



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.: SJV196J

Your Ref.: SKT9392Z

Date: 17.07.2023

ATTN: Motor Claims Department

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

Dear Sir/Madam,

Accident Involving: SJV196J & SKT9392Z

Date of Accident: 25.04.2023 @17:20 HOURS

Location: PIE TOWARDS TUAS

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 8,208.00</u>
Loss of Use:	
(\$220.00 X 11Days):	<u>\$ 2,420.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 10,654.75</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



HD PERFECT
AUTOWORK PTE LTD
REGD: 202136904Z

Authorisation To Act

I, Harri Setiono Bin Sunardi ("the third party claimant") of
22 Woodlands Drive 16 #02-05 S. 737880
(address), owner of SJV 196J (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. SJV 196J that was
damaged pursuant to the accident which occurred on 25/04/2023 (date)
at/along PIE TOWARDS TUAJ
(location) involving vehicle no/s SKT9392Z ("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.

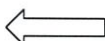
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

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



Signed by "the third party claimant"



Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJV 196J and SKT9392Z on 25/04/2023
at/along PIE TOWARDS TUAS

1. I/We, the Owner of motor vehicle no. SJV 196J 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 26 day of 04 2023

Signature of vehicle owner

Name : Harris Setiono Bin Sunardi
S132053811

IC/UEN No : _____

(Company stamp, if applicable)

Address : 22 Woodlands Dr. 16
#02-05 . 737880

Tel : 89460073

Witnessed by :

Joanne





"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, Harris Sutiono Bin Sunardi ("the third party claimant")
of 22 Woodlands Dr. 16 #02-05 S.737880 (address),
owner of SV 196J (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. SV 196J that was damaged pursuant to the
accident which occurred on 25/04/2023 (date) along
PIE & Tuas (location)
involving vehicle no/s SKT 9392 Z
("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 26 day of 04 (month) 20 23 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



RTA/AIG - Authorization To Act

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

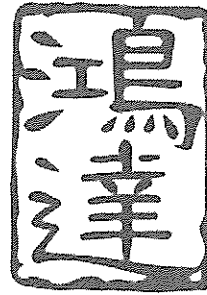
#08-09 Premier @ Kaki Bukit

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	HDP202307-00466	SJV196J

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	\$ 7,600.00
Total	\$ 7,600.00
Add: 8% GST	\$ 608.00
Total	\$ 8,208.00

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 : 25 Apr 2023 / 18:32:01

Receipt Date/Time : 25 Apr 2023 / 18:31:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230425-003518

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 - SKT9392Z

As at 25 Apr 2023/17:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SKT9392Z

Enquiry Fee	24.77	1.98	26.75
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20230425183053565708

Sub-Total	24.77	1.98	26.75
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Total Before Rounding	24.77	1.98	26.75
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Rounding Difference			0.00
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Total Amount Payable			26.75
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Paid By

DICNV20230425183054770462	SGQR(PayNow)	26.75
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Total	26.75
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Cash Change	0.00
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Tendered Amount	26.75
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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.

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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	26/04/2023 16:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 17:20 (SGT)
Exact Location of Accident	Near PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS (BEFORE BKE EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV196J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HARRIS SETIONO BIN SUNADI
NRIC No	SXXXX538H
Email Address	HARREC58@GMAIL.COM
Mobile Phone No	(Phone) +65-89460073
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107687155-04

DRIVER

Name of Driver	HARRIS SETIONO BIN SUNADI
NRIC No	SXXXX538H
Date Of Birth	04/06/1958
Occupation	Outdoor

Date Of Driving Pass	20/07/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89460073
Alt. Phone Number	-
Email Address	HARREC58@GMAIL.COM
Address	22 WOODLANDS DRIVE 16 #02-05
Address complement	-
Postcode	737880
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	GOJEK PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20230426/7017

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	SKT9392Z
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	HARRIS SETIONO BIN SUNADI
Gender	Male
Phone No	(Phone) +65-89460073
Address	22 WOODLANDS DRIVE 16 #02-05
Address Complement	-
Post Code	737880
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV196J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230426/7017

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

[Signature]

[Signature]



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

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:

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(b) 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 Insurer's lawyer/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 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 based outside of Singapore, for one or more of the above Purposes.

Polysyllable's 5 prizes / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NSICAR card)

Sketch Plan

5
 4
 3
 2
 1

(A) STIV 1965
 (B) SET 9892Z

PIE → TUAS (Before BKE Exit)



**SINGAPORE
POLICE FORCE**



T/20230426/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230426/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2023 11:49		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: HARRIS SETIONO BIN SUNARDI		Address: 22 WOODLANDS DRIVE 16 #02-05 SINGAPORE 737880		
ID Type / ID No.: NRIC NO / S1320538H		Contact No.: Home/Office: Mobile: 89460073		
Nationality: SINGAPORE CITIZEN		Email: HARREC_HUTASUHUT@YAHOO.COM.SG		
Sex: Male	Age: 64	Date of Birth: 04/06/1958	Type of Informant: Driver	
Race: Javanese		Language: English		
Occupation: Grab 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: 25/04/2023 17:20	Type of Location: Straight Road
Location: FAIRWAYS DRIVE				
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
SJV196J	Car	TOYOTA	WISH 1.8X A	Brown		0
SKT9392Z	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV196J	NTUC Income Insurance Co-Operative Limited	5107687155-04	07/01/2023	06/01/2024



**SINGAPORE
POLICE FORCE**



T/20230426/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230426/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HARRIS SETIONO BIN SUNARDI	ID No.	S1320538H
Related Vehicle	SJV196J (Car)	Contact No.	89460073
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was traveling along PIE twds Tuas . I stopped my vehicle as the front vehicle stopped . Vehicle bearing vehicle number SKT9392Z come from behind and hit onto the rear portion of my vehicle. After the collision I felt my neck and left shoulder pain hence I went to consult doctor at clinic and given 5 days MC.



SINGAPORE
POLICE FORCE



T/20230426/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230426/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.


Date/Time:
26/04/2023 11:49

Classification Of Case:

NP168

SJV196J
owner and Driver


Land Transport Authority



VOCATIONAL LICENCE
Licence No : S1320538H
Name : HARRIS SETIONO BIN
SUNARDI

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

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S1320538H
Name:
HARRIS SETIONO BIN
SUNARDI

Birth Date: 04 Jun 1958
Issue Date: 22 Apr 2015

002420219D

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1320538H



Name
HARRIS SETIONO BIN
SUNARDI

Race
JAVANESE

Date of Birth
04-06-1958

Country of Birth
SINGAPORE

Sex
M

S1320538H

SJV196J
owner and Driver

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	Issue Date
12	TAXI VL	27/04/2005
03	BUS VL	23/02/2005
04	BUS ATTENDAN	23/02/2005



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	30 Jan 1980
Class 2A	Motorcycles between 201 cc and 400 cc	30 Jan 1980
Class 2	Motorcycles > 400 cc	30 Jan 1980
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Jul 1993
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	26 May 2005



NP 428A

1594390



NRIC No: S1320538H



Blood Group: O+ Date of issue: 15-01-1994

22 WOODLANDS DRIVE 16 #02-05
SINGAPORE 737880

NRIC No: S1320538H

Date: 23/01/2019

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: 5107687155-04

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV196J**
 Chassis Number : ZGE200030437
2. Name of Policyholder : HARRIS SETIONO BIN SUNARDI
3. Effective Date of Insurance : 07 Jan 2023
4. Expiry Date of Insurance : 06 Jan 2024
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 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	: HARRIS SETIONO BIN SUNARDI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : S & M ALLIANCE PTE. LTD. (00000614373)
 Date of Issue : 27 Dec 2022 11:26 hrs

For INCOME INSURANCE LIMITED



Chief Executive