

**NATIONAL Assessment Centre Services** (wef: 1 Jan 2005)

Date In: 04/05/2018 12:52	Job description	Date & Time Completed	Done by
Ref No: NA/TMI18008195/K4	SAS e-filing		
Veh No: GU 1068E	E-mail (w/ thin 8hrs, AIC 2hrs)		
DOA: 03/05/2018 19:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: VW 5433 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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:- (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1802814	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) i-T: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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	04/05/2018 12:52
Date Of Accident	03/05/2018 19:00
Exact Location Of Accident	TPE TOWARDS PIE 1 KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1068E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EITA SERVICES PTE LTD
Co Reg No	-
Email Address	ROYTAN.EITA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83110142
Alternative Phone No	OFFICE-83110142

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	18-MB028445-R08
Cover Note Number	

### Driver

Name of Driver	GANESAN SELVARAJ
Passport No/FIN	G6936709M
Date Of Birth	22/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83110142
Fax Number	
Contact Number	OFFICE-83110142
EMail Address	ROYTAN.EITA@GMAIL.COM

Address EITA SERVICES PTE LTD  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLOUDY  
 Road Surface WET

**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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name GEYLANG N.P.C  
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT : T/20180503/2192

**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 VW5433  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver  
 NRIC/Passport Number  
 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:

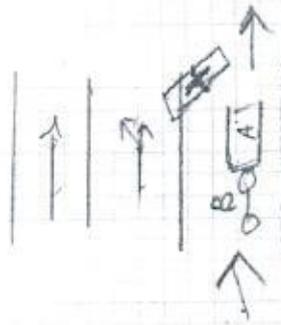
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

INAIR TECHNOLOGY PTE LTD  
Block 28 Defu Lane 10 #01-144  
Singapore 539209  
Tel: 65 6841427 Fax: 65 68410488  
E-mail: inair@singnat.com.sg

EITA SERVICES PTE LTD  
53 UBI AVENUE 1, #03-22  
PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934 Fax: 65-6844 3461  
TEL: 65-6844 3462 (3 LINES)  
E-mail: sales@eita.com.sg

SKETCH PLAN

TPE Towards PIE 1 KM.



A - GM 1068E  
B - VW 5433

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20180503/2192

DECLARATION

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

~~X~~ ~~Signature~~  
Policyholder's Signature  
Date & Time:

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

~~Signature~~ 4/5/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

~~INAIR TECHNOLOGY PTE LTD  
Block 28 Dafu Lane 10-001-144  
Singapore 630200  
Tel: 65 6844 1427 Fax: 63 00430498  
E-mail: inair@singnet.com.sg~~

EITA SERVICES PTE LTD  
53 UBI AVENUE 1, #03-22  
PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934 Fax: 65-6844 3481  
TEL: 65-6844 3482 (3 LINES)  
E-mail: sales@eita.com.sg



**SINGAPORE  
POLICE FORCE**



T/20180503/2192

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180503/2192

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2018 22:41	Vide Report No.: G/20180503/0168	Station Diary No.: 136
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Informant's Particulars			
Name of Informant: GANESAN SELVARAJ		Address:	
ID Type / ID No.: FIN NO / G6936709M		Contact No.: Home/Office:	Mobile: 83110142
Nationality: INDIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 22/06/1988	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY PAN ISLAND EXPRESSWAY TPE TOWARDS PIE 1KM				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GU1068E	Lorry				Slightly Damaged	1
VW5433	Motorcycle				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20180503/2192

2 of 3

Report No. T/20180503/2192

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GANESAN SELVARAJ	ID No.	G6936709M
Related Vehicle	GU1068E (Lorry)	Contact No.	83110142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 05/10/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/05/2018 at about 1900hrs I was driving my vehicle GU1068E along TPE towards PIE. Suddenly an unknown car encroached into my path. I then applied my brakes to avoid a collision however I felt an impact from the rear. I then realized that my vehicle was rear ended by a Malaysian registered vehicle. The rider of the vehicle was injured and was conveyed to Changi General Hospital. I managed to take several photos of the accident before the rider conveyed. The traffic police officer then told me to lodge a traffic police report at the nearest police station.



**SINGAPORE  
POLICE FORCE**



T/20180503/2192

3 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180503/2192

**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:

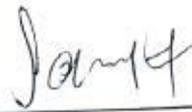
G /  
Staff Sgt DZULRAIHAN BIN KAMALUDIN 

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168 

Signature Of Informant:



Date/Time:  
03/05/2018 22:41

Classification Of Case:

Reported on 4/5/2018 @ 1240HRS

### ACCIDENT STATEMENT

ACCIDENT DATE: 3, 5, 2018 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: TPE towards PIE 1km

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: GUC068E
- 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**

No of passengers  
(including driver)  
(1)

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83 110 42
- c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

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

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**

No of passengers  
(including driver)

- a) VEHICLE NUMBER: VW 5433 MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**9. THIRD PARTY VEHICLE**

No of passengers  
(including driver)

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

email = roy tan . eita @ gmail . com

fax = roy tan . eita @ gmail . com

Waiting for company chop?

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

Employer  
**EITA SERVICES PTE LTD**

Sector: **CONSTRUCTION**



Name  
**GANESAN SELVARAJ**

Occupation  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.  
**0 35385606**

Date of Application  
**16-06-2015**

Date of Issue  
**16-06-2017**

Date of Expiry  
**17-06-2019**




**L8040893**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

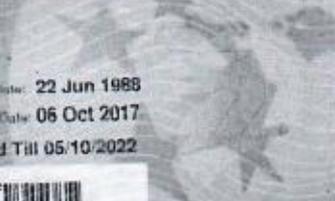
Licence No. **G6936709M**

Name  
**GANESAN SELVARAJ**

Birth Date: **22 Jun 1988**

Issue Date: **06 Oct 2017**

Valid Till: **05/10/2022**

**002731197F**



**VISIT PASS**  
Immigration Regulations

Name  
**GANESAN SELVARAJ**



Date of Birth: **22-06-1988** Sex: **M** Nationality: **INDIAN**

FR: **G6936709M** Date of Issue: **19-06-2017** Date of Expiry: **17-06-2019**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

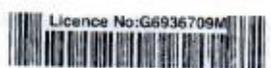
		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	04 Oct 2017
Class 3	Motor cars <= 3000 kg, with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	22 Jan 2019

S / No. 9000305031

G6936709M

NP 428A

Licence No: G6936709M



Tokio Marine Insurance Singapore Ltd.

Company Reg. No.: 12432031488251 Bus. No.: M2-14882031-2

20 McClure Street #08-01 Tokio Marine Centre Singapore 080048

T: (65) 6221 8331 F: (65) 6221 4355 / (65) 6224 0895 E: [info@tokiomarine.com.sg](mailto:info@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



TOKIOMARINE  
INSURANCE GROUP

FORM MZ/09

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 18-MB028445-R08 (Comm Vehicle Carry Own Goods)

- |  |                       |                                |
|--|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GU1068E               | Chassis No.: JN15F4F23Z0842641 |
| 2. Name of Policyholder  | EITA SERVICES PTE LTD |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/04/2018            |                                |
| 4. Date of Expiry of Insurance   | 31/03/2019            |                                |

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the policyholder'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.

6. Limitations as to use\*

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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 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**

Account: 0456DDA

Insurance Plan: Third Party Cover Only  
Policy Excess: Excess-Third Party (Sect II) SGD 1,000

Tokio Marine Insurance Singapore Ltd.

Authorised Signature