

NATIONAL Assessment Centre Services

NAI18052063

Date In: 19/04/2018 18:39	Job description	Date & Time Completed	Done by
Ref No: NAI/TMI1800739/1	PA3 e-liling		
Veh No: SK4 1579P	B-small (within 3hrs, AIO 3hrs)		
O.O.A: 18/04/2018 13:00	1-Motor Claim Form		
CD: TP / Reporting Only	1-Motor W/O (within 3hrs, AIO 3hrs)		
	1-Photo Uploaded		
TP Insureh:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VWAP		

Preferred Wksp (INC Assign Wksp / CWI)	Tel:	Fax:
TP Particulars: Yell No: SK4 3087H	INC () / Non-INC ()	
Owner / Driver ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BIL SLANI (WO): NI 0-20%; PI 21-79%; PI 30-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Given in re: Customer's information strictly Confidential & strictly NO refer of repeller.

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

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

Remarks:	NAI Hotline: 6788 6016	On-site Time: ()	Done by:
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: ()

Step	Plm	Action

NAI1802546	Invoice/Preparation Checklist
Customer's Name: ()	1) ARI Accident Reporting (300)
Driver/Owner: ()	2) DA1 Damage Assessment (300) INC (40)
Policy No: ()	3) TP1 Towing Fee (200)
Assigned Portion: ()	4) TP1 Follow Through Survey (200)
	5) TP1 Follow Through Survey (Recovery) (200)
	6) TP1 Re-Inspection (200)
	7) NI1 DA + SMART Survey (200)
	8) NTUC Additional Survey (200)
	9) NI1 Courtesy Car / Tel Allowance (100)
	10) NI1 Repair Coordination (100)
	11) NI1 Post Repair Inspection (100)
	12) NI1 DV / Collision/Excess Coordination (100)
	13) NI1 TP (INC) / TP (INC) (100)
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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	19/04/2018 18:39 ✓
Date Of Accident	18/04/2018 13:00 ✓
Exact Location Of Accident	PEI HWA AVE 1 CARPARK(CLOSE TO PEI HWA PRI SCHOOL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1579P ✓
Insured/Policyholder	
Name Of Registered Owner	LIU LIHUI ✓
NRIC No	S7161866H
Email Address	NHSL@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-98324607
Alternative Phone No	OTHERS-98324607

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	PICK UP KIDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY ✓
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD ✓
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MU010539 ✓
Cover Note Number	

Driver

Name of Driver	LIU LIHUI ✓
NRIC No	S7161866H
Date Of Birth	27/10/1971
Occupation	INDOOR
Date Of Driving Pass	29/04/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98324607
Fax Number	
Contact Number	OTHERS-98324607
Email Address	NHSL@NUS.EDU.SG

Address	29A WEST COAST PARK #11-15
Postcode	127723
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180419/2024

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	SKH3087H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

Lia Lihui

19/4/2018

4:02pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

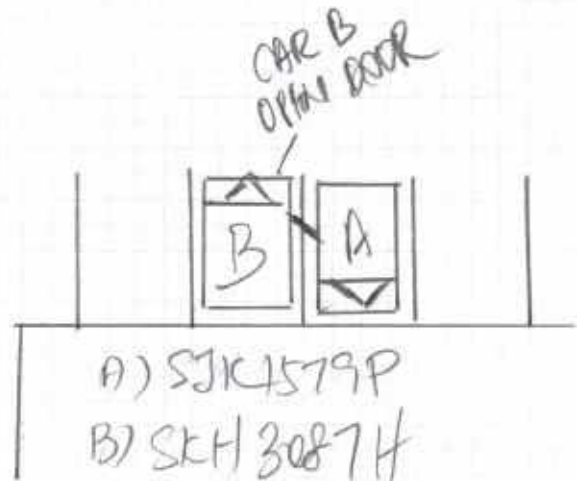
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See Li W B 1003

SKETCH PLAN

Paci Hwa Ave 1 CARPARK

CARPARK
ENTRY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police report
D/20184019/2024

DECLARATION

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

Liu Lihui

Policyholder's Signature

Date & Time:

19/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4:02pm
Liu Lihui

19/04/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]



SINGAPORE POLICE FORCE



D/20180419/2024

1 of 2

Report No. D/20180419/2024

POLICE REPORT (NP299)

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 19/04/2018 13:13	Vide Report No.	Station Diary No. 52		
Name Of Informant LIU LIHUI	Address 29A WEST COAST PARK #11-15 SINGAPORE 127723			
ID Type / ID No. NRIC NO / S7161866H	Contact No. Home/Office	Mobile 98324607		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TEACHER	Sex Female	Age 46	Date of Birth 27/10/1971	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 18/04/2018 13:00	Location Of Incident 7 PEI WAH AVENUE PEI HWA PRESBY PRIMARY SCHOOL* SINGAPORE 597610 Open Carpark outside Pei Hwa Primary School			

Brief details.

On 18/4/2018 at about 1302 hours, I parked my vehicle, bearing plate number ^{STK}SGK1579P at the open carpark outside Pei Hwa Primary School. I was in the vehicle. Subsequently, a driver of vehicle, bearing plate number SKH3087H, which was parked on the left of my vehicle, opened his driver door and hit onto the left front passenger door of my car. I made a check and saw some small scratches and a dent on the said door. I approached the driver regarding the matter and he claimed that he did not cause such damage. After further discussion, the driver insisted that he did not cause the damage and left the

Signature Of Officer Recording The Report:

D / Sgt 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ADIB RIDZUAN BIN MOHAMAD ROSLAN
Contact No.: 67740000

Signature Of Informant:

Date/Time:
19/04/2018 13:13

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20180419/2024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180419/2024

location. I am lodging this police report mainly for insurance claim purpose. I am unsure of the cost needed to repair the damage.

Signature Of Officer Recording The Report:

D / Sgt 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ADIB RIDZUAN BIN MOHAMAD ROSLAN
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Ela Einar

Date/Time:
19/04/2018 13:13

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 18/4/2018 (DD/MM/YYYY), TIME: 1:02 PM (HH:MM)

LOCATION: Pei Hwa Ave 1 Car park (Pei Hwa Pri Sch)
close to

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJK 1579 P
b) INSURANCE COMPANY: Tokio Marine Insurance
c) POLICY NUMBER: MUD10539 (Private Car)
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN Sunny 1.6 EX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pick up kids
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: LIU LIHUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57161866H CONTACT: 98324607
c) ADDRESS: 11-15# 29A West Coast Park
Botanica 127723

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(1)

DRIVER
a) NAME: LIU LIHUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57161866H CONTACT: 98324607
c) ADDRESS: 11-15# 29A West Coast Park
Botanica 127723

* d) DATE OF BIRTH: 27/10/1971 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 29/04/2016

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

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: CLAMMARTI NPC

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

a) VEHICLE NUMBER: SKH 3087 H MODEL: Toyota
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

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

Email = nhs11@nus.edu.sg

Fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7161866H



Name

LIU LIHUI

刘丽辉

Race

CHINESE

Date of birth

27-10-1971

Country/Place of birth

CHINA

Sex

F



5286271



NRIC No. S7161866H



Date of issue

26-03-2014

29A WEST COAST PARK #11-15
SINGAPORE 127723

NRIC No: S7161866H

Date: 01/10/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S7161866H

Name

LIU LIHUI

Birth Date: 27 Oct 1971

Issue Date: 29 Apr 2016



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

Class 3A Motor cars without clutch weight \leq 3000kg with clutch pedals with unladen weight \leq 2500kg



EFFECTIVE DATE

29 Apr 2016



NP 428A

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 192 00014M (UST Reg No. M2-0000121-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: trns@tokiomarine.com.sg W: www.tokiomarine.com

Member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX1

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.: MU010539 (Private Car)

1. Index Mark and Registration Number of Vehicle

SJK1579P

Chassis No.: JN1CFAN16Z0114140

2. Name of Policyholder

LIU LIHUI

3. Effective date of the Commencement of Insurance for the purposes of the Act

09/10/2017 (00:00:00)

4. Date of Expiry of Insurance

08/10/2018

5. Persons or Class of Persons entitled to drive*

(a) The Policyholder;

(b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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 whatever 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 to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan: Third Party
Financial Interest: NIL

Account No: 2716DD8

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature