

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In 16/05/19	Job description	Date & Time Completed	Done by
Ref No NA/TM/19008747/13	SAS e-filing		
Veh No GDF6159G	E-mail (within 8hrs, AIC 2hrs)		
DOA 16/05/19 0750	i-Motor Claim Form		
OD (TP) 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: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Veh No: SJ057240 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) 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

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) RT: 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:-			
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 (Non INC) against INC \$20			
9) N12: Idac Mobile \$30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2/3:

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	16/05/2019 17:33
Date Of Accident	16/05/2019 07:50
Exact Location Of Accident	JLN AHMAD IBRAHIM TO AYE(MCE)SLIP RD INTO JLN BOON
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF6159G
Insured/Policyholder	
Name Of Registered Owner	A-STAR TESTING & INSPECTION (S) PTE. LTD.
Co Reg No	200806168D
Email Address	ADMIN@ASTARTESTING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62616162
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MT000401-R01
Cover Note Number	
Driver	
Name of Driver	KALIYAMOORTHY MURUGAN
Passport No/FIN	G2334063T
Date Of Birth	25/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96112827
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5 SOON LEE STREET #03-36 PIONEER POINT
Postcode	627607
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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 (including own vehicle) involved in the accident	3
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)	9
Passenger 1	NAME: : RAMACHANDRAN BALAJI GENDER: : MALE
Passenger 2	NAME: : SEENIVASAN RAMKUMAR GENDER: : MALE
Passenger 3	NAME: : SUNDARAMOORTHY GOPI GENDER: : MALE
Passenger 4	NAME: : SEKAR KARTHIKYAN GENDER: : MALE
Passenger 5	NAME: : SARAVANZ RAJARAJAN GENDER: : MALE
Passenger 6	NAME: : SANTHANEM GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KAMPONG UBI NPP
Was notice of intended Prosecution given?	NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190516/2051

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 SJQ5724D
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 YN6395B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 RAMACHANDRAN BALAJI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBF6159G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SEENIVASAN RAMKUMAR
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBF6159G
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name SUNDARAMOORTHY GOPI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBF6159G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name SEKAR KARTHIKYAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBF6159G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name SARAVANZ RAJARAJAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBF6159G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name SANTHANEM

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBF6159G

Were seat belts worn?

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.

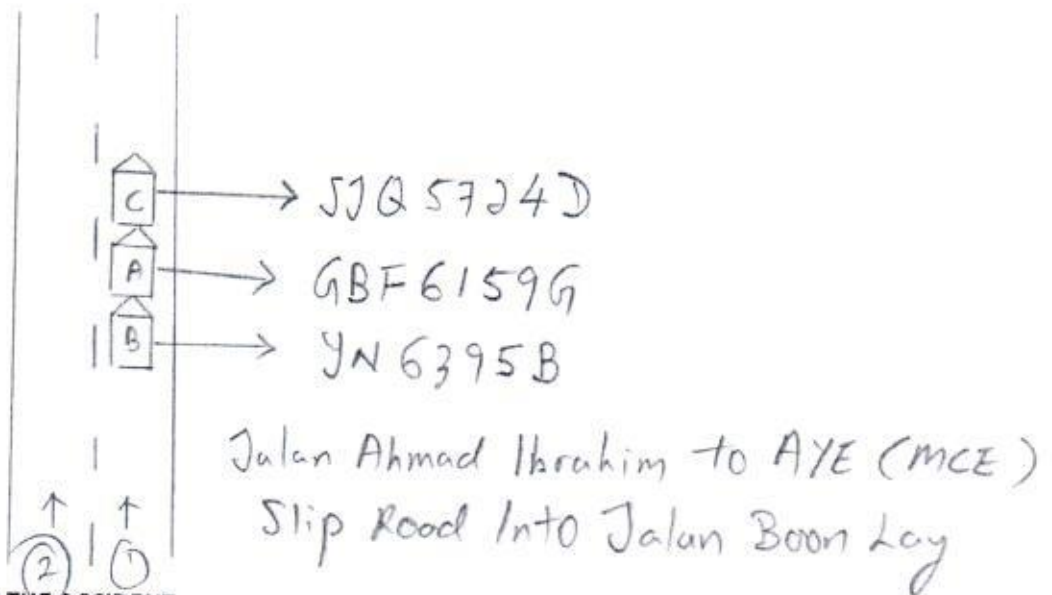


Policyholder's Signature
Date & Time:

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

fym 16/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20190516/2051

DECLARATION

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

Policyholder's Signature
Date & Time:

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

[Signature] 16/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190516/2051

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20190516/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 12:47			Vide Report No.: J/20190516/0037		Station Diary No.: 10
Informant's Particulars					
Name of Informant: KALIYAMOORTHY MURUGAN			Address: C/O 5 SOON LEE STREET #03-36 PIONEER POINT SINGAPORE 627607		
ID Type / ID No.: FIN NO / G2334063T			Contact No.: Home/Office: Mobile: 96112827		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 25/05/1986	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/05/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 JALAN AHMAD IBRAHIM				
JLN AHMAD IBRAHIM to AYE(MCE) SLIP RD INTO JLN BOON LAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
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
GBF6159G	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	8
SJQ5724D	Car	TOYOTA	Vios	Green	Slightly Damaged	0
YN6395B	Lorry	HINO	Hino	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190516/2051

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20190516/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF6159G	TOKIO MARINE INSURANCE SINGAPORE LTD.	19-MT000401-R01	15/01/2019	14/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KALIYAMOORTHY MURUGAN	ID No.	G2334063T
Related Vehicle	NIL	Contact No.	96112827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the driver of GBF6159G.

On the 16/05/2019 at about 0750hrs, I was driving along Jalan Ahmad Ibrahim at the extreme right lane out of two lanes. Total of 6 Passenger were seating at back of the lorry and another two more passenger seating in front. I then slowed down as there was a car in front of me slowly down when suddenly a lorry(YN6395B) had hit me onto my rear portion of the lorry. The impact causes me to hit onto the rear portion of the car(SJQ5724D) in front of me. we then stopped and called for the police. One of my passenger suffered bleeding on the head while the other 5 passenger suffer slight pain on the body. My other passenger including myself were fine. Shortly after Police and ambulance came and 6 of my passenger were conveyed to Ng Teng Fong Hospital. All vehicle suffered slight damages. My Lorry suffered damages on the front and rear portion.



**SINGAPORE
POLICE FORCE**



T/20190516/2051

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20190516/2051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD IMRAN HADI BIN JOHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

16/05/2019 12:47

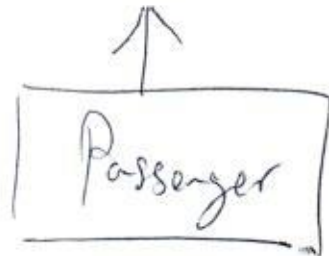
Classification Of Case:

Authentication Stamp

NP168

- 1) Ramachantran Balaji
- 2) Seenivasan Ramkumar
- 3) Sundaramoorthy Gopi
- 4) Sekar Karthikeyan
- 5) Saravann Rajarajan
- 6) Sathyanem

male



SINGAPORE ACCIDENT STATEMENT

Accident Date: 16/05/2019	Time: 07:50	(hh:mm) 24 hr format
Location Road 1, Jalan Ahmad Ibrahim to AYE (MCE) Slip Road into Jalan Boon Lay		
Vehicle Number GAF 6159G		
Insured Name A-Star Testing & Inspection (S) Pte Ltd		
NRIC / FIN 2008061680	Contact Number	-
Make Toyota	Model Dyna 150 5MT	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company Tokio Marine		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 19-MT000401-RO1		
Name of Driver Kaliya moorthy murugan () Same as Insured		
NRIC / FIN G 2334063T	Contact Number	96112827
Date of Birth 25/05/1986		
Driving Pass Date 27/01/2015		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address admin@astartesting.com.sg () NO EMAIL		
Address of Driver C/O S Soon Lee Street #03-36 Pioneer Point Singapore 627604		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? (/) Yes () No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B SJA 5724D		
Veh C YN 6395B		
Veh D		
Veh E		
Veh F		

* 6 passenger inside vehicle.

Licence Number **G 2334063T**
 Name **KALIYAMOORTHY MURUGAN**
 Birth Date: 25 May 1986
 Issue Date: 27 Jan 2015
 Valid Till: 26 Jan 2020

002390436K

SG 50

G2334063T
driver

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

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	27 Jan 2015
Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg	27 Jan 2015

NP 428A





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

A-STAR TESTING & INSPECTION (S) PTE. LTD.



KALIYAMOORTHY MURUGAN

0 35193212

PROCESS



KD433380

GRT 61596

driver

VISIT PASS
Immigration Regulations

30-05-2018

Name

KALIYAMOORTHY MURUGAN

FIN

G2334063T

Date of Birth

25-05-1986

Sex

M

Nationality

INDIAN



Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

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



TOKIO MARINE
INSURANCE GROUP

FORM MZ300

A member of the
Tokio Marine Group

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, 1959 (MALAYSIA)

Policy No.: 19-MT000401-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number
of Vehicle

GBF6159G

Chassis No.: JTFAT35Y40K207370

2. Name of Policyholder

A-STAR TESTING & INSPECTION (S) PTE LTD

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

15/01/2019

4. Date of Expiry of Insurance

14/01/2020

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their permission.

* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

1) Use in connection with the policyholder's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.

3) Use for social domestic and pleasure purposes.

The policy does not cover:-

1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 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

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 750
	Windscreen Excess SGD 100
Financial Interest:	UNITED OVERSEAS BANK LIMITED

Account: 1861DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature