

**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: SJE9650U

Your Ref.: SNC8933Z

Date: 05.12.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SJE9650U & SNC8933Z

Date of Accident: 07.09.2022 @ 23:00 HOURS

Location: CAUSEWAY BRIDGE JB

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$ 1,400.00
Loss of Rental:	
(3 Days x \$120)	\$ 360.00
LTA Search:	\$ 7.45
3rd Party GIA Report:	\$ 31.00
Grand Total:	\$ 1,798.45

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Irene @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Irene





HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act

I, Ficon Engineering Pte Ltd ("the third party claimant") of
35 Kallang Pudding Rd #02-05 Tong Lee Bldg B1K A S(349314)
(address), owner of SJE9650U (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SJE9650U that was
damaged pursuant to the accident which occurred on 07/09/22 (date)
at/along Causeway Bridge, JB, Malaysia
(location) involving vehicle no/s SNC8933Z ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 12 day of 09 (month) 20 22 (year)



[Signature]
Signed by "the third party claimant"

[Signature]
Signed by "the workshop"



HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJE96504 and SNC8933Z on 07/09/22
at/along Causeway Bridge, JB, Malaysia

1. I/We, the Owner of motor vehicle no. SJE96504 hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.



Dated this 12 day of 09 2022

Signature of vehicle owner _____

Name: Ficon Engineering Pte Ltd

IC/UEN No: 201724482M

(Company stamp, if applicable)

Address: 35 Kallang Pudding Rd
#02-05 Tong Lee Bldg

Blk A S(349314)

Tel: 87122220

Witnessed by: Irene



"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Ficon Engineering Pte Ltd ("the third party claimant")
of 35 Kallang Pudding Rd #02-05 Tong Lee Bldg Blk A S(349314) (address),
owner of SJE9650U (vehicle no.) hereby authorize
HD Perfect Autowork Pte Ltd

("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SJE9650U that was damaged pursuant to the
accident which occurred on 07/09/22 (date) along Causeway
Bridge, JB, Malaysia (location)
involving vehicle no/s SNC8933Z
("the accident").

I further authorize the workshop to settle my above mentioned
claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

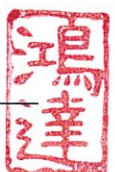
I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 12 day of 09 (month) 20 22 (year)



Signed by the third party claimant

Signed by "the workshop"
(with chop)



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
05.12.2022	HDP202212-00257	SJE9650U

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 1,400.00
Total	\$ 1,400.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2209168

Date: 19-09-22

Bill To:

Ship To:

1

HD Perfect Autowork Pte Ltd

For the account of:

Tey Cheng Yu

S7856078I

APT Blk 685B Choa Chu Kang Crescent

#06-298

HD Perfect Autowork Pte Ltd

For the account of:

Tey Cheng Yu

S7856078I

APT Blk 685B Choa Chu Kang Crescent

#06-298

Description	Amount	Job No.
Vehicle Rental for Period 12.09.2022 to 15.09.2022 (Billing for days 3 X \$120.00/per day) (Vehicle No.: SJE9650U)	\$360.00	SKA6586B SR

Your Order #: 20663

		Terms: Net 30th after		GST:		\$23.55
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	\$360.00
	SR	7%	\$23.55	\$336.45	Amount Applied:	\$0.00
Balance Due:						\$360.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier@ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 20663

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

(110 Perfect)

HIRER'S PARTICULAR		Vehicle No: <u>SKA6586B</u> Replace Veh No: <u>SJE9650U</u>	
Name: (as in I/C) <u>Tey Cheng Yu</u>		Mileage out: <u>160097km</u>	
Email: _____		Make & Model: <u>TOYOTA COROLLA Altis</u> <input checked="" type="radio"/> Auto / <input type="radio"/> Manual	
NRIC/PASSPORT No: <u>S7856078I</u>		OUT : Date <u>12 Sep 2022</u> Time: <u>11:20Am</u>	
Date of Birth: <u>22/7/1978</u>		HIRE PERIOD	
Address (Res): <u>APT BLK 655B Choa Chu King Crescent</u>		OWN DAMAGE CLAIM Excess S\$ <u>2000</u>	
#06-248 <u>5162685</u>		THIRD PARTY CLAIM Excess S\$ <u>1500</u>	
Driving Licence No: <u>S7856078I</u> D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		CHARGES	
Issue Date: <u>27 Aug 2019</u>		Daily <u>3</u> @ \$ <u>100.00</u> per day <u>300.00</u>	
Tel: (O) _____ HP _____		Weekly @ \$ _____ per week	
Company Name: _____		Monthly @ \$ _____ per month	
Company UEN: _____		Others @ \$ _____	
Company Address: _____		Delivery Service _____	
ADDITIONAL DRIVER'S PARTICULARS		GST _____	
Name: (as in I/C) _____		SUB-TOTAL \$ _____	
NRIC/PASSPORT No: _____		PETROL LEVEL	
Date of Birth: _____		Out E 1/4 1/2 3/4 F	
Address (Res): _____		In E 1/4 1/2 3/4 F	
Driving Licence No: _____ D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		EXTENSION	
Issue Date: _____		Misc. _____	
Tel: (O) _____ HP _____		GST <u>Inc 70</u>	
VEHICLE CHECK LIST		TOTAL CHARGES <u>360.00</u>	
BACK		Rented out by: _____	
RIGHT FRONT TOP LEFT		Hirer's Signature _____	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS		Addition Driver's Signature _____	

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	HIRER'S SIGNATURE
<u>15/09/22</u>	<u>3:00pm</u>	<u>160506</u>			



> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Sep 2022 / 12:42:24

Receipt Date/Time : 12 Sep 2022 / 12:42:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220912-001846

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 - SNC8933Z				
As at 07 Sep 2022/23:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SNC8933Z Enquiry Fee 20220912124130245938	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45

Paid By

421808XXXXXX9928	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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD -
Ficon Engineering Pte Ltd

Invoice Number
GR-2022-003507

Invoice Issue Date
16 Sep 2022

Invoice Due Date
23 Sep 2022

Total Amount (\$\$) 28.97
Total GST 7.00% (\$\$) 2.03
Total Amount Incl. of GST (\$\$) 31.00

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	15/09/2022,07/09/2022,SJE9650U,SNC8933Z	28.97	2.03	31.00
		Total Amount (\$\$)		28.97
		Total GST 7.00% (\$\$)		2.03
		Total Amount Incl. of GST (\$\$)		31.00

*This is a computer generated document.
No signature is required.*



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 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 13/09/2022 09:46 (SGT)
Reported by Driver
Date of Accident 07/09/2022 23:00 (SGT)
Exact Location of Accident Johor Bahru, Johor, Malaysia
Additional Location Information CAUSEWAY BRIDGE JB
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE9650U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FICON ENGINEERING PTE LTD
Company Reg No 201724482M
Email Address TERENCE@FICON-ENG.COM
Mobile Phone No (Phone) +65-87122220
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
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 1197

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2000617541-01

DRIVER

Name of Driver TEY CHENG YU
NRIC No S78560781
Date Of Birth 22/07/1978
Occupation Indoor



Date Of Driving Pass	08/01/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87122220
Alt. Phone Number	-
Email Address	terence@ficon-eng.com
Address	BLK 685B CHOA CHU KANG CRESCENT #06-298 S682685
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
Us, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8933Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

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 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' 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, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my 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 sited outside of Singapore, for one or more of the above Purposes.



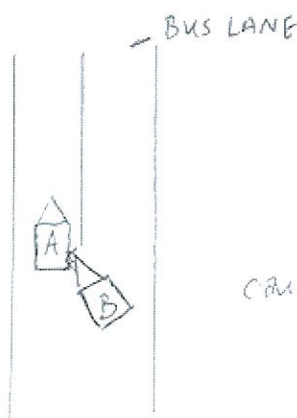
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel



Vehicle A : STE 9650 U
Vehicle B : SNC 8933 Z

Describe Circumstances of the Accident

On the stated date, I was travelling in my lane towards
 MSIA C/A when suddenly I felt an impact on my rear. I alighted
 and realised vehicle B made a lane change from bus lane into
 car lane and collided onto my vehicle rear right portion.
 We took photo and exchange particulars and proceed to file
 to insurance claims.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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



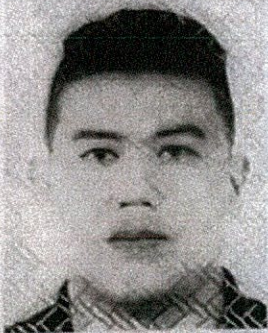
Witnessed by Reporting Centre Personnel

DRIVER

SJE9650U

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7856078I



Name

TEY CHENG YU

郑清友

Race

CHINESE

Date of birth

22-07-1978

Sex

M

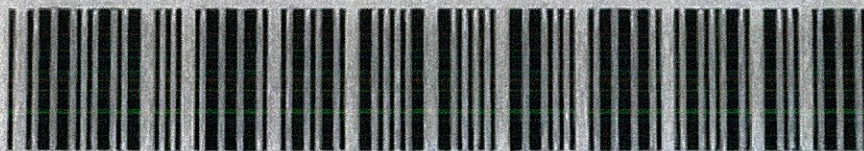
S7856078I



Country/Place of birth

MALAYSIA

9521485



NRIC No. S7856078I



Nationality

MALAYSIAN

Date of issue

02-04-2019

APT BLK 685B CHOA CHU KANG CRESCENT #06-298

SINGAPORE 682685

NRIC No: XXXXX078I

Date of change: 17/07/2021

DRIVER

SJE9650U

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S78560781**
Name: **TEY CHENG YU**

Birth Date: **22 Jul 1978**
Issue Date: **27 Aug 2019**




 002970506F

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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	08 Jan 2018
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	08 Jan 2018

NP 428A

Licence No: S78560781 

Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C

GST Registration No.: 201903913C

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369

Website: www.allianz.sg**Allianz Contact Centre**

Tel : 1800 222 1818 (Local)

+65 6222 1919 (Overseas)

Email : customerservice@allianz.com.sg**CERTIFICATE OF INSURANCE****FORM MX1**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000617541-01**Coverage** : THIRD PARTY ONLY**Policyholder Name** : FICON ENGINEERING PTE LTD**Registration No.** : SJE9650U**Period of Insurance** : 14 NOVEMBER 2021 to 13 NOVEMBER 2022**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 the his/her permission

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

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

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of 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) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

26 October 2021

Issued Date**Hicham Raissi****Chief Executive Officer****Allianz Insurance Singapore Pte. Ltd.****Account Code** : 0000344**Excess:**

Own Damage Excess

NA

Windscreen Excess

NA