

Borneo Motors (Singapore) Pte Ltd

Inchcape Bodycare Centre Level 4, Inchcape Centre 2 Pandan Crescent Singapore 128462

Tel: +65 6631 1855/1500 Fax: +65 6872 7260 www.borneomotors.com.sq

Our Ref: BMS2022/12/PD1168/DS (TP)

Your Ref: SLM3518T

30/12/2022

BY HAND (INS COPY)

M/S.INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge Dept : Motor Claims

RE: ACCIDENT INVOLVING SLH4087P AND SLM3518T ON 02/09/2022

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

Α.	Repair Cost - \$14,382.62	В.	LTA Search	-
C.	Excess -	D.	Loss of Use \$840.00(\$60x2	- 14days)
E.	Loss of Rental -	F.	Others	-
G.	Medical Claims -		T-1-1-01-1	645 000 60
Н.	-Undertake By Claimant		Total Claim	- \$15,222.62

We would appreciate if you could revert to us with an offer to settlement within <u>8 working weeks</u> as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice

(X) Discharge Voucher

(X) Car Rental Invoice/Agreement

(X) Original Photograph X _____

(✓) GIAS/Police Report/s

(X) Original/Photocopy Survey

(✓) Certificate of Insurance

(X) LTA Search Fees

(✓) Letter of Authority

(X) Medical Receipt

Cheque is to be made payable to <u>BORNEO MOTORS (SINGAPORE) PTE LTD</u> & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



TOYOTA

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

PRO-FORMA INVOICE

140													
India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Attn: Motor Claims Dept		Document No. 150 #13-Sing		Customer Details									
				Mr S Selvaraju 150 Mei Ling Street #13-45 Singapore 141150									
\/-		Madal				30/11/20			oile: 9636317				
Ye	ar ——	Model		Variant 	R	eg. Date	Reg. No.	Kilom	neters V	Vip No.	Order N	o. / Re	marks ———
20	16	ZRE171R	GE)	XGKZ S3	02	11/2016	SLH4087P		0	17370	72/DS/	SLH40	087P
	(Chassis No.		Engine No.		Terms	SA / Counter		Ve	hicle In	C	ollected	d On
MF	R05	3REH104553141	1	ZRX581847		60	Thomas Pang V	VΤ	03/09/20)22 11.18	5 30/11	/2022	15.32
L	Cd			Job/Parts Desc	riptio	n			Qty	Unit Price	Disc %		Amount
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	6 7 8 9 0 1 2 3 4 5 6 7 8 9	\$52562-02250 \$52576-02140 \$52563-02250 \$58307-02380 \$64401-02B71 \$64600-02080 \$58387-02240 T90467-08186 C0 \$64771-02390 C0 \$75431-02090 \$75442-02330 \$75442-02340 \$81550-02780	RETAI RETAI RETAI PANEI PANE LOCK PLATE CUIP COV EMBLE PLATE PLATE LAMP	ER, SPARE WH EM, LUGGAGE E, LUGGAGE CO E, LUGGAGE CO ASSY, RR COM ASSY, RR COM	PER, PER, DDY JGG GE C NI IEEL COM DMP1 DMP1 IBIN	-			1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	118.70 65.60 118.70 65.60 727.70 852.90 432.50 261.60 3.00 288.40 66.90 44.40 49.40 410.80 3.90			118.70 65.60 118.70 65.60 727.70 852.90 432.50 261.60 66.90 44.40 49.40 410.80 7.80
		pehalf of Motors (Singapore) I	Pte Ltd	Customer's	Sigr	nature	Charge Su	mmar	у	Total			13,441.7
				Please acknowledge	receip	ot of vehicle	Parts		5,259.30	GST 7.00	0%		940.9
							Labour Sublet		8,182.40 0.00	Less			0.0
	/						Lubrication/Fluid Others		0.00)o		14,382.62



TOYOTA

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

PRO-FORMA INVOICE

1338/3			<u> </u>								
Account Details India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Account N S100000 Document			0.			Customer	Details				
			Mr S Selvaraju 150 Mei Ling Street #13-45 Singapore 141150								
		or Claims Dept		Document 30/11/20		Mob	ile: 9636317	78			
Ye	ar	Model	Variant	Reg. Date	Reg. No.	Kilom	eters \	Wip No.	Order N	o. / Rema	arks
20	16	ZRE171R	GEXGKZ S3	02/11/2016	SLH4087P		0	17370	72/DS/	SLH408	7P
	C	Chassis No.	Engine No.	Terms	SA / Counter		Ve	ehicle In	C	ollected (Эn
MF	R05	3REH104553141	1ZRX581847	60	Thomas Pang V	ΝΤ	03/09/2	022 11.15	30/11	/2022	15.32
L	Cd	2	Job/Parts Des	cription			Qty	Unit Price	Disc %	P	Amount
1 2 3 4 5 6	Z B B B	TP VEH:SLM3518T DATE OF ACC:02.0 BY:LKK-RASUL @ 09 WORKING DAY BP-SLANT SUPP BP-LAB2 DRILL BP-LAB2 CHECK BP-LAB2 REMO' . BP-LAB2 REMO' ONTO NEW BOOT R/I REAR REVERS	09.2022 07.09.2022 S LY SEALANT (NETTHOLE AND INSTALING AND CONVE INTERIOR UPHOWN AND TRANSFER LID. E CAMERA TO FAC	T) L REVERSE SEN IDUCT WATER DLSTERY TO FA R BOOTLID COM	NSOR TEST NC REPAIR	BP45 BP45 BP45 BP45					200.00 180.00 122.4 360.00 540.00
7 8 9 10 11 12 13	B 1 2 3	BP-LAB2 REPLA BP-RES2 RESPI SPC507-47006 24 S52159-0Z904 (S52161-0K040 F	SET ECU AND REF CE ACC DAMAGED RAY ACC AFFECTE BACK SENSOR 1G COVER, RR BUMPE PIECE, RR BUMPER REINFORCEMENT S	PARTS D AREAS 3 GREY ME R		BP61 BP45 BP27	1.00 1.00 10.00 1.00	251.40 602.60 4.50 432.50	1		180.0 3600.0 2950.0 251.4 602.6 45.0 432.5
		behalf of Motors (Singapore) P	te Ltd Custome	r's Signature	Charge St	ummar	у	Total	L		
			Please acknowled	ge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others			Less			

SB0K22950003 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 05/09/2022 09:03 (SGT) SUBMITTED BY: Ashlyn Chng VERSION: 1 (05/09/2022 09:03 (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 Actual 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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy habitity 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 05/09/2022 09:03 (SGT) Reported by Driver Date of Accident 02/09/2022 10:55 (SGT) **Exact Location of Accident** Singapore Additional Location Information PIE TOWARDS CHANGI BEFORE TOA PAYOH FXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH4087P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner S SELVARAJU NRIC No SXXXX316D **Email Address** S.ARJUNKUMAR@GMAIL.COM Mobile Phone No (Phone) +65-96363178 Alternative Phone No.

VEHICLE PARTICULARS

INSURANCE COMPANY

Manufacturer Toyota Model Corolla Variant 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 1600

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100488799-01

DRIVER

Name of Driver S ARJUN KUMAR NRIC No SXXXX849I Date Of Birth 23/11/1999 Occupation Indoor

Date Of Driving Pass 20/08/2019 Driving experience 3 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-81124655 Alt. Phone Number **Email Address** S.ARJUNKUMAR@GMAIL.COM Address BLK 150 MEI LING ST #13-45 Address complement Postcode 141150 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident 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 4 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name JEREMY TAN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Post Police Station Phone No. (Phone) +65-18007759999 Alt. Police Station Phone No. (Fax) +65-67764246 Police Station Address Blk 427 Clementi Avenue 3 #01-456 Singapore 120427 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

WITH TP



Reasons for not uploading a video of the accident

, Vehicle Registration Number	SLM3518T
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG CHEE HAO
NRIC No	SXXXX461I
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	QX2104T
Vehicle Manufacturer	- "
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Government
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)	-
The off accorded (morading briver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMN2887S - -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	1-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	
no. of raccongor (moldaling briver)	-

SKETCH PLAN

IMPORTANT NOTICE

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- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual 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>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 (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 maiting 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 (8

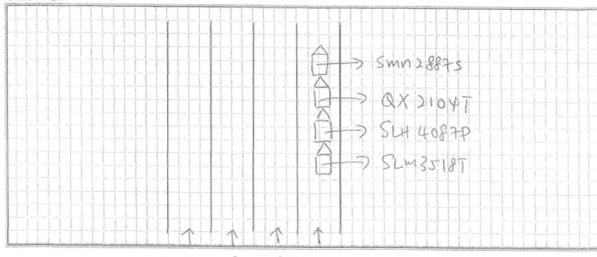
Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnet (Name as in NRICAD card)

Wer Tet

Sketch Plan



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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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





T/20220903/2048

10f4

Report No. T/20220903/2048

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 12:52			Vide Report No.: E/20220902/0051	Station Diary No.: 13		
Informa	nt's Particu	ulars	Alterial (1996)			
Name of Informant: S ARJUN KUMAR			Address: APT BLK 150 MEI LING STREET #13-45 SINGAPORE 141150			
ID Type / ID No.: NRIC NO / S9940849I			Contact No.: Home/Office: Mobile: 81124655			
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 22 23/11/1999			Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name: SINGAPORE MANAGEMENT UNIVERISTY		
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:			

General Inform	mation of the Accider	it		
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 02/09/2022 10:55	Type of Location:
Location:				
PAN-ISLAND	EXPRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collis Between Mov	ilon: ring Vehicles - Head To	Side		Anyone conveyed by ambulance;

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
QX2104T	Car					0
SLH4087P	Car					0
SLM3518T	Car					0
SMN2887S	Car					0





2014

Report No. T/20220903/2048

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

hi con i	nvolved: No			
No. of Pedestriar	is Injured: NIL	Use of Pe	edestrian Cros	sing: NA
Driver				
Name	S ARJUN KUMAR		ID No.	\$99408491
Related Vehicle	SLH4087P (Car)		Contact No.	81124655
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		
No. of Days gran	ted Medical Leave NIL	Degree o		
Driver	Parallel and the state of the state of the	Walter Barrier	injuly Nic	
Name	ONG CHEE HAO		ID No.	S8321461I
Related Vehicle	SLM3518T (Car)		Contact No.	90252855
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment		Date Disc		
No. of Days grant	ed Medical Leave NIL	Degree of		

Brief Details.

On 02/09/2022 at about 1055hrs, I was driving along PIE towards Changi before Kim Keat Link. I was driving behind a Police Car (QX2104T) and I could see that the Police car slowing down and stop. I also managed to stop behind the Police car. However, the car which was behind me (SLM3518T) did not stopped in time and collided into my car which made my car moved forward and hit into the Police car. I exited my car and exchanged details with the driver behind me. We also waited for arrival of Traffic Police.

Soon after, the Traffic Police officers requested the drivers of the 4 cars to follow him to the nearest carpark as we were causing a jam and to prevent any further accident. While we were making our way, as we were exiting PIE at the Kim Keat Link, I saw that the Police Car had moved out of the slip road and therefore I made a check for any incoming traffic. There was a motorcycle coming. Therefore, I stopped and out of a sudden I collided into the Police car which was in front of me. We exited the car to check if

The Traffic Police then advised us to proceed to the carpark. I have in car camera and the SD card was taken by Traffic Police.



Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999



3 of 4

Report No. T/20220903/2048

CONTINUATION OF REPORT





4 of 4

Report No. T/20220903/2048

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

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: D / SGT 3 MUHAMMAD SYAHMI BIN SENIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2022 12:52
Officer In Charge Of Case: TP / DDGVT /	Classification Of Case:
NP168	

Date: 4th Sept 2022

AUTHORIZATION LETTER

vehicle at time of accident. He / Stree is also authorize to exercise and execute to sign all / any necessary tradocumentation pertaining to my registration vehicle number. SLH4087P currently having tight official business schedules / away from Singapore on duty oversea to Please do not hesitate to contact me should you require any further clarification on the at Thank You. Yours truly. Signature:	
RE: Authorization to Act on Behalf for Insurance Claims Documentation Fig. (full name) S Selvaraju NRIC No S1695316D hereby authorized my/eer (relationship) Son (full S Arjun Kumar NRIC No S99408491 to or vehicle at time of accident.	
RE: Authorization to Act on Behalf for Insurance Claims Documentation /	
RE: Authorization to Act on Behalf for Insurance Claims Documentation /	
RE: Authorization to Act on Behalf for Insurance Claims Documentation /	
hereby authorized my/eur [relationship] Son (full SArjun Kumar NRIC No S9940849) to vehicle at time of accident. He / She is also authorize to exercise and execute to sign all / any necessary tradocumentation pertaining to my registration vehicle number SLH4087P currently having tight official business schedules / away from Singapore on duty oversea to Please do not hesitate to contact me should you require any further clarification on the at Thank You Yours truly. Signature:	
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Please do not hesitate to contact me should you require any further clarification on the at Thank You Yours truly Signature :	as I am
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Yours truly. Signature:	oove.
Yours truly. Signature:	
Signature :	
Signature :	
Nome S Selvaraju	
Politic .	
Contact No : +41.79.727.41.38	



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

 Name of Policyholder
 : S Selvaraju

 Period of Insurance
 : 02 Nov 2021 To 01 Nov 2022

 Engine No.
 : 1ZRX581847

 Chassis No.
 : MR053REH104553141

Vehicle No.

: SLH4087P

Policy No. Endorsement No. : 2100488799-04

Issued Date

: 20 Oct 2021

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : No

Person 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/her permission. This Policy will indemnify the Policyholder or any authorised driver only if hershe meets the specified age condison.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for thire or reward, driving sutton, driving set, racing, pace-making, reliability that or 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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 96 of the Road Transport Act, 1997 (Malaysia) and Road Transport Act, 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved reporting users and authorised respected for comits related repairs).
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 ye accident repairs camed out, at the Sole Agent's workshop.
For other Approved Reporting Centres/AIQ Authorised Repairers, please contact our 24 hour accident emerge AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

LETTER OF AUTHORITY

ACCIDENT INVOLVING SUH 408HP and SUM 35187 on 219 2021
along PIE towards Changi Before Toa Payoh E
BY THE LETTER OF AUTHORITY, I/we, Solver and Symptom 3160 Name of Policy Holder & (ICPS sport Company Registration) number
of BUC 150 Mei Ling SH # 13-45 S((41/150)
owner of Vehicle Registration No. SCH (UF) hereby appoint BORNEO MOTORS (SINGAPORE) PTE LTD (hereinafter refers to BMS), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:
To submit, resolve and make any claims which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy number taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage)
 To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of <u>BORNEO MOTORS (SINGAPORE) PTE LTD</u> and give a valid receipt and discharge therefore.
 For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim
*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred
*I/We hereby further declare that the letter of authority hereby conferred shall remain irrevocable.
*I/We further confirm that the acceptance by BMS of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage
IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this of the monthYear 20
Signed & Delivered By Witness By
(To be sign by the policy holder only) "Please starp the company chop for
**Please stamp the company chip to: vehicle registered under a company's name

*delete as appropriate.