

# NATIONAL Assessment Centre Services. [wef 1 Jan'09] *MA10418144846*

Date In: <i>08/11/2018 17:51</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/III 18020261/Y</i>	SAS e-filing		
Veh No: <i>SLX 769241</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>07/11/2018 18:10</i>	I-Motor Claim Form		
OD: <i>TP</i> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <i>SLX 9133R</i>	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 ( ) / Non-INC ( )	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:
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Date/Time	Actions

<i>NA1807248</i>	Invoice Preparation Checklist	Amount	Remarks
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI): TP (Non 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 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. 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	08/11/2018 17:51
Date Of Accident	07/11/2018 18:10
Exact Location Of Accident	SLE TOWARDS CTE AFTER EXIT WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7692M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHRISTOPHER JAYAM S/O PAUL DEVADAS
NRIC No	S7343026G
Email Address	CHRISJAY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91592075
Alternative Phone No	OTHERS-91592075

### Vehicle Particulars

Manufacturer	CITROEN
Model	DS4-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FOR DINNER
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494806
Cover Note Number	

### Driver

Name of Driver	CHRISTOPHER JAYAM S/O PAUL DEVADAS
NRIC No	S7343026G
Date Of Birth	23/09/1973
Occupation	INDOOR
Date Of Driving Pass	17/07/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91592075
Fax Number	
Contact Number	OTHERS-91592075
EMail Address	CHRISJAY@SINGNET.COM.SG

Address	BLK 362 WOODLANDS AVENUE 5 #04-414
Postcode	730362
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?	YES
Foreign Vehicle Registration Number	JSP6799 (PRIVATE CAR)
Number of vehicles involved in the accident	5
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , 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 T/20181107/2152

#### 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	SLX9733R
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEE LIANG
NRIC/Passport Number	S9905617G
Contact Number	83388059
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JSP6799

Vehicle Make/Model/Colour

MAZDA 6

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHONG

NRIC/Passport Number

Contact Number

97788430

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGV3723D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LINDA NG TZE YIN

NRIC/Passport Number

S7606775I

Contact Number

97632654

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SKD9768H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHD ASHIEK

NRIC/Passport Number

S7035507H

Contact Number

98515682

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:

8/11/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

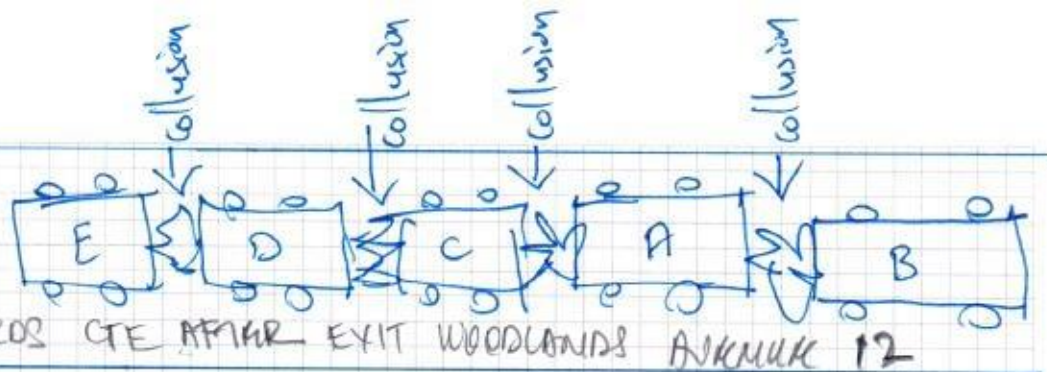
NRIC/FIN No.:

Roshni Wathani

# SKETCH PLAN

1st Lane

2nd Lane



A) SLE7692M

B) SLX 9733R

C) JSP 6799

D) SGV 3723D

E) SKD 9768 H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/2018/1107/2152

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

8/11/2018

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

*[Signature]* 8/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*  
Rosh Watar





Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20181107/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/11/2018 21:24		Vide Report No.: J/20181107/0159		Station Diary No.: 59	
<b>Informant's Particulars</b>					
Name of Informant: CHRISTOPHER JAYAM S/O PAUL DEVADAS			Address: APT BLK 362 WOODLANDS AVENUE 5 #04-414 SINGAPORE 730362		
ID Type / ID No.: NRIC NO / S7343026G			Contact No.: Home/Office: Mobile: 91592075		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 23/09/1973	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SENIOR TECHNICAL PRODUCTION			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards CTE after the exit of woodlands avenue 12				
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
SLE7692M	Car	CITROEN	DS4 1.6(A)	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE7692M	INDIA INTERNATIONAL INSURANCE PTE LTD	M494806	12/12/2017	11/12/2018



Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

2 of 3

Report No. T/20181107/2152

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/11/2018 at around 1810hrs, I am driving along SLE towards CTE and at the exit after Woodlands Avenue 12, I got into an accident between my car and another four vehicle. The car in front of me knocked onto the car before him and I managed to step on my brake on time to avoid collision however the car behind me hit onto the back of my car and thereafter, my vehicle moved forward and knocked onto the car in front of me. I wish to state that the TP had arrived shortly after the accident happened and I had passed my car in car camera SD card to the TP. Thereafter, I came to police station to lodge a traffic accident report.





SINGAPORE  
POLICE FORCE



T/20181107/2152

3 of 3

Report No. T/20181107/2152

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

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: TEO KAI XUN SN 127	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 21:24
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

Authentication Stamp  
NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 7/11/2018 (DD/MM/YYYY), TIME: 18.10 (HH:MM)

LOCATION: SLE towards CTE after exit woodlands Ave 12

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 7692 M  
 b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE  
 c) POLICY NUMBER: M494806  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: CITROEN DS4, 1.6  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING OUT FOR DINNER  
 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: CHRISTOPHER JAYAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S734306-GT CONTACT: 91592075  
 c) ADDRESS: B/K 363 WOODLANDS AVE 5, #04-914, Singapore 730361

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AK ABUE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 23/09/1973 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 17/07/2007

## 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: WOODLANDS WEST N.P.C.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 9733R MODEL: HONDA CIVIL  
 b) DRIVER'S NAME: NG WEE LIANG  
 c) NRIC/FIN/PASSPORT: S9905617G CONTACT: 83388059

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JSP 6799 MODEL: MAZDA 6  
 e) DRIVER'S NAME: CHONG  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97788430

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
(1)

5th car

3rd car

2nd car) SGV 3723D  
 LINDA NG email TZE YIN  
 IC: S76067751  
 Hp: 97632654

1st car) SKD 9768H  
 MOHD ASHIEK  
 IC: S7035507H  
 Hp: 98515682

My email: chrisjay@singnet.com.sg



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7343026G



Name  
CHRISTOPHER JAYAM S/O  
PAUL DEVADAS

Race  
INDIAN  
Date of Birth  
23-09-1973  
Country of Birth  
SINGAPORE  
Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
Name  
S7343026G

CHRISTOPHER JAYAM S/O  
PAUL DEVADAS

Birth Date: 23 Sep 1973  
Issue Date: 17 Jul 2007



2696724

NRIC No. S7343026G



Blood Group  
Date of Issue  
B+ 02-09-1995

APT BLK 362 WOODLANDS AVENUE 5 #04-414  
SINGAPORE 730362

NRIC No: S7343026G Date: 04-07-2006 No: 5134432

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

PASS DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 17 Jul 2007



NP 428A

## 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, 1939 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance. The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **90290SE**

**Comprehensive**

Insured/ Named Drivers Excess: **\$600/- Sect 1**

Unnamed Drivers Excess: **\$1100/- Sect. 1 & additional \$2500/- Sect. 1 for age < 21 years or > 65 years &/or S'pore D.L. < 2 years**

Windscreen Excess: **\$100/-**

**CERTIFICATE NO.**

**M494806**

1. Index Mark and Registration Number of Vehicle

**SLE 7692 M**

2. Name of Policy Holder

**Christopher Jayam S/O Paul Devadas**

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

**12<sup>th</sup> December 2017**

4. Date of Expiry of Insurance

**11<sup>th</sup> December 2018**

5. Person or Classes of Persons entitled to drive\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

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, 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 imperative 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.

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 Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: **SJ/08.12.2017**

for India International Insurance Pte. Ltd.  
(APPROVED INSURERS)

**M.X. 1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP**

*Authorized Signatory*

### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Tan Brothers**

Hire Purchase Company: **Standard Chartered Bank (Singapore) Limited**