

NATIONAL Assessment Centre Services. (Unit 1 Jan 2001)

Date In: 24/03/2018 15:19	Job description	Date & Time Completed	Done by
Ref No: NA/TMI18005525/K4	SAS e-illing		
Veh No: GW2951M	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 05/02/2018 19:25	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 3hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SGK39CPM, INC () / Non-INC ()		
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()	Date & Time Completed: ()	Done by: ()
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Actions

NA1801895

Human's Particulars	Invoice Preparation Details	Price (\$)	SALES (\$)	Bill (\$)	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)				
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)			
Damaged Portion:	3) TP: Towing Fee	\$40/\$40			
C. Checked by (Engr-In-Charge):	4) FT: Follow Through Survey	\$120			
	5) FT: Follow Through Survey (Resurvey)	\$30			
	For claiming against INC Only (wef 10 Jan 2003)				
	6) TR: Re-inspection	\$75			
	7) NI: Idea DA + SMRT Survey	\$160			
	8) NTUC Additional Services				
	9) NI: Idm Mobile	\$0			
	10) NI: Idm Mobile	\$0			
	11) NI: Idm Mobile	\$0			
	12) NI: Idm Mobile	\$0			
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	14) NI: Idm Mobile	\$0			
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	100) NI: Idm Mobile	\$0			

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 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 ability.
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 Report	24/03/2018 15:19
Date Of Accident	05/02/2018 19:25
Exact Location Of Accident	TAMPINES AVENUE 9 HEADING TWDS ESSO STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW2951M
Insured/Policyholder	
Name Of Registered Owner	DS MOTOR & LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88000963
Alternative Phone No	OFFICE-88000963

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	17-MH001898-R01
Cover Note Number	

Driver

Name of Driver	NUR HIDAYAT BIN MOHAMED ALI
NRIC No	S9000285F
Date Of Birth	02/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88000963
Fax Number	
Contact Number	OTHERS-88000963
Email Address	NOEMAIL

Address	BLK 225 SERANGOON AVENUE 4 #05-121
Postcode	550225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180316/2083 / F/20180201/2216

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK3910M
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	TAN ENG SIONG
NRIC/Passport Number	S7816919B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report
T/20180316/2082
F/20180201/2216

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

24/3/2018



SINGAPORE POLICE FORCE



T/20180316/2083

1 of 3

Report No. T/20180316/2083

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2018 13:23	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: NUR HIDAYAT BIN MOHAMED ALI	Address: APT BLK 225 SERANGOON AVENUE 4 #05-121 SINGAPORE 550225
ID Type / ID No.: NRIC NO / S9000285F	Contact No.: Home/Office: Mobile: 88000963
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 28 Date of Birth: 02/01/1990	Type of Informant: Driver
Race: Malay	Language: Institution / School Name:
Occupation: Pest Control Technician	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/02/2018 19:25 05 Feb	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 9	Tanah Merah NPP Block 51 New Upp Changi Rd #01-1514/1516 Singapore 461051 Tel: 1800-4499999			
Heading towards Esso Station	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Head To Rear				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW2951M	Van	NISSAN	URVAN	Silver	No Damage	3
SGK3910M	Car	HYUNDAI	MATRIX FL A	Black	No Damage	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180316/2083

2 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180316/2083

CONTINUATION OF REPORT

Driver				
Name	NUR HIDAYAT BIN MOHAMED ALI		ID No.	S9000285F
Related Vehicle	GW2951M (Van)		Contact No.	88000963
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
Driver				
Name	Tan Eng Siong		ID No.	S7816919B
Related Vehicle	SGK3910M (Car)		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

Brief Details.

On 02/02/2018 at about 1926hrs, I was traveling along Tampines Avenue 9 on lane 2 and the traffic is slow. As the car (SGK3910M) in front moved off for a bit, I proceed to move off as well. However, all of a sudden, the driver stopped on top of the hump and I immediately jam brake however there was a slight hit on the rear of the car (SGK3910M). We proceed to alight and check on everyone and nobody was injured. There were no damage to my van. I did not check his car damage. We took photos and exchange particulars. We come to a conclusion to settle it privately and left the scene.

On 08 or 09 March 2018, I was contacted by Traffic Police to lodge a police report in regards to this incident.

Tanah Merah NPP
Block 51 New Upp Changi Rd
#01-1514/1516 Singapore 461051
Tel: 1800-4499999



**SINGAPORE
POLICE FORCE**



T/20180316/2083

3 of 3

Report No. T/20180316/2083

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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:

G /

Sgt 2 SAM YEO WEN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430

Authentication Stamp

NP168



SIGNATURE

Signature Of Informant:

Date/Time:

16/03/2018 13:23

Classification Of Case:



SINGAPORE POLICE FORCE



F/20180201/2216

1 of 3

Report No. F/20180201/2216

POLICE REPORT (NP322)

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Date/Time Report Made 01/02/2018 22:11	Vide Report No. A/20180128/2091	Station Diary No. 78
Name Of Informant NUR HIDAYAT BIN MOHAMED ALI	Address APT BLK 225 SERANGOON AVENUE 4 #05-121 SINGAPORE 550225	
ID Type / ID No. NRIC NO / S9000285F	Contact No. Home/Office	Mobile 88000963
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 28
Institution/School Name	Date of Birth 02/01/1990	Race Malay
Date/Time Of Incident 28/01/2018 21:30 - 28/01/2018 21:30	Location Of Incident 12 NORTH BRIDGE ROAD GOLDEN BEACH VISTA SINGAPORE 180012 At the Park	

Brief details.

On the above mentioned time, date and location, I discovered the loss of the below mentioned items. I have made a search for it however to no avail.

As such, I am lodging this police report for replacement purpose.

Signature Of Officer Recording The Report: F / Sgt 2 JANICE TAN YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 22:11
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 JANICE TAN YU TING Contact No.: 64880999	Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 154

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20180201/2216

2 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180201/2216

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Wallet	Lost				1		One Purple leather wallet, Brand: Goldlion
2	Licence	Lost	Qualified Driving Licence			1		One Singapore Driving License belonging to S9000285F
3	Licence	Lost	NEA License			2		Two NEA License belonging to S9000285F
4	Credit Card / Debit Card/ ATM Card	Lost	POSB Bank			1		One POSB Debit Card belonging to Nur Hidayat

Signature Of Officer Recording The Report:

F / Sgt 2 JANICE TAN YU TING

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Serangoon N.P.C /
Sgt 2 JANICE TAN YU TING
Contact No.: 64880999

Authentication Stamp



Signature:

Singapore Police Force

SN 154

Signature Of Informant:

Date/Time:
01/02/2018 22:11

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20180201/2216

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180201/2216

5	Jurong Island Pass	Lost				1		One Jurong Island Pass belonging to S9000285F
6	Necklace with Pendant	Lost				1		One Gold Chain with One Gold Mickey Mouse Pendant
7	Cash	Lost				1	Singapore Dollars 8.00	Singapore Dollars and coins amounting to about SGD\$8.00

Signature Of Officer Recording The Report:

F / Sgt 2 JANICE TAN YU TING

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Serangoon N.P.C /
Sgt 2 JANICE TAN YU TING
Contact No.: 64880999

Authentication Stamp



Singapore Police Force

Signature:

SN 154

Signature Of Informant:

Date/Time:
01/02/2018 22:11

Classification Of Case:

FUPO hotline number: 68429645

* Driver Inform
to Date

Reported on 24/3/2018
@ 1510 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 5/2/2018 (DD/MM/YYYY), TIME: 19:25 (HH:MM)

LOCATION: Tampines Ave 9 heading towards ESSO Station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 2951M
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 88000963
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7/2/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGK 3910M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

Waiting

* Driver loss wallet all 7 items

Police Report Attached.



TOKIO MARINE
INSURANCE GROUP
FORM 142406

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

Policy No.: 17-MH001898-R01 (Comm Vehicle Carry Other Goods)
1. Index Mark and Registration Number of Vehicle GW2951M

Chassis No.: JN1MG4E25Z0701019

2. Name of Policyholder DS MOTOR & LEASING PTE.LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Act 29/12/2017

4. Date of Expiry of Insurance 28/12/2018

5. Persons or Class of Persons entitled to drive*
Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ 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.

6. Limitations as to use*
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
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 (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 whom the vehicle is hired.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration in effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

Account: 2662DDA

ADDITIONAL INFORMATION

Insurance Plan: Third Party Cover Only
Policy Excess: Excess - All Claims SGD 1,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature