



**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](mailto:hdperfectautowork@gmail.com)

Our Ref.: SMY9261T

Your Ref.: YQ1594K

Date: 06.04.2023

ATTN: Motor Claims Department

INS : **LONPAC INSURANCE BHD**

Dear Sir/Madam,

Accident Involving: SMY9261T & YQ1594K

Date of Accident: 16.11.2022 @ 12:10 HOURS

Location: CTE TOWARDS SLE ( BEFORE JALAN BAHAGIA EXIT 7B)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 14,500.00

Loss of Rental:

(\$250.00 X 8 Days): \$ 2,000.00

LTA Search : \$ 7.45

**Grand Total:** \$ 16,507.45

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](mailto: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, Mutiara Limousine Services ("the third party claimant") of  
233 Simei St 4 #02-154 S(520233)  
(address), owner of SMV9261T (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. SMV9261T that was  
damaged pursuant to the accident which occurred on 16/11/22 (date)  
at/along CTE twds SLE (before Jln Bahagia Exit 7B)  
(location) involving vehicle no/s Y01594K ("the accident").

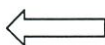
I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.

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 16 day of 11 (month) 20 22 (year)

  
Signed by "the third party claimant"



  
  
HD PERFECT  
AUTOWORK PTE LTD  
UEN: 202136904Z  
Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMV9261T and YQ1594K on 16/11/22  
at/along CTE twds SLE (before Jln Bohagia exit 7B)

1. I/We, the Owner of motor vehicle no. SMV9261T 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 16 day of 11 2022

Signature of vehicle owner

Name: Mutiara Limousine Services

IC/UEN No: 52962452D

(Company stamp, if applicable)

Address: 233 Simei St 4 #02-154

S(520233)

Tel: 98802737



Witnessed by:

IRENE

# TAX INVOICE

**HD PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136904Z

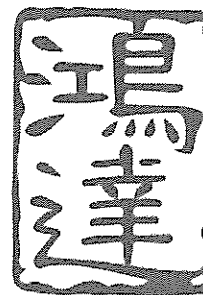
8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: [hdperfectautowork@gmail.com](mailto:hdperfectautowork@gmail.com)



**HD PERFECT  
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
06.04.2023	HDP202304-00361	SMY9261T

## **LONPAC INSURANCE BHD**

300 BEACH ROAD

07 THE CONCOURSE #17-04

SINGAPORE 199555

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 14,500.00
Total	\$ 14,500.00

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



# INVOICE

# INV-000109

Balance Due  
**SGD2,000.00**

## Speedaze Pte Ltd

61 Ubi Avenue 1  
Ub Point, #06-14  
Singapore 408941  
Singapore

Bill To  
**Mutiara Limousine Services**  
233, SIMEI STREET 4  
#02-154  
520233 SINGAPORE

Invoice Date : 07 Feb 2023  
Terms : Due on Receipt  
Due Date : 07 Feb 2023

#	Item & Description	Qty	Rate	Amount
1	RENTAL OF TOYOTA VELLFIRE SGQ2882K @ \$250 PER DAY 16/11/2022 - 24/11/2022 8 DAYS	8.00	250.00	2,000.00

Sub Total 2,000.00

**Total SGD2,000.00**

**Balance Due SGD2,000.00**

## Notes

Thanks for your business.

## Terms & Conditions

Please make payment as soon as possible from date of invoice. Please make payment under the following bank details

Company Name: SPEEDAZE PTE LTD

BANK CODE: MBBE

BRANCH CODE: 022

BANK NAME: MAYBANK

BRANCH NAME: KOVAN

BANK A/C NO: 04221069457

SWIFT CODE: MBBESGSG

PAYNOW: 87823778 (Logistic - Transport)

(Please input invoice number in Payee Ref.)

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Nov 2022 / 13:39:09

Receipt Date/Time : 16 Nov 2022 / 13:39:09

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221116-002055

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 - YQ1594K				
As at 16 Nov 2022/12:10:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - YQ1594K Enquiry Fee 20221116133818056237	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.



## 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	17/11/2022 14:52 (SGT)
Reported by	Both
Date of Accident	16/11/2022 12:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS SLE (BEFORE JALAN BAHAGIA EXIT 7B)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9261T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MUTIARA LIMOUSINE SERVICES
Company Reg No	5XXXX452D
Email Address	SIMONLAW76@GMAIL.COM
Mobile Phone No	(Phone) +65-98802737
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121571154-01

#### DRIVER

Name of Driver	HAJI ABDUL SAMAT BIN MOHAMAD
NRIC No	SXXXX506E
Date Of Birth	13/11/1955
Occupation	Outdoor



Date Of Driving Pass .....	03/11/1976
Driving experience .....	46 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98802737
Alt. Phone Number .....	-
Email Address .....	SIMONLAW76@GMAIL.COM
Address .....	BLK 233 SIMEI STREET 4
Address complement .....	#02-154
Postcode .....	520233
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 .....	3
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) .....	4
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 .....	MAY
Gender .....	Female

#### PASSENGER 2

Name .....	FRIEND
Gender .....	Female

#### PASSENGER 3

Name .....	FRIEND
Gender .....	Female

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... YQ1594K  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... YP9722K  
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) ..... -

**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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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)**

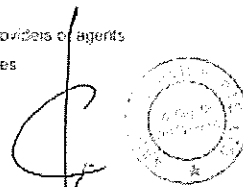
I understand, acknowledge, agree and consent that

- (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)

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



Witnessed by Reporting Clerk (to be completed Name as on RIIC43 card)

**Sketch Plan**

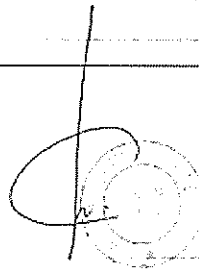
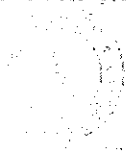
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	JJ	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	
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Describe Circumstance of the Accident

Refer to attached

Declaration

I/we declare the foregoing particulars are true, verbatim report



On 16.11.2022 at about 12:10 hours along CTE towards SLE (Before Jalan Bahagia Exit 7B), I was travelling straight on lane 4 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

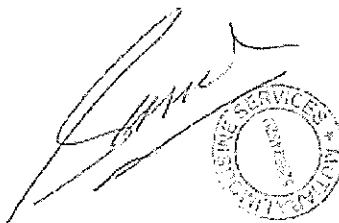
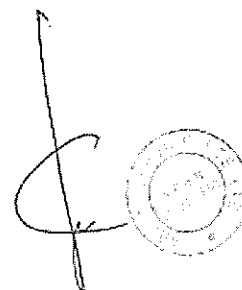
It was a chain collision of total of 3 vehicles involved.

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): SMY 9261T

Vehicle (B): YQ 1594K

Vehicle (C): YP 9722K

A handwritten signature in black ink is written over a circular official stamp. The stamp contains the text "POLICE SERVICES" and "MALAYSIA" around a central emblem.A handwritten signature in black ink is written over a circular official stamp. The stamp contains the text "POLICE SERVICES" and "MALAYSIA" around a central emblem.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1148506E



Name

HAJI ABDUL SAMAT BIN  
MOHAMAD

Race

MALAY

Date of birth

13-11-1955

Country/Place of birth

SINGAPORE

Sex

M



S1148506E

Sm 79261T  
driver

6243484



NRIC No. S1148506E



Date of issue

05-07-2019

Address

APT BLK 233 SIMEI STREET 4  
#02-154  
SINGAPORE 520233



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1148506E**

Name: **HAJI ABDUL SAMAT BIN MOHAMAD**

Birth Date: **13 Nov 1955**

Issue Date: **12 Jan 2019**

002891256F



*Smy 9261T*  
*driver*

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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	05 May 1975
Class 2A Motorcycles between 201 cc and 400 cc	05 May 1975
Class 2 Motorcycles $>$ 400 cc	05 May 1975
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	03 Nov 1976

NP 428A

Licence No: S1148506E

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5121571154-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMY9261T**  
Chassis Number : **AYH300097347**
2. Name of Policyholder : **MUTIARA LIMOUSINE SERVICES**
3. Effective Date of Insurance : **30 Mar 2022**
4. Expiry Date of Insurance : **29 Mar 2023**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME CAR TRADERS PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : PRIME MOTOR & LEASING PTE LTD (00000572224)

Date of Issue : 21 Mar 2022 09:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



005121571154-01