

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA119092858-01

Date In: 16/1/05-12:46	Job description	Date & Time Completed	Done by
Ref No: NA119092858-01	SAS e-filing		
Veh No: 60F 74733	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/05-12:45	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: (Tel: (Fax: (
TP Particulars:	Veh No: 43D1486	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

NA119092858-01	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QJ1*		
	*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'n INC) against INC \$20		
	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	16/07/2019 11:46
Date Of Accident	13/07/2019 14:45
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7473S
Insured/Policyholder	
Name Of Registered Owner	KOH CONTRACTS & SERVICES PTE LTD
Co Reg No	200800806H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82189169
Alternative Phone No	OFFICE-82189169
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MS002381
Cover Note Number	
Driver	
Name of Driver	KOH BOON HEE AUGUSTINE
NRIC No	S1807148G
Date Of Birth	29/08/1967
Occupation	INDOOR
Date Of Driving Pass	22/04/1988
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82189169
Fax Number	
Contact Number	OFFICE-82189169
Email Address	NOEMAIL

Address	BLK 662 HOUGANG AVENUE 4 #02-407
Postcode	530662
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 (including own vehicle) involved in the accident	4
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/2049.

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	GBD1148G
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP9466A
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHF5K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

KOH BOON HEE AUGUSTINE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7473S

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

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

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

SKETCH PLAN

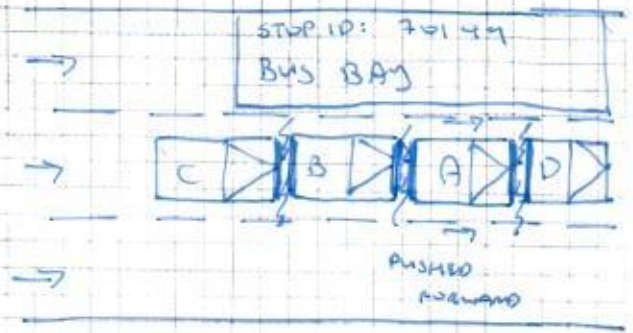
MAXPHERSON GREEN CONDO.

Vehicle A - GBF 74735

Vehicle B - GBD 1148 G

Vehicle C - YP 9466A

Vehicle D - SHF 5 K



Macpherson Road towards
Bendemeer Direction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



Policyholder's Signature

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

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

Vehicle No.	G3F 7473 S	Model / Make	NISSAN CABSTAR
Date of Accident	13/07/19		
Time of Accident	1445	HRS	
Location of Accident	MACPHERSON RD		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	KOH CONTRACTS & SERVICES PTE LTD		
Telephone No.	H/P : 8218 9169	Home :	Office :
NRIC	2008008064		
Address	80 CENTRAL LANE #01-01 KUBA INDUSTRIAL COMPLEX S(349565)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MS 002180		
Name of Driver	As Above If No, KOH BOON HEE AUGSTINE		
NRIC	S18071484	Any Passengers :	NIL
Date of birth	29/08/1967		
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 APR 1988 (CLASS 3)		
Gender	Male / Female		
Contact No.	H/P : 8218 9169	Home :	Office :
Address	BLK 662 HOUSANG AVE 4 #02-402 S(530662)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	KOH BOON HEE AUGSTINE 82189169		
Name And Contact No.			
Police Report	No,	If Yes, Where?	TRAFFIC POLICE DIVISION.
Vehicle B No.	GRD 1148 G	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	YP 9466 A	Any Passengers :	
Vehicle D No.	SFF 5 K	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR.		
Camera Recorder	Yes/No	CAN'T RETRIEVE	
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20190715/2049

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

1 of 3

Report No. T/20190715/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 12:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH BOON HEE AUGSTINE	Address: APT BLK 662 HOUGANG AVENUE 4 #02-407 SINGAPORE 530662
ID Type / ID No.: NRIC NO / S1807148G	Contact No.: Home/Office: Mobile: 82189169
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 51 Date of Birth: 29/08/1967	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: CONSTRUCTION	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 MACPHERSON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7473S	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190715/2049

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Report No. T/20190715/2049

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location

I was travelling along the said location. Approaching the traffic light, it emits red therefore I came to a stop. Suddenly, the involved vehicle collided onto the rear portion of my vehicle. At that point of time, I felt some pain around my chest area, and I was also feeling giddy. However, after I managed to grasp the situation, I immediately call police. shortly after, the ambulance came. The paramedics assess my condition, and deemed that my blood pressure was too high. Thence, I was conveyed to TTSH for further treatment. I was granted 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20190715/2049

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

3 of 3

Report No. T/20190715/2049

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2019 12:44

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____



T/20190716/2044

1 of 3

Report No. T/20190716/2044

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190715/2049

Report Number T/20190716/2044

Vide Report Number

Date/Time of Report Made 16/07/2019 10:00

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant KOH BOON HEE AUGSTINE

ID Type / ID No. NRIC NO / S1807148G

Home/Office

Mobile 82189169

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 13/07/2019 14:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1148G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold		0
GBF7473S	Lorry				Slightly Damaged	0
SHF5K	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0



T/20190716/2044

2 of 3

Report No. T/20190716/2044

Continuation of CSF For NP168

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP9466A	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN (CBU)	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH BOON HEE AUGSTINE	ID No.	S1807148G
Related Vehicle	GBF7473S (Lorry)	Contact No.	82189169
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

Brief Facts.

ON THE STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG TH SAID LOCATION. APPROACHING THE TRAFFIC LIGHT, IT EMIT RED THEREFORE ICAME TO A STOP. SUDDENLY, THE INVOLVED VEHICLE COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. AT THAT POINT OF TIME, I FELT SOME PAIN AROUND MY CHEST AREA, AND I WAS ALOS FEELING GIDDY. HOWEVER, AFTER I MANAGED TO GRASP THE SITUATION, I IMMEDIATELY CALL POLIC. SHORTLY AFTER, THE AMBULANCE CAM. THE PARAMEDICS ASSESS MY CONDITION AND DEEMED THAT MY BLOOD PRESSURE WAS TOO HIGH. THENCE, I WAS CONVEYED TO TTSH FOR FURTHER TREATMENT. I WAS GRANED 3 DAYS OF MC.

REFER TO REPORT NUMBER: T/20190715/2049



T/20190716/2044

3 of 3

Report No. T/20190716/2044

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
THABAGESH JEYATHESH

Classification of Case 1) INJURY / ATTENDED BY POLICE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119092858 Vehicle Registration No: GBF7473S
Name (as shown in NRIC) : KOH CONTRACTS & SERVICES PTE LTD NRIC/FIN/Passport No : 200800806H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 82189169
Email Address : _____
Date of Accident : 13/07/2019 Time of Accident : 14:45
Place of Accident : MACPHERSON RD
Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Amend vehicle registration number

2) Amend manufacturer & model

3) Amend policy number

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1807148G



Name

KOH BOON HEE AUGUSTINE

許文喜

Race

CHINESE

Date of birth

29-08-1967

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S1807148G

Name

KOH BOON HEE AUGUSTINE

Birth Date: 29 Aug 1967

Issue Date: 09 Feb 2017



002654988J



5706412

NRIC No. S1807148G



Date of issue

08-02-2017

Address

APT BLK 662 HOUGANG AVENUE 4
#02-407
SINGAPORE 530662

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	25 Jun 1986
Class 2A	Motorcycles between 201 cc and 400 cc	25 Jun 1988
Class 2	Motorcycles > 400 cc	24 Feb 2004
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Apr 1986
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	28 Sep 1989
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	16 Feb 1993
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A



Licence No: S1807148G

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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

A member of the
Tokio Marine Group**TOKIO MARINE**
INSURANCE GROUP**Certificate of Insurance**

FORM MZ300

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.: MS002381 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBF7473S | Chassis No.: JN1SC2F24Z0859270 |
| 2. Name of Policyholder | KOH CONTRACTS & SERVICES PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28/02/2019 (00:00:00) | |
| 4. Date of Expiry of Insurance | 27/02/2020 | |
| 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

Account No: 2692DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 750.00	(Original Excess : SGD 750.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	HONG LEONG FINANCE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature