

**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.: YQ1114MYour Ref.: YL246ZDate: 17.07.2023

ATTN: Motor Claims Department

INS: **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: YQ1114M & YL246ZDate of Accident: 17.04.2023 @ 15.50 HOURSLocation: AYE TOWARDS TUAS (B4 EXIT 22)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 21,060.00</u>
Loss of Use:	
(\$280.00 X 08Days):	<u>\$ 2,240.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 23,326.75</u>

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 Joanne @ 97231055, or email to hdperfectautowork@gmail.com

Thank You,

Joanne



Authorisation To Act

I, POH TIONG CHOON LOGISTICS LTD ("the third party claimant") of
48 Pandan Road, Poh Tiong choon Logistics Hub. S. 609289
(address), owner of YQ 1114 M (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. YQ 1114 M that was
damaged pursuant to the accident which occurred on 17.04.23 (date)
at/along AME towards Tras
(location) involving vehicle no/s YL 246 Z ("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.

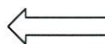
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 24 day of 04 (month) 20 23 (year)




Signed by "the third party claimant"





HD PERFECT
AUTOWORK PTE LTD
Co. Reg. No. 202136904Z

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. YQ 1114 M and YL 246 Z on 17/4/23
at/along A/E Towards Tnas

1. I/We, the Owner of motor vehicle no. YQ 1114 M 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 24 day of 04 2023

Signature of vehicle owner

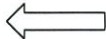
Name : POH TIONG CHOON LOGISTICS LTD.

IC/UEN No : 196900049H.

(Company stamp, if applicable)

Address : 4B Pandan Road, Poh Tiong
choon Logistics Hub. S. 609289.

Tel : 66628822.



Witnessed by :

Joanne

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

GST Reg. No. : 202136904Z



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
17.07.2023	HDP202307-00480	YQ1114M

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 19,500.00
Total	\$ 19,500.00
Add: 8% GST	\$ 1,560.00
Total	\$ 21,060.00

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



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Apr 2023 / 17:00:18

Receipt Date/Time : 23 Apr 2023 / 17:00:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230423-000933

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 - YL246Z				
As at 17 Apr 2023/15:50:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - YL246Z			
	Enquiry Fee	24.77	1.98	26.75
	20230423165917073344			
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
Paid By				
	421808XXXXXX9928	eNETS Credit Card		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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	20/04/2023 18:20 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along AYE towards Tuas (before Exit 22)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1114M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	POH TIONG CHOON LOGISTICS LIMITED
Company Reg No	1XXXXX049H
Email Address	jinming.hu@ptclogistics.com.sg
Mobile Phone No	(Phone) +65-66628822
Alternative Phone No	(Office) +65-66628822

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FG8JR1A 16 TON MT
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	7685

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099586MFCV/24

DRIVER

Name of Driver	Chen Hao
Passport No/FIN	GXXXXX919W
Date Of Birth	28/06/1989
Occupation	Outdoor



Date Of Driving Pass	05/11/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85913827
Alt. Phone Number	-
Email Address	jinming.hu@ptclogistics.com.sg
Address	666A Jurong West Street 65
Address complement	-
Postcode	641606
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Vairappan Kasinathan Saran
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan, police report T/20230418/2030 & T/20230418/2027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL246Z
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	Vairappan Kasinathan Saran
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ1114M
Were seat belts worn?	-
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 Authorised 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. 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' 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 making 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

chen HAO

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

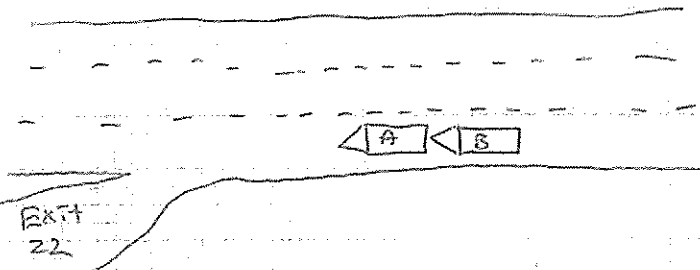


Witnessed by Reporting Centre Personnel

Sketch Plan

AYE towards Tuas

A: YQ1114M
B: YL246Z





**SINGAPORE
POLICE FORCE**



T/20230418/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20230418/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 11:42		Vide Report No.:		Station Diary No.: 54
Informant's Particulars				
Name of Informant: CHEN HAO		Address: 668A JURONG WEST STREET 64 #09-191 SINGAPORE 641668		
ID Type / ID No.: FIN NO / G2257919W		Contact No.: Home/Office: Mobile: 85913827		
Nationality: CHINESE		Email:		
Sex: Male	Age: 33	Date of Birth: 28/06/1989	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL246Z	Lorry					0
YQ1114M	Lorry					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230418/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No. T/20230418/2030

CONTINUATION OF REPORT

Driver			
Name	CHEN HAO	ID No.	G2257919W
Related Vehicle	YQ1114M (Lorry)	Contact No.	85913827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/04/2023 at about 1550hrs, I was driving my company Lorry YQ1114M along AYE Tuas with 1 passenger with me when suddenly there was another vehicle YL246Z collided into the rear end of my Lorry. My Lorry suffered some damages in the rear end where else the other vehicle suffered some damages on the front side. The other driver did not want to provide his particulars to me. My passenger was injured hence I drove him to Ng Teng Fong Hospital and was given 3 days MC. No ambulance or Traffic Police attended.



**SINGAPORE
POLICE FORCE**



T/20230418/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20230418/2030

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J/
SGT 2 MUHAMMAD NUR HAQIM
BIN ABU MANSOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
18/04/2023 11:42

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230418/2027

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20230418/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 11:30		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: VAIRAPPAN KASINATHAN SARAN		Address: APT BLK 324 JURONG EAST STREET 31 #12-124 SINGAPORE 600324		
ID Type / ID No.: FIN NO / G3122444L		Contact No.: Home/Office: Mobile: 81422295.		
Nationality: INDIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 09/11/1989	Type of Informant: Passenger	
Race: Indian		Language: English		
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

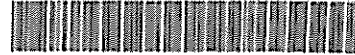
General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL246Z					Seriously Damaged	0
YQ1114M	Lorry				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230418/2027

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20230418/2027

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	YL246Z		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger:				
Name	VAIRAPPAN KASINATHAN SARAN		ID No.	G3122444L
Related Vehicle	YQ1114M (Lorry)		Contact No.	81422295
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 17/04/2023 at about 1550hrs, I was in vehicle YQ1114M as a passenger in AYE towards Tuas when suddenly there was a vehicle YL246Z came from behind and collided into the rear end of the vehicle I was inside. I suffered some pain in my neck and back area hence I went to Ng Teng Fong Hospital myself and was given 3 days MC from 17/04/2023 to 19/04/2023. No ambulance or police attended..



SINGAPORE
POLICE FORCE



T/20230418/2027

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20230418/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SGT 2 MUHAMMAD NUR HAQIM
BIN ABU MANSOR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/04/2023 11:30

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
POH TIONG CHOON LOGISTICS LIMITED

Name
CHEN HAO

Work Permit No.
0 75598645

Sector:
SERVICE



0 75598645



K2886906

VISIT PASS
Immigration Regulations

28-02-2022

Name

CHEN HAO

FIN

G2257919W

Date of Birth

28-06-1989

Sex

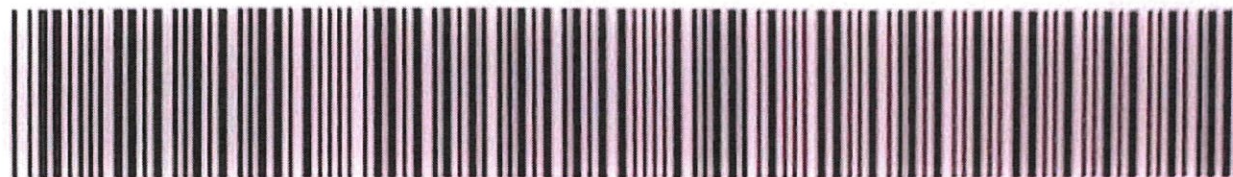
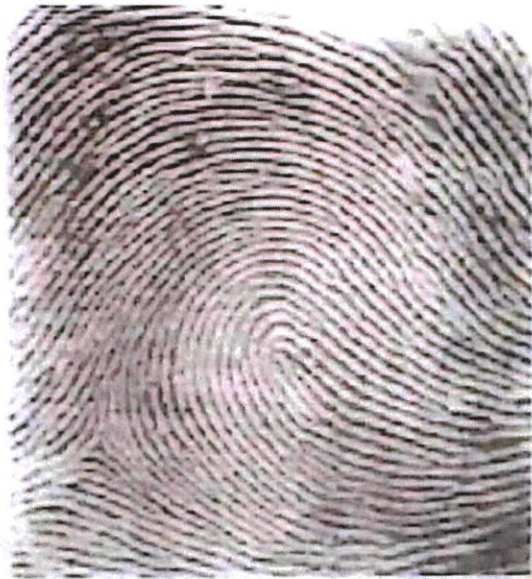
M

Nationality

CHINESE

MULTIPLE JOURNEY VISA ISSUED

**Download SGWorkPass
App to check status**



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **G 2 2 5 7 9 1 9 W**

Name:

CHEN HAO

Birth Date: **28 Jun 1989**

Issue Date: **03 Sep 2018**

Valid Till **10/09/2023**



002841294C

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

EFFECTIVE DATE

Class 3

Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

05 Nov 2018

Class 4

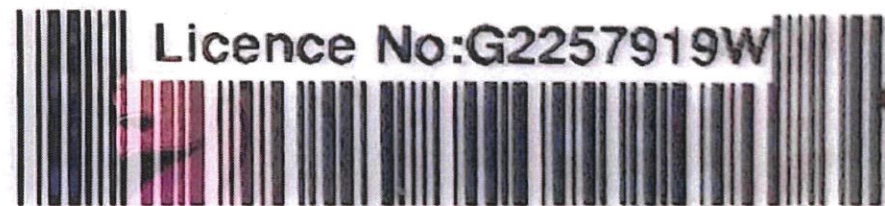
Heavy motor cars and motor tractors $>$ 2500 kg

05 Nov 2018

S / No. 9000285708

G2257919W

NP 428A



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Third Party
Certificate No. : D-22099586MFCV/24
Vehicle No / Chassis No : YQ1114M / JHDFG8JR1XXX16784
Name of Insured : POH TIONG CHOON LOGISTICS LIMITED
Period Of Insurance : 01.07.2022 To 30.06.2023
Insured Estimated Value : 0.00

Excess :

SGD3,500.00 SECTION II
AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION II IS IMPOSED ON THOSE
DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS
OF DRIVING EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business :-
(a) Any Person provided he is in the Insured's employ and is driving on their order or with their permission.
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-
(a) Any person who is driving on the Insured'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.

Limitations as to use*

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use 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.
(3) Use for carriage of passengers for hire or reward.


* 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/D0069/MZ301

Issued at Singapore on 30.06.2022



Authorised Signature