

Date In: 26/9/18 17:26	Job description	Date & Time Completed	Done by
Ref No: NA(0A218017558164.	SAS e-filing		
Veh No: SJS 4497 E	E-mail (within 3hrs, ABC 2hrs)		
DOA: 25/9/18 21:30	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / HHC Assign Wksp / GW: () Tel: () Fax: ()

IP Particulars: Veh No: SCE 8899J. 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%; P: 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

MNA 1806123

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
	Est Bill	Add Bill
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) iFT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao 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 \$5		
TP (N11): TP (N'm INC) against INC \$20		
9) N12: Idao Mobile \$0		
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	26/09/2018 17:26
Date Of Accident	25/09/2018 21:30
Exact Location Of Accident	KJE HEADING TUAS B4 EXIT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4497E
Insured/Policyholder	
Name Of Registered Owner	YAR HOCK LAM
NRIC No	S1694031C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92955282
Alternative Phone No	OFFICE-92955282

Vehicle Particulars

Manufacturer	BMW
Model	320I AT 2.0L ABS D/AIRBAG HID 2WD 4DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00521039
Cover Note Number	-

Driver

Name of Driver	YAR HOCK LAM
NRIC No	S1694031C
Date Of Birth	06/03/1965
Occupation	INDOOR
Date Of Driving Pass	08/02/1989
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92955282
Fax Number	
Contact Number	OFFICE-92955282
Email Address	NOEMAIL

Address	BLK 518 CHOA CHU KANG ST 51 #08-08
Postcode	680518
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	CHAIN COLLISION
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?	YES
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)	3
Passenger 1	NAME: : EDGAR DE GUZMAN BALGUA GENDER: : MALE
Passenger 2	NAME: : MICHELLE DE MESA BALGUA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCE8899J
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
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP8761H
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
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMA857K
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
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAR HOCK LAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJS4497E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name EDGAR DE GUZMAN BALGUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJS4497E
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

MICHELLE DE MESA BALGUA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJS4497E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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.
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



A: SJS4497E
 B: SCE8899J
 C: SLP8761H
 D: SMA857K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along KJE towards Choa Chu Kang Way Exit.

As front car was slowing down so I slow down my car too. Suddenly CAR B ~~was~~ collided into my rear side and the impact caused my car move forward and hit CAR D.

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.:

* need Certificate Insurance *

Date of Accident : 25/9/18 Accident Time : 21:25 (24-HR-Format)
Accident Place : Along KJE towards Choa Chu Kang Way Exit
Vehicle Reg. No. (Car Plate No.) : SJSU497E
Vehicle Make/Model : Bmw 320
Insurance Company : Direct Asia Policy No. MT/00521039
Owner or Company Name/IC No. : ~~Yar~~ Yar Hock Lam
Owner or Company Contact No. : S1694031C Owner's Hp _____ Company Tel. _____
DRIVER'S NAME / IC No. : Yar Hock Lam S1694031C
DRIVER'S Date of Birth : 06/03/1965 DRIVER'S License Pass Date : 8/2/1989
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : owner
DRIVER'S Address : Blk 518 Choa Chu Kang St 51 #08-D8 (S) 680518
DRIVER'S Contact No. / Alt No. : 1) 92955282 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g working inside or outside office)
Email Address : alphacarservices@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
No of Passengers (Incl. Driver) : 3 ⇒ 1F, 1M
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident : Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No : <u>SCE8899J (B)</u>	Vehicle Reg. No : <u>SLP8761H (C)</u>
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name Driver : _____	Name Driver : _____
IC No. Driver : _____	IC No. Driver : _____
Driver's Contact & Add : _____	Driver's Contact & Add : _____

SMA857K (D)



SINGAPORE POLICE FORCE



T/20180926/2021

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No: T/20180926/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 05:50		Vide Report No.:		Station Diary No.: 48
Informant's Particulars				
Name of Informant: YAR HOCK LAM		Address: APT BLK 518 CHOA CHU KANG STREET 51 #08-08 SINGAPORE 680518		
ID Type / ID No.: NRIC NO / S1694031C		Contact No.: Home/Office: Mobile: 92955282		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 06/03/1965	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2018 21:30	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY KJE heading Tuas, just before Exit 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SCE8899J	Car	NISSAN	Qashqai	Grey	Seriously Damaged	1
SJS4497E	Car	BMW	320I AT 2.0L ABS D/AIRBAG HID 2WD 4DR	Black	Seriously Damaged	2
SLP8761H	Car	TOYOTA	Prius	Silver	Seriously Damaged	0



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA857K	Car	NISSAN	Sylphy	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS4497E	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00521039	18/08/2018	17/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MRS FOO	ID No.	NIL
Related Vehicle	SCE8899J (Car)	Contact No.	87998883
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	YAR HOCK LAM	ID No.	S1694031C
Related Vehicle	SJS4497E (Car)	Contact No.	92955282
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/09/2018	Date Discharge	26/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180926/2021

CONTINUATION OF REPORT

Passenger			
Name	EDGAR DE GUZMAN BALGUA	ID No.	NIL
Related Vehicle	SJS4497E (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
Passenger			
Name	MICHELLE DE MESA BALGUA	ID No.	NIL
Related Vehicle	SJS4497E (Car)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2018	Date Discharge	26/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Passenger			
Name	MR SHAFIEK	ID No.	NIL
Related Vehicle	SLP8761H (Car)	Contact No.	87680127
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
Passenger			
Name	MS CHEA	ID No.	NIL
Related Vehicle	SMA857K (Car)	Contact No.	98383963
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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Brief Details.

On the 25/09/2018 at around 2130hrs, I was driving my Black 320i BMW on KJE heading towards Tuas. I was driving on the most left lane and filtering my vehicle to exit at exit 3 of KJE. As I was trying to exit KJE, the vehicle in front me, a dark blue Nissan Sylphy with plate number SMA857K, suddenly slowed down her vehicle. To avoid colliding into her vehicle, I applied my jam break on my vehicle. I was able to jam break in time however, the vehicle behind me collided into my vehicle. The collision then caused my vehicle to be pushed forward and I collided into the dark blue Nissan Sylphy that was in front of me.

At that point of time, I had 2 passengers with me namely Michelle De Mesa Balsa and Edgar De Guzman Balsa. I then got out of my vehicle and I came to realized that it was a 4 vehicle chain collision. My vehicle was the second from the front that was involved in the accident. The vehicle that collided into my vehicle was a dark grey Nissan Qashqai with plate number SCE8899J and the vehicle that collided into the Nissan Qashqai from the back is a silver Toyota Prius with plate number SLP8761H. After getting out of me vehicle, I then took pictures of the said accident and exchanged particulars with all the affected drivers.

The driver details for the vehicles are as follows:

- 1) Dark Blue Nissan Sylphy with plate number SMA857K driven by Ms Chea contactable at 9838 3963.
- 2) Dark Grey Nissan Qashqai with plate number SCE8899 driven by Mrs Foo contactable at 8799 8883.
- 1) Silver Toyota Prius with plate number SLP8761H driven by Mr Shafiek contactable at 8768 0127.

After the accident, I then got a tow truck to tow my vehicle away. I went to Khoo Teck Puat Hospital together with my 2 passengers to get ourselves checked. I was given 2 days MC from the 26/09/2018 to 27/09/2018. I have an in car camera that has recorded the whole accident. No traffic police or ambulance were at scene.



**SINGAPORE
POLICE FORCE**



T/20180926/2021

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180926/2021

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:

F1 SGT2 *ARAH*
Sr Staff Sgt SZE WEIJIE, WILSON *h*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

26/09/2018 05:50

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

YAR HOCK LAM

00 Mar 1965

Valid Until 20 Jan 2010

S1694031C

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1694031C

YAR HOCK LAM

易福南

CHINESE

08-03-1965

SINGAPORE

Size M

ENTITLED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

Valid Until 01 Feb 1969

NP 428A

1694031C

S1694031C

14-01-2018

APT BLK S18 CHOA CHU KANG STREET S1

SINGAPORE 650518

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00521039
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SJS4497E
Chassis No.	: WBAPG560X0NM15891
2) Name of Policy Holder	: Yar, Hock Lam
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 18/08/2018 00:00
4) Date/Time of Expiry of Insurance	: 17/08/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 600.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: HONG LEONG FINANCE LIMITED
Main driver	: Yar, Hock Lam
Named driver	: None
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.	

I/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 the Road Transport Act, 1987 (Malaysia).

Issued on: 14/08/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer