



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: jlperfectautowork@gmail.com

Our Ref.: CB7260Z

Your Ref.: SMS9026M

Date: 21.02.2023

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: CB7260Z & SMS9026M

Date of Accident: 02.11.2022 @ 17:45 HOURS

Location: SOUTH WOODLANDS DRIVE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 5,800.00

Loss of Use :

(6 Days x \$350) \$ 2,100.00

LTA Search: \$ 7.45

3rd Party GIA Report: \$ 31.00

Grand Total: \$ 7,938.45

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 jlperfectautowork@gmail.com

Thank You,


Irene





JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, Khadijah Binti Zakaria ("the third party claimant") of
Blk 642 Choa Chu Kang Street 64, #06-65, Singapore 680642
(address), owner of CB72602 (vehicle no.)
hereby authorise JL 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. CB72602 that was
damaged pursuant to the accident which occurred on 02/11/22 (date)
at/along South Woodlands Drive
(location) involving vehicle no/s 5MS9026M ("the accident").

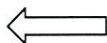
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

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

Signed by "the third party claimant"



Signed by "the workshop"



JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. CB7260Z and Sms 9086m on 02/11/22
at/along South Woodlands Drive

1. I/We, the Owner of motor vehicle no. CB7260Z hereby instruct and authorise JL 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 21 day of 11 20 22

Signature of vehicle owner (Signature)

Name : Khadijah Binti Zakaria

IC/UEN No : 51833962 E

(Company stamp, if applicable)

Address : B1E 642 Choa Chu Kang
Street 64, #06-05 S(680642)

Tel : 9022 5870

Witnessed by : (Signature)



"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, Khadijah Binti Zakaria ("the third party claimant")
of Blk 642 Choa Chu Kang Street 64, #06-65, S(680642) (address),
owner of CB7260Z (vehicle no.) hereby authorize
JL 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. CB7260Z that was damaged pursuant to the
accident which occurred on 02/11/22 (date) along South
Woodlands Drive (location)
involving vehicle no/s JMS 9026 M
("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 21 day of 11 (month) 20 22 (year)

(Signature)
Signed by "the third party claimant"

(Signature)
Signed by "the workshop"
(with chop)



TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
21.02.2023	JLP202302-00238	CB7260Z

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	\$ 5,800.00
Total	\$ 5,800.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Nov 2022 / 09:23:21

Receipt Date/Time : 08 Nov 2022 / 09:23:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221108-000519

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMS9026M

As at 02 Nov 2022/17:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SMS9026M Enquiry Fee 20221108092240021950	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

421808XXXXXX9928	eNETS Credit Card	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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

JL PERFECT AUTOWORK PTE LTD -
Khadijah Binti Zakaris

Invoice Number
GR-2022-004279

Invoice Issue Date
11 Nov 2022

Invoice Due Date
18 Nov 2022

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

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	08/11/2022,02/11/2022,CB7260Z,SMS9026M	28.97	2.03	31.00
Total Amount (S\$)				28.97
Total GST 7.00% (S\$)				2.03
Total Amount Incl. of GST (S\$)				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	03/11/2022 16:45 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 17:45 (SGT)
Contact Location of Accident	Singapore
Additional Location Information	SOUTH WOODLANDS DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7260Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHADIJAH BINTI ZAKARIA
NRIC No	SXXXX962E
Email Address	zailanisofan@gmail.com
Mobile Phone No	(Phone) +65-90225870
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COASTER 19 SEATER ABS
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	Bus
Transmission	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126342555

DRIVER

Name of Driver	MUHAMMAD ZAILANI BIN SOFAN
NRIC No	SXXXX093Z
Date Of Birth	17/04/1967
Occupation	Outdoor

Date Of Driving Pass	06/10/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91803747
Alt. Phone Number	-
Email Address	zailanisofan@gmail.com
Address	BLK 642 CHOA CHU KANG ST 64 #06-65
Address complement	-
Postcode	680642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT (REPAIR BY OTHER WORKSHOP)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL EMAIL TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS9026M
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

VEH NO CB72602

INSURER Income

DATE OF ACC 2/11/22 17:45

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

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

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

Sketch Plan

PLEASE
TURN
OVER

Ass

Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(/) Claim OB/ TP at other workshop (_____)

Sketch Plan

Refer Attached

DoA- 2/11/22 17:45

Refer Police Report

Declaration

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

P

Policyholder's Signature / Date & Time

Sen Q / 3

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

(YS) [Signature] 2/11/22

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

Woodlands Square

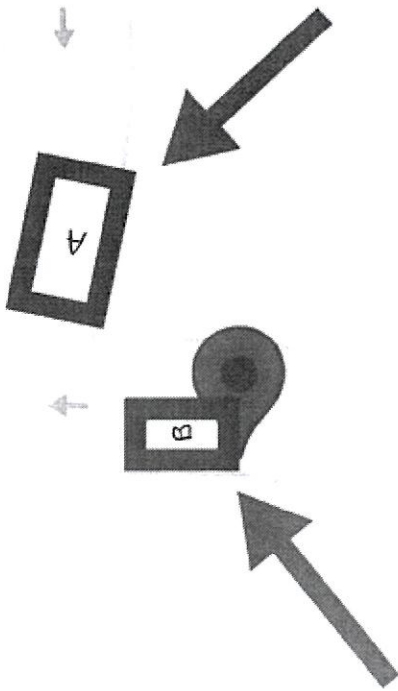


Cheers
Conveni



CB7260Z

3/11/22
[Signature]



Woodlands Square

SMS9026M

S Woodlands Dr




**SINGAPORE
POLICE FORCE**


T/20221103/2038

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20221103/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 12:42	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: MUHAMMAD ZAILANI BIN SOFAN			Address: APT BLK 642 CHOA CHU KANG STREET 64 #06-65 SINGAPORE 680642		
ID Type / ID No.: NRIC NO / S1815093Z			Contact No.: Home/Office: Mobile: 91803747		
Nationality: SINGAPORE CITIZEN			Email: zailanisofan@gmail.com		
Sex: Male	Age: 55	Date of Birth: 17/04/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2022 17:45	Type of Location: Bend
Location: SOUTH WOODLANDS DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7260Z	Bus/Coach/Mi nibus	TOYOTA	COASTER	Black	Slightly Damaged	0
SMS9026M	Car	MITSUBISHI	OUTLANDE R	Silver	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20221103/2038

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20221103/2038

CONTINUATION OF REPORT

Brief Details.

On 02/11/2022 at about 1745hrs, I had alighted my passengers at the drop of point near the taxi stand of Woodlands MRT Station and was driving my bus, CB7260Z along Woodlands Square on the third lane. Out of a sudden, a car SMS9026M came out of the filter road from South Woodlands Drive and collided onto the left rear side of my bus. I went out of my bus to check on the situation. I took photos of the accident. Initially he wanted to settle the accident privately however he wanted to split the damage cost. I did not want to settle privately as in my opinion he was at the wrong. I wanted to exchange particulars however he was uncooperative and did not want to give his particulars. After asking for his particulars for the third time, he was still uncooperative, so I decided to make a move.

No traffic police or ambulance attended to the accident.

Due to the accident, the left rear side of my bus is dented and scratched. The front right bumper of his car is also dented and scratched.

I wish to state that I have an in-car camera and it recorded the accident. Both parties were not injured. I am lodging a police report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20221103/2038

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20221103/2038

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:

L /

SCCPL MUHAMMAD RAFIQ
ZULHILMI BIN ZULKIFLEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2022 12:42

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:



NP168

CB7260Z

OWNER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1833962E**



Name

KHADIJAH BINTI ZAKARIA

Race

MALAY

Date of birth


11-11-1967

Sex

F

Country of birth

SINGAPORE



3449241



NRIC No. **S1833962E**



Date of issue

11-12-2003


Address

APT BLK 642 CHOA CHU KANG STREET 64
#06-65
SINGAPORE 680642


CB7260Z

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1815093Z**



Name
MUHAMMAD ZAILANI BIN SOFAN




Race
MALAY

Date of Birth
17-04-1967

Sex
M

Country of Birth
SINGAPORE



2882880



NRIC No. **S1815093Z**



Blood Group
AB+

Date of issue
05-09-1996

Address
**APT BLK 642 CHOA CHU KANG STREET 64
#06-65
SINGAPORE 680642**


CB7260Z


DRIVER

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 1815093Z**
Name: **MUHAMMAD ZAILANI BIN SOFAN**

Birth Date: **17 Apr 1967**
Issue Date: **05 Apr 2003**




 000347493G

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Feb 1988
Class 2A	Motorcycles between 201 cc and 400 cc	04 Feb 1988
Class 2	Motorcycles exceeding 400 cc	04 Feb 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Aug 1987
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Oct 1988

NP 428A

 Licence No: S1815093Z

CB7260Z

DRIVER

Land Transport  Authority

VOCATIONAL LICENCE



Licence No : S1815093Z

Name : MUHD ZAILANI BIN SOFAN

Issue Date : 16/8/2008

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description
------	-------------

03	BUS VL
----	--------

Issue Date

28/09/1995



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 : 5126342555

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **CB7260Z**
Chassis Number : JTGFPS38703500534
2. Name of Policyholder : KHADUAH BINTI ZAKARIA
3. Effective Date of Insurance : 27 Mar 2022
4. Expiry Date of Insurance : 26 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 the carriage of passengers in connection with the Policyholder's business.
(b) Limited to carry 19 passengers

This Policy does not cover

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

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: TATCO CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : NLE INSURANCE AGENCIES PTE. LTD. (00000614580)

Date of Issue : 15 Mar 2022 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive