Date In: 2/3/18-13:20	Jeb description	Date &Time Completed	Done by
Ref No: 1/4 TM218012015/24	SAS e-filing		
Veh No: SR723P	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/6/18-20:00	i-Motor Claim Form		
26/0/18-20:50	i-Motor W/O (Within: OD 2	Ohre TP 4hre)	
OD . TP ! Reporting Only	i-Photo Uploaded	1005, 17 4003)	
TP Insurer:	Assessment/Survey Report		
B-4	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: 5	UR)7687 INC		V V
Owner / Driver: (	D 1 1 /	Tel:	
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	) [Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	77.1.0(	)	
Excess: (\$ ) Loading: \$			
General Remarks:	the state of the s	Brick to an appropriate the second	Jan Service
( ) Walk-In Customar : Customer's i		Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.	, , , , , ,	
Drive-In ( )/ Towed-In ( ); Invo	nice: YES( ) / NO( );	Towing Co: (	. )
David III ( ), inve	nec. 125( )/ no( ),	1	
			Done by
Remarks: (INC hotline: 6788 6616	n en	Date& Time Completed	Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )	n en		Done by
Remarks: (INC hot line: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		Bont by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date& Time Completed	
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804165	/ Courtesy Car ( )	eparation Checklist int Reporting (\$30); c Assessment (\$100); INC (\$86)	Ani((S)) Ani((S)) Add Bi
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804 65  laimant's Particulars :- river/Owner:		eparation Checklist  int Reporting (\$30);  te Assessment (\$100); INC (\$80);  Fee \$400.  Through Survey \$500.	Ant (S)) Ant (S) Add Bi
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804165  laimant's Particulars :- river/Owner:	( )   ( )	eparation Checklist  Int Reporting (\$30);  Re Assessment (\$100); INC (\$80);  Through Survey (Resurvey)  Seginst INC Only (wef 10 Jan 2005)	Ant (\$) Ant (\$ 75t Bill Add Bi  0) /545 1120 530
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804165  Injury: Particulars :-  river/Owner:	( )   ( )	eparation Checklist  int Reporting (\$30);  c Assessment (\$100); INC (\$86;  Fee \$40;  Through Survey \$  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  section	Ant (S) Ant (S) Ant (S) Ant (S) Add Bi
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804165  Injury: Particulars :-  river/Owner:	( )   ( )	eparation Checklist  int Reporting (\$30);  te Assessment (\$100); INC (\$80;  Fee \$40;  Through Survey \$  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)	Ant (\$) Ant (\$ 75t Bill Add Bi  0) /545 1120 530
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   South Communication   Actions   Actions	Courtesy Car ( )	Eparation Checklist  Introduction (\$30);  Reassament (\$100); INC (\$86;  Fee \$40;  Through Survey (Resurvey)  Insection (\$400); INC (\$100);  Result (\$100); (\$100);  Re	Ani((\$)) Ami(\$)  Fit Bill Add Bi  0)  7545  1120  \$30  \$75  1160  \$5  \$10
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804165  Inimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		Date& Time Completed  Paration Checklist  Int Reporting (\$30);  The Assessment (\$100); INC (\$86)  Through Survey (Resurvey)  Reginst INC Only (wef 10 Jan 2005)  Rection  A + SMRT Survey  Sy Car / Tpt Allowence  Co-ordination  Epair Inspection	Ant (\$) Ant (\$  78 Bill Add Bi  0)
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA   804 6  laimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		Eparation Checklist  eparation Checklist  int Reporting (330);  the Assessment (\$100); INC (\$86; Fee \$40)  Through Survey (Resurvey)  section A + SMRT Survey (\$10 Jan 2005)  section A + SMRT Survey (\$2005)  section A + SMRT Survey (\$2005)  section A - SMRT Survey (\$2005)  section A - SMRT Survey (\$2005)  section A - SMRT Survey (\$2005)  section Condition (\$2005)  section	Ani((S)) Ami(S)  Fit Bill Add Bi  0)  7545  1120  \$30  \$75  1160  \$5  \$5  \$10  \$25  \$5

F . p. 1 1 . 20

## 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 witholding 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.
- 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	02/07/2018 13:20
Date Of Accident	28/06/2018 20:00
Exact Location Of Accident	JUNC JLN BESAR & OPHIR RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR7223P
Insured/Policyholder	
Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD
Co Reg No	201431143G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81450033
Alternative Phone No	OFFICE-81450033
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001390-R00
Cover Note Number	
Driver	
Salar Harris No. Market Salar Sa	

Driver		
Name of Driver	HAN AIK KWONG	
NRIC No	S1536702D	
Date Of Birth	13/10/1962	
Occupation	OUTDOOR	
Date Of Driving Pass	19/07/2002	
Driving Experience	15 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91007287	

Fax Number Contact Number

OFFICE-91007287

EMail Address NOEMAIL

BLK 182 RIVERVALE CRESCENT Address

#05-315

540182 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 2

NO YES

NO

4

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE

: FEMALE

GENDER:

NAME: 9

GENDER:

Passenger 3 NAME: 3 ×

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T20180629/7007.

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

**SLR2768T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ARPAN AGARWAL

NRIC/Passport Number

Contact Number

81810083

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

## **DETAILS OF INJURED PERSON 1**

HAN AIK KWONG Name

Approximate Age

BODY

Injuries Sustain

Injured person in which vehicle?

SJR7223P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

## 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.
- 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.
- 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.
- 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.
- 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:
  - 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.:

Date & Time:

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No .:

## **ACCIDENT STATEMENT**

28

ACCIDE	NT DATE: (29/6/	8 )(DD/MM/YYYY),	TIME: ( 20 : 00 ) (HH:MM)
LOCATIO	N: Jalan Bes	ar the besor	traffic light tour.
114		100 100 100 100 100 100 100 100 100 100	r Hand & oghir Rd
	VEHICLE NUMBER:		
	)INSURANCE COMPANY	TML	
	POLICY NUMBER:		
		HENSIVE / THIRD PART	Y / THÍRD PARTY FIRE &THEFT)
	)MAKE & MODEL:		
			/ MOTORCYCLE / OTHERS)
	VEHICLE CATEGORY: (PR		
0000	PURPOSE OF USING AT A		
	ARE YOU CLAIMING UND		
	F NO, PLEASE STATE (THIR		ORTING ONLY)
	ISURED / POLICY HOLDER		· · · ·
			(MALE / FEMALE)
5/25	NRIC/FIN/PASSPORT:		CONTACT: \$1450033.
c)	ADDRESS:		
**	CONTINUE TO 2 d IE DON	ED ALCO DOLLOVILOU	250
	CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HOLI	DEK
the of passenger of	NAME: Han Aik	16.70.00	(MALE / FEMALE)
	NRIC/FIN/PASSPORT:	Two see	CONTACT: 9100 7287.
14	ADDRESS:		
.   ( *d	)DATE OF BIRTH: (/_	/	M/YYYY)
	OCCUPATION: (INDOOR		
A ( )	EARS OF DRIVING EXPRE		**
4. W	AS DRIVER AN EMPLOY	EE OF THE INSURED	'S COMPANY? (YES / NO)
	NO, RELATIONSHIP OF		
	WEATHER CONDITION: (C		
	ROAD SURFACE: (DRY / V		
	AS ANYBODY INJURED (Y		100
	REPORTED TO POLICE (YE		
	YES, PLEASE STATE WHIC	CH POLICE STATION:_	
A ste al most a	RD PARTY VEHICLE	CIP - 3 CC T	10000000
4 He of passenger a)	VEHICLE NUMBER:	SCR 2768 1.	MODEL:
(Including driver) b)	NRIC/FIN/PASSPORT:	rpan Hggrwal	CONTACT: 8181 0 . 83.
	RD PARTY VEHICLE		CONTACT: 8181 0 687.
	VEHICLE NUMBER:		HODE
I No of passenger	DDIVEDIO NAME	AND THE PROPERTY OF THE PARTY O	MODEL:
(Induding driver) f)	NRIC/FIN/PASSPORT		CONTACT:
( )	TAKIC/THA/T ASSI OKT		1
	8.	camer	a: No.
waitin	g police Repor	†	İ
1		3	2013
	· email	• 1	
	CIII~ (1	_	
22 2	Care	_	@





Institution / School Name:

Date of Expiry:

1 of 3

Report No. T/20180629/7007

Police Station Of Origin: Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Race:

Chinese

DRIVER

Occupation:

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 14:17	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: KWONG		Address: APT BLK 182 RIVER\ 540182	/ALE CRESCENT #05-315 SINGAPORE
Control of the Contro	/ ID No.: O / S15367	02D	Contact No.: Home/Office:	Mobile: 91007287
National	ity: ORE CITIZ	EN	Email: hanak1962@gmail.co	m
Sex:	Age:	Date of Birth:	Type of Informant:	

Driving Licence Information:

Language:

Class: 3,4

English

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident: 28/06/2018 20:0	Str	Type of Location: Straight Road
Location:  JALAN BESA  Infront of sim  Weather:	R lim tower , before tr	raffic junction.		Bond Sp	and Limit
Clear		Dry		Road Spe	ed Limit.
		Traffic Control:	Traffic Volume: Moderate		
Traffic Flow: One Way		Traffic Light - Wo	rking	Link College College	

Details of V	ehicle Invo	lved				Charles and
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR7223P	Car	TOYOTA	axio	Black	Seriously Damaged	3
SLR2768T	Car	MAZDA		Black	Seriously Damaged	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR7223P	TOKIO MARINE INSURANCE SINGAPORE LTD.		10/11/2017	06/09/2018





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180629/7007

## CONTINUATION OF REPORT

<b>Details of Perso</b>	n involved	- ASSOCIATED		PHILIPPI		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	ing: NA
Driver	CONSTRUCTION OF THE PARTY OF TH	SHOUL	CONTRACTOR IN	C. F. St.	THE ST	
Name	HAN AIK KWONG			ID No	12	S1536702D
Related Vehicle	SJR7223P (Car)			Conta	ct No.	91007287
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	29/06/2018		Date Disc	-	-	/2018
No. of Days gran	ted Medical Leave	03	Degree o		Serio	us

## Brief Details.

Driver (Han Aik Kwong S1536702D) was driving along jalan besar road, infront of sim lim tower. Driver (Han Aik Kwong S1536702D) was driving the vehicle number plate SJR7223P already stopped before the traffic light as it was indicating red light. Suddenly there was this vehicle (SLR2768T) did not stopped and banged on to his rear. Han Aik Kwong was suffered with some injuries and was given 3 days Medical Leave.





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

3 of 3 Report No. T/20180629/7007

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 29/06/2018 14:17
Classification Of Case:





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

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg load or passengers and the unladen weight =< 7250kg

NP 428A





## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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

Tokio Marine Group



## Certificate of Insurance

FORM MZ406

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-MI001390-R00 (Private Motor Car)

1. Index Mark and Registration Number

SJR7223P

Chassis No.: NZE1416121980

of Vehicle

2. Name of Policyholder

ASCOTT CAR RENTAL PTE LTD

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

10/11/2017

4. Date of Expiry of Insurance

06/09/2018

#### 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.

#### 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
- 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 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: 2397DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value

Own Damage Claims

SGD 1,500 SGD 1,500

Excess-Third Party (Sect II) Windscreen Excess

SGD 100

Financial Interest:

HERITAGE AUTO ENTERPRISE PTE LTD

User Name: Tay Pui Leng Katherine -

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