

# NATIONAL Assessment Centre Services

Form 1 (Rev. 09/05)

Date In: 12/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI/18022568/12	SAS e-filing		
Veh No: 5248457D	E-mail (within 3hrs, AIC 2hrs)		
DOA: 14/12/18 2130	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: (FASTTECH) Tel: Fax:

TP Particulars: Veh No: SCH3344K 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%; 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
---	-----------------------	---------

2) QC Check / Post Repair Inspection ( )		
--	--	--

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
---	--	--

Injury: \_\_\_\_\_

Date/Time	Actions
-----------	---------

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

NA1808315

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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 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 17/12/2018 11:43  
 Date Of Accident 14/12/2018 21:30  
 Exact Location Of Accident ALONG UPP CHANGI ROAD EAST  
 Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU8857P  
**Insured/Policyholder**  
 Name Of Registered Owner PILLAY,CHEE YONG DAVID  
 NRIC No S7728776J  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91817550  
 Alternative Phone No OTHERS-91817550

### Vehicle Particulars

Manufacturer HYUNDAI  
 Model ELANTRA  
 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/00438198  
 Cover Note Number

### Driver

Name of Driver PILLAY,CHEE YONG DAVID  
 NRIC No S7728776J  
 Date Of Birth 25/10/1977  
 Occupation INDOOR  
 Date Of Driving Pass 22/10/1996  
 Driving Experience 22 YEARS AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-91817550  
 Fax Number  
 Contact Number OTHERS-91817550  
 Email Address NOEMAIL

Address	BLK 31 BEDOK SOUTH AVE 2 #25-307
Postcode	460031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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)	5
Passenger 1	NAME: : YEO FANGYING SANDRA CHRISTELLE GENDER: : FEMALE
Passenger 2	NAME: : PILLAY QI HUI KYRA GENDER: : FEMALE
Passenger 3	NAME: : PILLAY QI QING KATELYN GENDER: : FEMALE
Passenger 4	NAME: : NUR LULU GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181214/7008

#### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SCH3344K  
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 PILLAY,CHEE YONG DAVID  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLU8857P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name YEO FANGYING SANDRA CHRISTELLE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLU8857P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name PILLAY QI HUI KYRA  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLU8857P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name PILLAY QI QING KATELYN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLU8857P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO



Address

Postcode

**DETAILS OF INJURED PERSON 5**

Name NUR LULU

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLU8857P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


## SKETCH PLAN


### IMPORTANT NOTICE

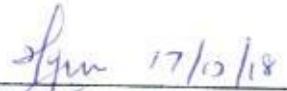
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

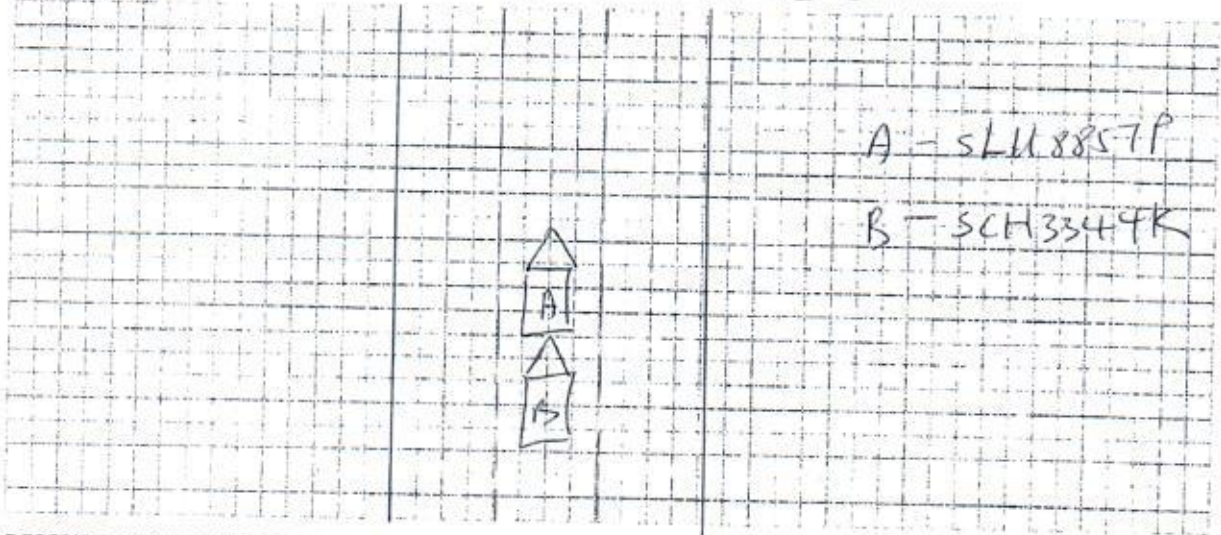
  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

ALONG UPP CHANGI RD EAST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20181214/7008

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.:





**SINGAPORE  
POLICE FORCE**



T/20181214/7008

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

1 of 4

Report No. T/20181214/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2018 14:55		Vide Report No.: G/20181213/0211		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PILLAY CHEE YONG DAVID			Address: APT BLK 31 BEDOK SOUTH AVENUE 2 #25-307 SINGAPORE 460031		
ID Type / ID No.: NRIC NO / S7728776J			Contact No.: Home/Office: Mobile: 91817550		
Nationality: SINGAPORE CITIZEN			Email: davidpillay77@gmail.com		
Sex: Male	Age: 41	Date of Birth: 25/10/1977	Type of Informant: Driver		
Race: Ceylonese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2018 21:30	Type of Location: X-Junction
Location:  UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Stationary car hit from rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCH3344K	Car					0
SLU8857P	Car	HYUNDAI	ELANTRA+A D+1.6+GLS+ AT	Blue		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE



T/20181214/7008

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

2 of 4

Report No. T/20181214/7008

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLU8857P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00438198/01	18/12/2017	17/12/2019

### Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PILLAY CHEE YONG DAVID	ID No.	S7728776J
Related Vehicle	SLU8857P (Car)	Contact No.	91817550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	Yeo FangYing Sandra Christelle	ID No.	S8418200A
Related Vehicle	SLU8857P (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	Pillay Qi Hui Kyra	ID No.	NIL
Related Vehicle	SLU8857P (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	Slight



**SINGAPORE  
POLICE FORCE**



T/20181214/7008

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

3 of 4

Report No. T/20181214/7008

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Pillay Qi Qing Katelyn	ID No.	NIL
Related Vehicle	SLU8857P (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	Slight
<b>Passenger</b>			
Name	Nur Lulu	ID No.	NIL
Related Vehicle	SLU8857P (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 13 Dec 2018 at or about 2130hrs, my vehicle with 4 other passengers came to a stop at the traffic junction (red Light) along Upper Changi Road East coming from Expo towards Bedok and just outside the NEWATER Plant. I saw from my rear view mirror that a car on the same lane was driving fast towards my vehicle. It did not slow down and before I could do anything, it hit us at full speed. My car was thrown forward about 3 car lengths to the middle of the intersection. The passengers on board were my wife, two young daughters and domestic helper. My wife, domestic helper and youngest daughter were seated behind. Everyone in the car was wearing their seatbelts. My youngest daughter sitting behind was in her car seat and my eldest daughter was sitting in front on her booster seat with seat belt. The 3 passengers behind suffered bruising to their backs and my wife had bleeding at the base of her spine. Ambulance was called and arrived in about 10 minutes and conveyed my wife and helper to Changi General Hospital. I stayed at the scene with my 2 daughters and filed a report with the Traffic Police Officers who arrived. The Traffic Police Officers took both cars in-car camera SD Card. Statements were also taken. I was advised by the Officers to file this Accident Report.





**SINGAPORE  
POLICE FORCE**

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



T/20181214/7008

4 of 4

Report No. T/20181214/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Authentication Stamp  
NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/12/2018 14:55

Classification Of Case:

Date of Accident : 14/12/18 Accident Time: 21:30 (24-HR-Format)  
Accident Place : along upper changi road East  
Vehicle. No. (Car Plate No.) : SLU8857P Make/Model: Hyundai Elantra  
Insurance Company : Direct asia Policy No: MT/00438198  
Owner or Company Name /IC No. : Pillay Chee Yong David/577287765  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 91817550 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 25/10/1977 DRIVER'S License Pass Date 22/10/1996  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : Blk 31 Bedok South Ave 2  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) # 25-307 546003/  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 5 person  
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  
Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SCH 3344K (NTUC)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

YEO KANGYING SANGRA CHRISTELLE (F)  
PILLAY QI QING KATELYN (F)  
PILLAY QI HUI KYRA (F)  
MUR LULU (F)



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of Pillay Chee Yong David

Licence Number **S7728776J**

Name **PILLAY CHEE YONG DAVID**

Birth Date **25 Oct 1977**

Issue Date **18 Oct 2003**

Barcode: 000032985H

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7728776J**

Portrait of Pillay Chee Yong David

Name **PILLAY CHEE YONG DAVID**

Race **CEYLONSE**

Date of birth **25-10-1977**

Country of birth **SINGAPORE**

Sex **M**

4135525

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms**

PASS DATE **22 Oct 1999**

Licence No. **S7728776J**

NP 426A

Barcode

NRIC No. **S7728776J**

Portrait of Pillay Chee Yong David

Date of issue **26-11-2007**

**APT BLK 31 BEDOK SOUTH AVENUE 2 #25-307**

**SINGAPORE 480031**

NRIC No: **S7728776J** Date: **17/12/2017**

## 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.

<b>Certificate No.</b>	: MT/00438198
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: TBA
<b>Chassis No.</b>	: KMHD841CMJU592090
<b>2) Name of Policy Holder</b>	: Pillay, Chee Yong David
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 18/12/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 17/12/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) The Insured	
(b) Any named person under the policy who is driving on the Insured's order or with his permission.	
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, 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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 500.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: My Workshop/ My Authorised Distributor Workshop
<b>Finance company / Hire Purchase</b>	: Tokyo Century Leasing (Singapore) Pte. Ltd.
<b>Main driver</b>	: Pillay, Chee Yong David
<b>Named driver</b>	: None
<b>Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.</b>	

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: 08/12/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**

  
**Edip Okur**  
Chief Underwriting Officer