

Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park Tel: 6844 2475 Fax: 6844 2474

Email: claims@teamworkgarage.com

GST Register No: 201015366H

27th August 2022

Our reference: 2206-21 Your reference: SHD6846X

AXA Insurance Singapore Pte Ltd

BY EMAIL

Robinson Road P.O. Box 1094 Singapore 902144

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: MUHAMMAD ASHRAF BIN ABDUL RASHID

Address

BLK 222A BEDOK NORTH DRIVE #14-20 S(461222)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 15/06/2022 along ECP TOWARDS CITY AFTER BEDOK EXIT involving our client's vehicle registration number <u>SMY9939Y</u> and vehicle registrations number <u>SHD6846X</u> driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair \$ 10,700.00

Loss of Use (\$120 x 15 days) \$1,800.00

LTA search \$7.49

\$ 12,507.49 Total

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Tax Invoice;
- f) LTA Search Invoice;
- g) Certificate of Insurance;
- h) Satisfaction of repaired vehicle;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

Teamwork Garage Pte Ltd

Encl.

SP0U226F0009 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 15/06/2022 15:51 (SGT) SUBMITTED BY: Liang Siew Chin VERSION: 1 (15/06/2022 15:51 (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
- 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 15/06/2022 15:51 (SGT) Date of Accident 15/06/2022 09:00 (SGT) Exact Location of Accident ECP, Singapore

Additional Location Information ECP TOWARDS CITY AFTER BEDOK EXIT untry/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY9939Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

MUHAMMAD ASHRAF BIN ABDUL RASHID S9021284B

MUHAMMADASHRAF_ABDULRASHID@HOTMAIL.COM (Phone) +65-91252297

+65-83111048

Honda

Private use

Civic

1498

VEHICLE PARTICULARS

Maufacturer اد N.

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?

Vehicle Category Transmission

CC

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd Comprehensive

HONDA / CIVIC 1.5 TURBO 5DR CVT

MT/00931407/01

DRIVER

Name of Driver NRIC No

MUHAMMAD ASHRAF BIN ABDUL RASHID S9021284B

Date Of Birth 19/06/1990 Occupation Indoor Date Of Driving Pass 10/05/2016 Driving experience **6 YEARS AND 1 MONTH** Gender Mobile Number (Phone) +65-91252297 Alt. Phone Number +65-83111048 MUHAMMADASHRAF_ABDULRASHID@HOTMAIL.COM Email Address Address APT BLK 222A BEDOK NORTH DRIVE #14-20 Address complement Postcode 461222 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? **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
Police Station Address Police Station Address

Wonotice of intended Prosecution given?

If yes, against whom? (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No If yes, against whom? CIRCUMSTANCES OF ACCIDENT **REFER TO ATTACHED** STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Yes

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6846X Vehicle Manufacturer Vehicle Model



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SJD1215B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
dress	-
Jdress 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 MUHAMMAD ASHRAF BIN ABDUL RASHID Gender
Phone No
Address
Address Complement
Post Code Male (Phone) +65-91252297 APT BLK 222A BEDOK NORTH DRIVE #14-20 Post Code 461222 Approximate Age Years Old 31 Ir es Sustained **NECK AND BACK** Injured person in which vehicle? SMY9939Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any widul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Polico 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)

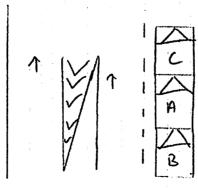
Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") moy/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 Fersonal 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' 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;
- (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, handing and/or dealing with my claims (collectively the "Purposos")
- (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 Porsonal 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 law yers/law firms), which may be still outside of Singapore, for one or more of the above Purposes.

Percyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Resonnel

Sketch Plan

A: SMY 94 97 Y



B: SHO 6846X

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

1 of 4 Report No. T/20220615/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 15/06/20	ne Report I 022 11:29	Made:	Vide Report No.: G/20220615/0061	Station Diary No.		
Informa	nt's Partic	ulars		<u>'</u>		
		RAF BIN ABDUL	Address: 222A BEDOK NORTH DRIVE	#14-20 SINGAPORE 461222		
	ype / ID No.: C NO / S9021284B		Contact No.: Home/Office: Mobile: 91252297			
National SINGAP	ity: ORE CITIZ	EN	Email: MUHAMMADASHRAF ABDI	BDULRASHID@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 19/06/1990	Type of Informant: Vehicle Owner			
Race: Malay		The second secon	Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3,3A	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2022 08:55	Type of Location Expressway (ECP)	
Location:					
EAST COAST	F PARKWAY				
Weather:		Road Surface:	Į F	Road Speed Limit:	
Cloudy		Vet	9	90 Km/h	
Traffic Flow: One Way	N	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	a	myone conveyed by mbulance:			

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD6846X	Taxi		Hyundai	Blue	No Damage	1
SJD1215B	Car		Suzuki Terraco	Gold	No Damage	1
SMY9939Y	Car		Honda Civic	White	Seriously Damaged	0



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

No. of Days granted Medical Leave

DAVID KOH

15/06/2022

No. of Days granted Medical Leave

Driver Name

Report No. T/20220615/7008

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insur	ance No	Effortive.	1
	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	Insurance No MT/00931407/01		30/05/2022	29/05/2023
Details of Per	son Involved				
Any Pedestria	n Involved: No				
No. of Pedesti	ians Injured: NIL	Use of F	edestrian Cros	eina: NA	
Driver			edestriari Gros	sing, IVA	
Name	KWAN		ID No.	NIL	
Related Vehic	e SHD6846X (Taxi)		Contact No.	91596686	
Hospital/Clinic NIL			Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL
Date	NIL	Date	NIL		

Degree of

NIL

NIL

Slight

Name	DAVID KOH	DAVID KOH				NIL
Related Vehicle	SJD1215B (Car)			Conta	ct No.	97614228
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	The state of the s	Date		NIL	
No. of Days granted Medical Leave NIL			Degree o	f	NIL	
Vehicle Owner					1410	
Name	MUHAMMAD ASHRAF BIN ABD RASHID		BDUL	ID No.		S9021284B
Related Vehicle	SMY9939Y (Car)			Conta	ct No.	91252297
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licence Expire	e &	Class: 3,3A Date of Expiry: NIL

Date

Degree of

NIL

NIL





3 of 4

Report No. T/20220615/7008

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

CONTINUATION OF REPORT

Brief Details.

On the 15/06/2022 at about 0845hrs, I was on my way to work alone. I was driving my car (SMY9939Y) along ECP and was traveling on the right most lane.

At about 0857hrs, near lampost 252, the car infront of me (SJD1215B) started to brake and slow down. As I was approaching it, I too slowed down and managed to come to a complete stop.

However, a blue COMFORT taxi (SHD6846X) was unable to stop in time and collided to the rear of my car. My car then jerked forward and slightly touched the car infront of mine.

The first car did not have any damages. However, my rear bumper was completely damaged and there were also broken pieces on the front left side of my car.

The 3 of us drivers exchanged particulars and while doing so, the taxi drove away.

I sustained whiplash injuries on the left side of my neck, lower back and some discomfort down on my right glute. I was conveyed by ambulance to CGH and am seeking medical attention.

My car was towed to Fort road and was handed over to my father my EMAS in the presence of a TP officer.

I have an in car camera and have extracted moments of the accident.



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



4 of 4

Report No. T/20220615/7008

CONTINUATION OF REPORT

Informant	is not	able	to provide	sketch

Sketch Plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2022 11:29
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 284B

Vehicle Details

Vehicle No.:SMY9939YVehicle to be Exported:Yes

Intended Deregistration Date: 15 Jun 2022
Vehicle Make: HONDA

Vehicle Model: CIVIC 1.5 TURBO 5DR CVT

Primary Colour: White Manufacturing Year: 2017

Engine No.: L15B71672747

 Chassis No.:
 MRHFK4840HT000025

 Maximum Power Output:
 127.0 kW (170 bhp)

Open Market Value:\$30,007.00Original Registration Date:05 Apr 2018First Registration Date:05 Apr 2018

Transfer Count: 1

Actual ARF Paid: \$34,010.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 04 Apr 2028
PARF Rebate Amount: \$25,507.00

Intended COE Rebate Details

COE Expiry Date: 04 Apr 2028

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

 QP Paid:
 \$39,000.00

 COE Rebate Amount:
 \$22,636.00

 Total Rebate Amount:
 \$48,143.00

The information contained herein is correct as at 15 Jun 2022

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9021284B



MUHAMMAD ASHRAF BIN ABDUL RASHID

محمد اشرف بن عبد الرشيد

MALAY

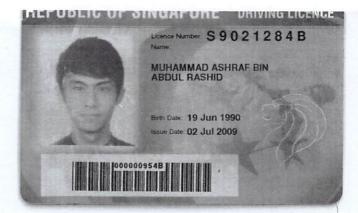
Date of birth

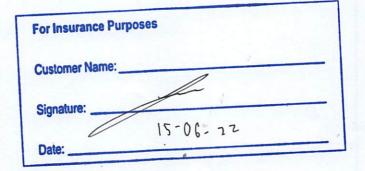
SINGAPORE

19-06-1990 Country/Place of birth

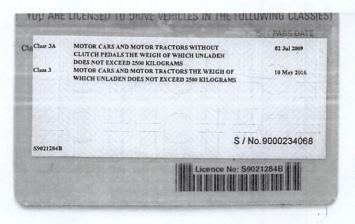
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S9021284B









LETTER OF AUTHORIZATION

To AXA K leamwork Garage PTE 1TD (Third party insurance & Workshop)
Claimant : Muhammad Ashraf Bin Abdul Rashid
Dear Sirs,
I/We, Muhammad Ashraf Bin Abdul Rashid owner of vehicle no. SMY 99394
I/We, Muhammad Ashraf Bin Abdul Rashid owner of vehicle no. SMY 99394 hereby authorize my/our repairer, Teamwork Garage PTE LTD
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle noSMY9939Y that was damage pursuant to the
accident which occurred at/along
accident which occurred at/along ECP towards city after Bedok Exit
2007 (02.20) V
involving vehicle nos. SMY 9939Y K SH06846X
I/We harshy impressably ession shootstay to you that I/we have outbaried and essioned all same maries
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
Teamwork Garage PTE LTD . I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors
Tranwork Garage PTE LTD pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.
I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/if surers of the other vehicle/s concerned.
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.
losses claim arising of the subject matter in the action.
Thank you.
Dated this
Signature of owner vehicle (claimant):
Name of owner of vehicle (claimant): Muhamhad Ashraf Bin Abdul Rashid
NRIC Number (claimant): 59021284 B
NRIC Number (claimant):



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-24/34 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

TEL: 90119989 / 83389989 (TEL) (65) 6844 2475(FAX) (65) 6844 2474

(E-MAIL) claims@teamworkgarage.com

UEN

201015366H

GST Reg

201015366H

Bill To:

AXA INSURANCE PTE LTD ROBINSON ROAD P.O. BOX 1094 SINGAPORE 902144

Tax Invoice

Invoice number:

TI-9892

Date:

26/08/2022

Terms:

C.O.D.

Vehicle number:

SMY9939Y

Make / Model:

HONDA CIVIC

Description	Amount (S\$)
ACCIDENT INVOLVING SMY9939Y/ SHD6846X ON 15/06/2022 @ ECP TOWARDS CITY AFTER BEDOK EXIT	
INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$10,000.00
Thank you for your business and have a nice day!	
Reference: 2206-21 Subtota	\$10,000.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD Add: GST 79	
PAYNOW UEN: 201015366H Total Inc GST 79	\$10,700.00
* Please ensure that your vehicle is of good condition upon the point of collection. Less: Deposi	t \$0.00
E. & O. E Balance Duc	\$10,700.00







> Back to OneMotoring

Authority Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

15 Jun 2022 / 16:08:13

Receipt Date/Time: 15 Jun 2022 / 16:08:13

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220615-002956

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 - SHD6846X As at 15 Jun 2022/09:00:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SHD6846X				
Enquiry Fee 20220615160641730388		7.00	0.49	7.49
Result of Insurance Enquiry - SLV7003M As at 15 Jun 2022/11:13:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SLV7003M	Sub-Total	7.00	0.49	7,49
Enquiry Fee 20220615160641813101		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	14.00	0.98	14.98
	Rounding Difference			0.03
	Total Amount Payable			14.95
	Paid By			
	540191XXXXXX6572	eNETS	eNETS Credit Card 14.95	
	Total			14.95
	Cash Change			0.00
	Tendered Amount			14.95
	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.



Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

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

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MT/00931407/01

Type of Coverage / Driver Plan : Low Mileage Car Comprehensive (Value Plan)

1) Vehicle Registration No. : SMY9939Y Chassis No.

: MRHFK4840HT000025

2) Name of Policy Holder : Muhammad Ashraf Bin Abdul Rashid

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 30/05/2022 00:00

4) Date/Time of Expiry of Insurance : 29/05/2023 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any person who is named on the policy who is driving on the Policyholder's permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

*Limitations rend ed inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (N Caysia), are not to be included under this heading.

Sum Insured : Market Value

 Own Damage Excess
 : \$\$ 200.00

 Windscreen Excess
 : \$\$ 100.00

 Low Mileage Excess
 : \$\$ 5,000.00

(If you exceed permitted allowance of 8,000KM per year)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase : Standard Chartered Bank (Singapore) Limited

Main driver : Muhammad Ashraf Bin Abdul Rashid

Named driver : None

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.

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 Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 27/04/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

SATISFACTION OF REPAIRED VEHICLE

I/We, Muhammad Ashraf Bin Abdul	that the repairs of my/our vehicle has been
vehicle No. Smy 9939 y declare completed and to my/our satisfaction.	that the repairs of my/our vehicle has been
liability from the third party on the repair co	olutely accept the settlement amount and the ests and/or rental and/or loss of use which are eleased and payment to the workshop for such accident.
_	
	t the workshop may reach on my/our behalf is mission of liability basis insofar as the neerned.
will not affect any of the personal injuries claim a later date. Further the settlement terms	er applies only to my/our property damage and im(s) involved and/or uninsured losses claim in herein should not be used as an evidence to involved and/or other uninsured losses claim
	g).
<i>"</i>	
Dated this 30 day of 06	(month) 20 22 (year)
@ 12 hrs 50 mins	
Name and Signature	