T-JUNCTION.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7991C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH MIEN SENG
NRIC No	SXXXX698I
Email Address	vincent1385@yahoo.com.sg
Mobile Phone No	(Phone) +65-81115988
Alternative Phone No	+65-81115988

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00126552203
Cover Note Number	-

DRIVER

Name of Driver	GOH MIEN SENG
NRIC No	SXXXX698I



Date Of Birth	28/07/1976
Occupation	Indoor
Date Of Driving Pass	25/02/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81115988
Alt. Phone Number	+65-81115988
Email Address	vincent1385@yahoo.com.sg
Address	BLK 339 BUKIT BATOK STREET 34 #05-290 SINGAPORE
Address complement	-
Postcode	650339
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	Collision - Cross Junction
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 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	PHOA LI HUANG, WENDY
Gender	Female

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

REFER TO THE SKETCH PLAN (POLICE REPORT NO. T/20220530/7017).

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	SKN7012R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SOON LIANG
Contact Number	(Phone) +65-92283600
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	GOH MIEN SENG
Gender	Male
Phone No	(Phone) +65-81115988
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAED, NECK AND BACK PAIN.
Injured person in which vehicle?	SKU7991C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

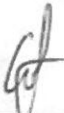
INJURED 2


Name of injured person	PHOA LI HUANG, WENDY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN.
Injured person in which vehicle?	SKU7991C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




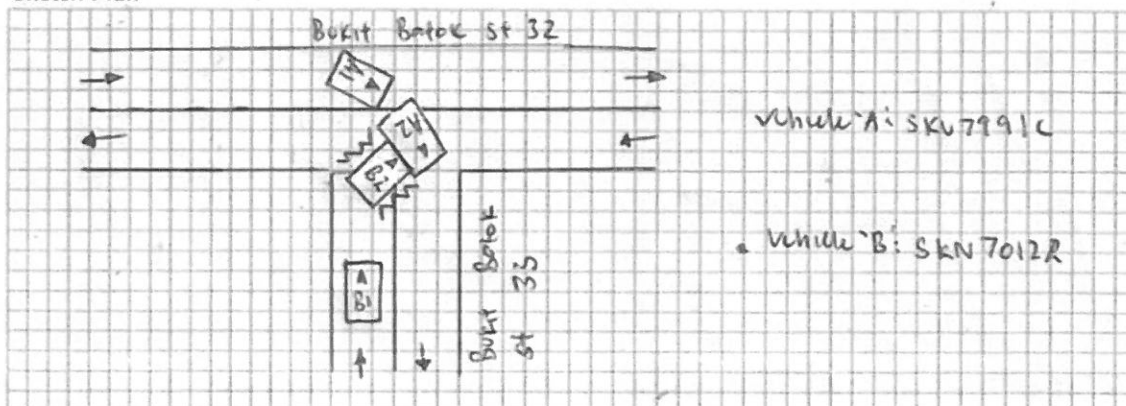
SKETCH PLANIMPORTANT NOTICE

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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

*Refer to police report
7/2022 0530/7017*

Declaration

We declare the foregoing particulars are true in every respect.

af
Policyholder's Signature / Date & Time

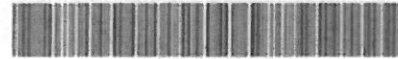
af
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



T/20220530/7017

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

1 of 4

Report No. T/20220530/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2022 12:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH MIEN SENG			Address: 339 BUKIT BATOK STREET 34 #05-290 SINGAPORE 650339		
ID Type / ID No.: NRIC NO / S7622698I			Contact No.: Home/Office: Mobile: 81115988		
Nationality: SINGAPORE CITIZEN			Email: VINCENT1385@YAHOO.COM.SG		
Sex: Male	Age: 45	Date of Birth: 28/07/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2022 11:10	Type of Location: T-Junction
Location: JUNCTION OF BUKIT BATOK STREET 32 AND STREET 33				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKN7012R	Car					0
SKU7991C	Car	TOYOTA	WISH 2.0 AUTO	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220530/7017

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

2 of 4

Report No. T/20220530/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU7991C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000929 02102	17/06/2021	16/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SOON LIANG	ID No.	NIL
Related Vehicle	SKN7012R (Car)	Contact No.	92283600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH MIEN SENG	ID No.	S76226981
Related Vehicle	SKU7991C (Car)	Contact No.	81115988
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	29/05/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	PHOA LI HUANG, WENDY	ID No.	S8022355B
Related Vehicle	SKU7991C (Car)	Contact No.	90609195
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/05/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220530/7017

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

3 of 4

Report No. T/20220530/7017

CONTINUATION OF REPORT**Brief Details.**

On the stated date and time, I (SKU 7991 C) was travelling along the stated venue with my wife; Phoa Li Huang Wendy. I signalled my intention to turn right into Bukit Batok Street 33 and made my turn after making sure that the traffic was clear. As I made my turn, I noticed a vehicle bearing registration number: SKN 7012 R did not stop at the designated stop line and just simply turned out and collided onto my vehicle. The collision had caused damages to the right hand side doors. Both driver and passengers side doors cannot be opened. After the collision, my wife felt discomfort on her neck and back and as for me, I felt discomfort on my head, neck and back. We then went to seek medical treatments at Mount Alvernia Hospital and both of us were given 5 days MC.

**SINGAPORE
POLICE FORCE**

T/20220530/7017

4 of 4

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

Report No. T/20220530/7017

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
30/05/2022 12:48

Classification Of Case:

Motor Private Car

MX1WF

R SN

AN0699A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No.

DMPCSNW00126552203

Engine No.: 3ZRA416333

Cha. No.:JTDGJ20W505001479

1. Index Mark and Registration
Number of Vehicle

SKU7991C

AUTOSAFE

=====

2. Name of Policy Holder

GOH MIEN SENG (WU MINSHENG)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment17/06/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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 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:*

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 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 the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : INDEX CREDIT PTE LTD AS HP OWNER

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INSMART ENTERPRISE
Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Goh Mien Seng.

Licence Number **S76226981**

Name
**GOH MIEN SENG
(WU MINSHENG)**

Birth Date **28 Jul 1976**
Issue Date **14 Jul 2003**

Barcode: 1000635937F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S76226981

Portrait photo of Goh Mien Seng.

Name
**GOH MIEN SENG
(WU MINSHENG)**
吴敏胜

Race
CHINESE

Date of birth **28-07-1976** Sex **M**

Country of birth
SINGAPORE

3938850

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Oct 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 1998

NP 428A

Licence No: S76226981

3938850

Barcode

NRIC No. **S76226981**

Fingerprint

Date of issue
30-09-2006

APT BLK 339 BUKIT BATOK STREET 34 #05-290
SINGAPORE 650339

NRIC No: **S76226981** Date: **08/11/2012** No: **7268324**