



HD PERFECT
AUTOWORK PTE LTD

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.: SLW2251R

Your Ref.: SKZ8200U

Date: 04.09.2024

ATTN: Motor Claims Department

INS : **INCOME INSURANCE LIMITED**

Dear Sir/Madam,

Accident Involving: SLW2251R & SKZ8200U

Date of Accident: 26.05.2024 @ 11.15 HR

Location: YIO CHU KANG TOWARDS UPPER SERANGOON ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

| | | |
|-----------------------|---------------------------|--------------------------|
| Cost of Repair: | <u>\$ 5,450.00</u> | |
| Loss of Use: | | |
| (\$180.00 X 05 Days): | <u>\$ 900.00</u> | (4 Repair Days + 1 Pri) |
| 3rd Party GIA Report | <u>\$ 31.00</u> | |
| Grand Total: | <u>\$ 6,381.00</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.

Thank You,

Ting

82979787



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, Mitsubishi HC Capital Asia Pacific Pte Ltd ("the third party claimant") of
111, Somerset Road, #14-05-15, 111 Somerset, Singapore 238164
(address), owner of SLW2251R (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. SLW2251R that was
damaged pursuant to the accident which occurred on 26/05/2024 (date)
at/along Yio Chu Kang towards Upper Serangoon Road
(location) involving vehicle no/s SKZ 820DU ("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.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Kavin Chang (Mr)
Manager
Total Vehicle Solutions Department

~~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 27 day of 05 (month) 20 24 (year)

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Kavin Chang (Mr)
Manager
Total Vehicle Solutions Department

Signed by "the third party claimant"



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

Signed by "the workshop"



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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

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLW2251R and SKZ8200U on 26/05/2024
at/along Xio Chu Kang Road towards Upper Serangoon Road

1. I/We, the Owner of motor vehicle no. SLW2251R 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. ~~I/we are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully, or 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 receiving 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 are required to attend at my/our solicitors' 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 obtained 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 27 day of 05 2024

Signature of vehicle owner

Kuan Chong (M)
Manager
Total Vehicle Solutions Department

Signature of vehicle owner

Name: Mitsubishi Hc Capital Asia Pacific Pte Ltd

IC/UEN No: 199400399N

(Company stamp, if applicable)

Address: 111, Somerset Road, #14-05-15,

111 Somerset, Singapore 238164

Tel: 6734 4122

Witnessed by:

Ting

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 |
|------------|-----------------|----------------|
| 04.09.2024 | HDP202409-00846 | SLW2251R |

INCOME INSURANCE LIMITED

INCOME CENTRE

75 BRAS BASAH ROAD

SINGAPORE 189557

| Description | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 5,000.00 |
| Total | \$ 5,000.00 |
| Add: 9% GST | \$ 450.00 |
| Total | \$ 5,450.00 |

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



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

HD Perfect Autowork Pte Ltd -
Mitsubishi HC Capital Asia Pacific
Pte Ltd

Invoice Number
GR-2024-003488

Invoice Issue Date
28 May 2024

Invoice Due Date
04 Jun 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

| Bill Type | Reference | Amount (S\$) | GST 9.00% (S\$) | Amount Incl. of GST (S\$) |
|--------------------------------|---|---------------------------------|-----------------|---------------------------|
| Sale of Accident Report - Publ | 28/05/2024,26/05/2024,SLW2251R,SKZ8200U | 28.44 | 2.56 | 31.00 |
| | | Total Amount (S\$) | | 28.44 |
| | | Total GST 9.00% (S\$) | | 2.56 |
| | | 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 First Submission | 27/05/2024 17:24 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/05/2024 11:15 (SGT) |
| Exact Location of Accident | Yio Chu Kang Rd, Singapore |
| Additional Location Information | TOWARDS UPPER SERANGOON ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | SLW2251R |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. |
| Company Reg No | 199400399N |
| Email Address | amarsharmasg@gmail.com |
| Mobile Phone No | (Phone) +65-67344122 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | C-hr |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 1197 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D24MTPV01002170 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | AMAR SHARMA |
| NRIC No | S7497037J |
| Date Of Birth | 06/05/1974 |
| Occupation | Outdoor |

| | |
|--|-------------------------------------|
| Driving Pass Date | 23/10/2003 |
| Driving experience | 20 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90025240 |
| Alt. Phone Number | - |
| Email Address | amarsharmasg@gmail.com |
| Address | BLK 157D RIVERVALE CRESCENT #05-637 |
| Address complement | - |
| Postcode | 544157 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | LEASING |
| 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 | Side Swipe |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKZ8200U |
| 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

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 revoke 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.

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.

WITNESSED BY REPORTING CENTRE PERSONNEL

Witness (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

Describe Circumstance of the Accident

On the stated date and time, my vehicle
 SLW2251R was travelling on the left lane. Suddenly,
 I heard a loud bang and felt a great impact.
 I then realised vehicle SKZ8200U that initially on
 the right lane cut into my lane, hence collided onto
 the front right hand side portion of my vehicle
 SLW2251R.

Declaration

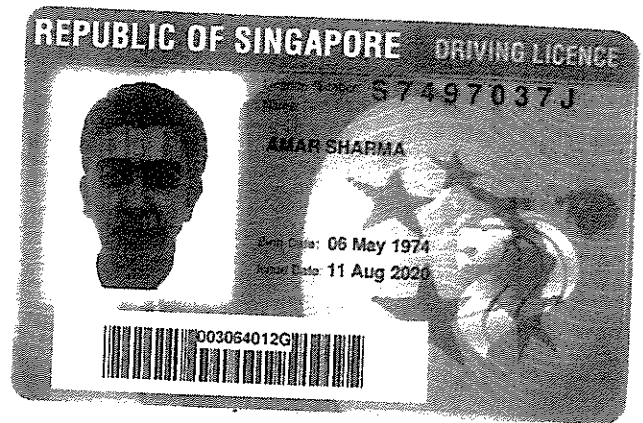
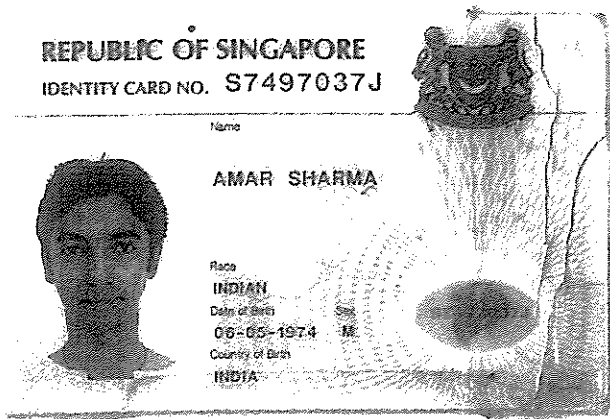
I/We declare the foregoing particulars are true in every respect

WILSON NG KUN LAM (PTE) LTD
 Signature (as per (S4))
 Senior Manager
 Your Vehicle Insurance Department

Policyholder's Signature / Date & Time

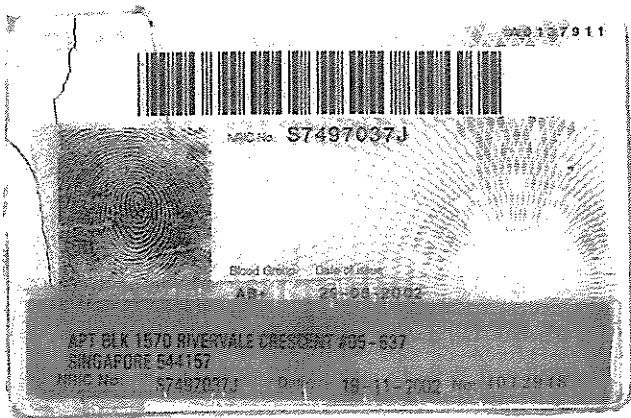
Driver's Signature (if driver is not the policyholder) / Date
 & Time

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



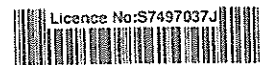
SLW 2251R

Driver



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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles $\leq 200\text{cc}$ / Electric Motorcycles $\leq 15\text{kW}$ | 24 May 1993 |
| Class 3 | Ambulances / Motor cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles $\leq 2500\text{kg}$ | 23 Oct 2003 |



NP 428A

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. D24MTPV01002170
1. Registration No. SLW2251R
2. Insured Name MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD
3. Commencement Date 02 FEBRUARY 2024 00:00
4. Expiry Date 01 FEBRUARY 2025 23:59
5. Coverage Market value at time of loss - Comprehensive - Authorised Workshop Plan
6. Excess \$1000 - Section I
7. Persons or Classes of Persons entitled to drive*
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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

8. Limitations as to use*

- a) Use for the carriage of passengers within the vehicle's legal seating capacity or goods in connection with the Insured's business.
- b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired
- 4) Illegal or fraudulent activity.

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)

Sompo Insurance Singapore Pte. Ltd.



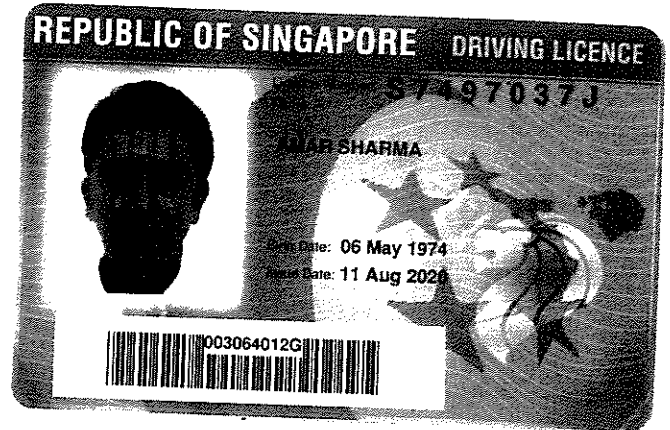
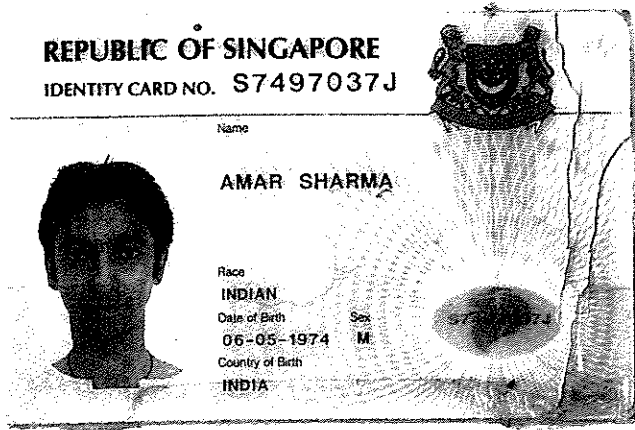
Date/Time of Issue : 30 JANUARY 2024 09:07

*Limitation 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) and not to be included under these headings

IMPORTANT NOTICE

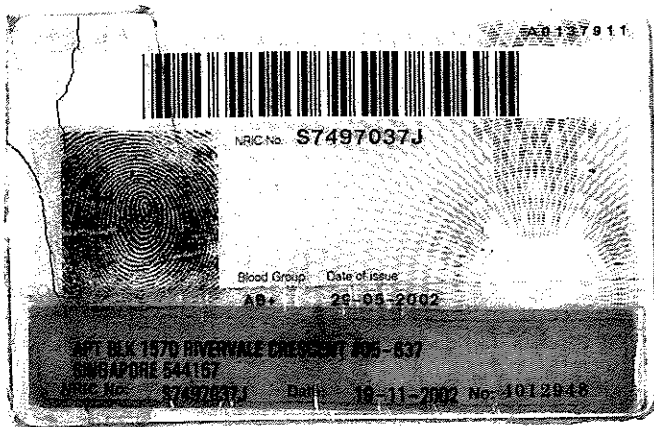
- 1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act
- 2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189)
- 3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle
- 4. Please note that this insurance is subject to the premium being paid and received in full by the Company (s) before the inception date where the Policy is to be issued to an individual or (s) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances
- 5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Name + Code : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. : 11H13200 CI Code : 26F FJDB054RD YM62A



SLW 2251R

Driver



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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW | 24 May 1993 |
| Class 3 | Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg | 23 Oct 2003 |

NP 428A



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

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3. Commencement Date : 02 FEBRUARY 2024 00:00
4. Expiry Date : 01 FEBRUARY 2025 23:59
5. Coverage : Market value at time of loss - Comprehensive - Authorised Workshop Plan
6. Excess : \$1000 - Section I
7. Persons or Classes of Persons entitled to drive*
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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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The Policy does not cover

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IMPORTANT NOTICE

- 1 Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- 2 Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189)
- 3 The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle
- 4 Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances
- 5 Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Name / Code MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD / 11H13200 CI Code 26F FJDBOS4RD_YM6ZA