



**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.: GBJ1077X

Your Ref.: GBJ6029C

Date: 28.12.2022

ATTN: Motor Claims Department  
INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: GBJ1077X & GBJ6029C  
Date of Accident: 05.10.2022 @ 09:20 HOURS  
Location: PIE (TUAS) BKE EXIT NEAR LP 1171S14

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 11,800.00</u>
Loss of Rental:	
(10 Days x \$160.50):	<u>\$ 1,605.00</u>
LTA Search:	<u>\$ 7.45</u>
Towing Fee:	<u>\$ 70.00</u>
<b>Grand Total:</b>	<b><u>\$ 13,482.45</u></b>

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](mailto:hdperfectautowork@gmail.com)

Thank You,

  
Irene





HD PERFECT  
AUTOWORK PTE LTD

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Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

### Authorisation To Act

I, 95 Seafood Pte Ltd ("the third party claimant") of  
20 Bukit Batok Cres #11-10 Enterprise Centre S(658080)  
(address), owner of GBJ1077X (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. GBJ1077X that was  
damaged pursuant to the accident which occurred on 05/10/22 (date)  
at/along PIE (Tuas) BKF exit near LP1171514  
(location) involving vehicle no/s GBJ6029C ("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 6 day of 10 (month) 20 22 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.  
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Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

### Letter of Authorisation & Indemnity

Accident involving motor vehicles no. GBJ107TX and GBJ6029C on 05/10/22  
at/along PIE (TUOS) BKE exit near LP 1171514

1. I/We, the Owner of motor vehicle no. GBJ107TX 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 6 day of 10 2022

Signature of vehicle owner [Signature]

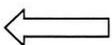
Name: 9S Seafood Pte. Ltd.

IC/UEN No: 201917210K

(Company stamp, if applicable)  
Address: 20 Bukit Batok Cres.

#11-10 Enterprise Centre  
S(658080)

Tel: 82828512



[Signature]

Witnessed by: Jreneh





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

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

I, 9S Seafood Pte Ltd. ("the third party claimant")

of 20 Bukit Batok Cres. #11-10 Enterprise Centre (address),

owner of S(658080) GBJ1077X (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. GBJ1077X that was damaged pursuant to the

accident which occurred on 05/10/22 (date) along PIE (Turas)

BKE exit near LP1171514 (location)

involving vehicle no/s GBJ6029C

("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 6 day of 10 (month) 20 22 (year)

Signed by "the third party claimant"

Signed by "the workshop" (with chop)



# 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
28.12.2022	HDP202212-00294	GBJ1077X

## 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	\$ 11,800.00
Total	\$ 11,800.00

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



### TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

**RENTAL OF CARS, VANS, PICK-UPS & LORRIES**  
**GST Reg.No. 19-8304039-K**

出租：汽車、廣告車、必甲與輕重型羅厘

I/We \_\_\_\_\_ of \_\_\_\_\_ S \_\_\_\_\_ Tel: \_\_\_\_\_

**HIRER'S PARTICULARS** }  
If Different From }  
Section 1 )

GRJ107AX  
(HD Perfect)

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

- a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$1500/= to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.
- b) COMPREHENSIVE MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.
- c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.**  
whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 <b>GBH 7631S</b>		Rental Agreement 合同號碼 <b>No. A 94374</b>	
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT <b>5/10/22 14:25pm</b>	
姓名 Name: <b>LIN YANG FENG</b>		交車日期及時間 Date & Time IN <b>15/10/22 12:40pm</b>	
地址 Address: <b>289 C BUKIT BATOK STREET 2S</b>		Chargeable Rates <b>Amount</b>	
# 12-192 S 652289		<b>10</b> 天 Days @ \$ <b>81500/-</b>	
居民證/護照號碼 I/C No./Passport No: <b>-</b>		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Mont. @ \$	
Pass 日期 Pass Date: <b>01 APR 2025</b>			
發出日期 Date of Birth: <b>18 Jul 1985</b>		發出地 Place of Issue: <b>SPORE</b>	
三號保險底金 \$1500/=		<b>ADD 7% GST 8105/-</b>	
a) Third Party Only Policy Excess \$1500/=		一號保險底金 \$2000/=	
b) Comprehensive Policy Excess \$2000/=		送車/費 Delivery Fees	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		總計 Total Charge <b>81605/-</b>	
備註與付款記錄 Remarks & Payment Records		按金 Security Deposit	
		總金額 Total Payable <b>181605/-</b>	
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	

### IMPORTANT! For Singapore Use only!

出車油箱 Fuel Tank OUT <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F		出車油箱 Fuel Tank IN <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F		租費不包括汽油 Rates Do Not Include Fuel		添油 Refuelling	
車牌號碼 Vehicle No: 1)		起 From:		至 To:			
車牌號碼 Vehicle No: 2)		起 From:		至 To:			
工具 Tools		輪胎 Spare Tyre		裝飾品 Accessories		加額費用 Total Additional Charges	
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:					

**NOTE: 註**  
租車者或司機必須付所有停車及違反交通法例負起一切的責任。  
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.

租車者不准載沙或石灰  
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條規與條件。  
I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement



日期  
Date: \_\_\_\_\_

租車者簽名  
Signature of Hirer: \_\_\_\_\_

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Oct 2022 / 10:30:39

Receipt Date/Time : 05 Oct 2022 / 10:30:39

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221005-000879

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 - GBJ6029C As at 05 Oct 2022/09:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBJ6029C Enquiry Fee 20221005102935433389	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	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.



# 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 ..... 06/10/2022 15:21 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/10/2022 09:20 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE (TUAS) BKE EXIT NEAR LP 1171S14  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ1077X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... 9S SEAFOOD PTE LTD  
Company Reg No ..... 2XXXXX210K  
Email Address ..... elson.lin.yf@gmail.com  
Mobile Phone No ..... (Phone) +65-82828572  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... MQ004933

### DRIVER

Name of Driver ..... LIN YANFENG  
NRIC No ..... SXXXX368B  
Date Of Birth ..... 18/07/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/04/2005
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90028695
Alt. Phone Number .....	-
Email Address .....	ELSON.LIN.YF@GMAIL.COM
Address .....	289C BUKIT BATOK STREET 25
Address complement .....	#12-192
Postcode .....	652289
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 .....	Raining
Road Surface .....	Wet

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) .....	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
Yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED SKETCH PLAN

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 .....	GBJ6029C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LIN YANFENG
Gender .....	Male
Phone No .....	(Phone) +65-90028695
Address .....	289C BUKIT BATOK STREET 25
Address Complement .....	#12-192
Post Code .....	652289
Approximate Age Years Old .....	37
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBJ1077X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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 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 Traffic Police Department for investigation.**
6. 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.
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

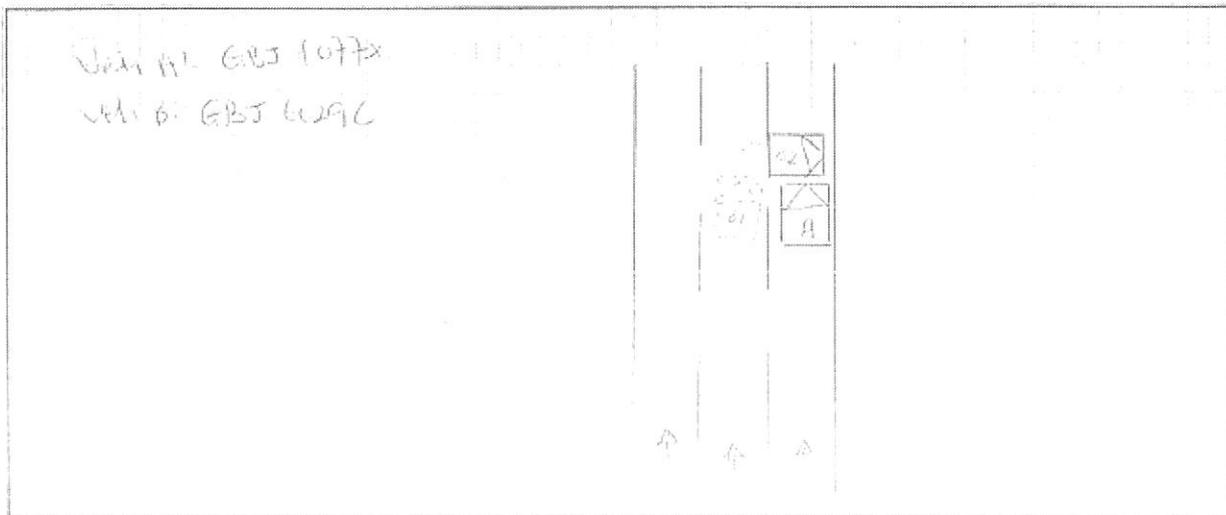
*[Handwritten signature]*

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



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

Sketch Plan



Describe Circumstance of the Accident

The  
Detail  
to  
Attachment

Declaration  
We declare the foregoing particulars are true in every respect



Policyholder's General & Date of Issue

*[Handwritten Signature]*

Driver's Signature (if different from the policyholder) Date & Time

*[Handwritten Signature]*



Witnessed by Reporting Officer (Name & ID No. as per MRC ID card)

On the stated date and time. I, Vehicle A (GBJ1077X) was travelling straight on lane 1 of PIE(Tuas) BKE Exit Near LP 1171S14. It was heavy traffic. Suddenly, Vehicle B (~~GBJ1077X~~<sup>GBJ 6029C</sup>) from my left side (lane 2) skidded and swerve to my lane and collided onto my vehicle front portion.

**Vehicle A : GBJ1077X**

**Vehicle B : GBJ6029C**



*Handwritten signature*

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

LIN YANFENG

NRIC NO.

S8522368B



DATE OF BIRTH

18 JUL 1985

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

27 OCT 2010

ADDRESS

289C BUKIT BATOK STREET 25

#12-192

SINGAPORE 652289

^ Hide details

# DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S8522368B 

CLASS AND ISSUE DATE

3 • 01 APR 2005

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

001332367H

^ Hide details



# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIO MARINE**  
INSURANCE GROUP

A member of the  
Tokio Marine Group

## Certificate of Insurance

FORM MZ300

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**

**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**

**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

**Policy No.:** MQ004933 (Commercial Vehicle)

- |   |   |                                       |
|---|---|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | GBJ1077X  | <b>Chassis No.:</b> JTFAT35Y00K212372 |
| <b>2. Name of Policyholder</b>  | 9S SEAFOOD PTE LTD  |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 03/11/2021 (00:00:00)   |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 02/01/2023  |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              | Any person who is driving on the policyholder's order or with their permission. |                                       |

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

**6. Limitations as to use\***

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd, within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

<b>ADDITIONAL INFORMATION</b>		<b>Account No: 3039DDA</b>	
<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan		
<b>Limit for total loss or theft:</b>	Prevailing Market Value		
<b>Policy Excess:</b>	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00) (All Claims)
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00	
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 2,500.00	(All Claims)
	WindScreen Excess	SGD 100.00	
<b>Financial Interest:</b>	TOKYO CENTURY LEASING (S) PTE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorized Signature