

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MA 11910073v**

Date In: <b>15/19-17-40</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA 1072150134874</b>	SAS e-filing		
Veh No: <b>JK89680L</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/19-14-25</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **JK89680L** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Dat. 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Dat. 2 / 3:	9) N12: Idac Mobile 30			
	TP (N11): TP (Non INC) against INC \$20			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	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	01/08/2019 13:40
Date Of Accident	31/07/2019 14:25
Exact Location Of Accident	UBI AVE 2 BESIDE BLK 3019
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9680L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S M9 AUTOMOBILE PTE LTD
Co Reg No	200611334Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68469090

### Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMTPSN1823691800
Cover Note Number	

### Driver

Name of Driver	CHAN ZHEN JIE
NRIC No	S8601882I
Date Of Birth	09/01/1986
Occupation	INDOOR
Date Of Driving Pass	03/02/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008196
Fax Number	
Contact Number	OFFICE-98008196
EMail Address	NOEMAIL

Address BLK 727 ANG MO KIO AVENUE 6  
#02-4246

Postcode 560727

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 COLLISION - HEAD TO REAR

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 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: : LEE YUEN MIM  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190731/2140.

#### 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 SKC9120G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMMED ANWAR BIN ABDUL RAZAK

NRIC/Passport Number S7214809F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHAN ZHEN JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB9680L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name LEE YUEN MIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB9680L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

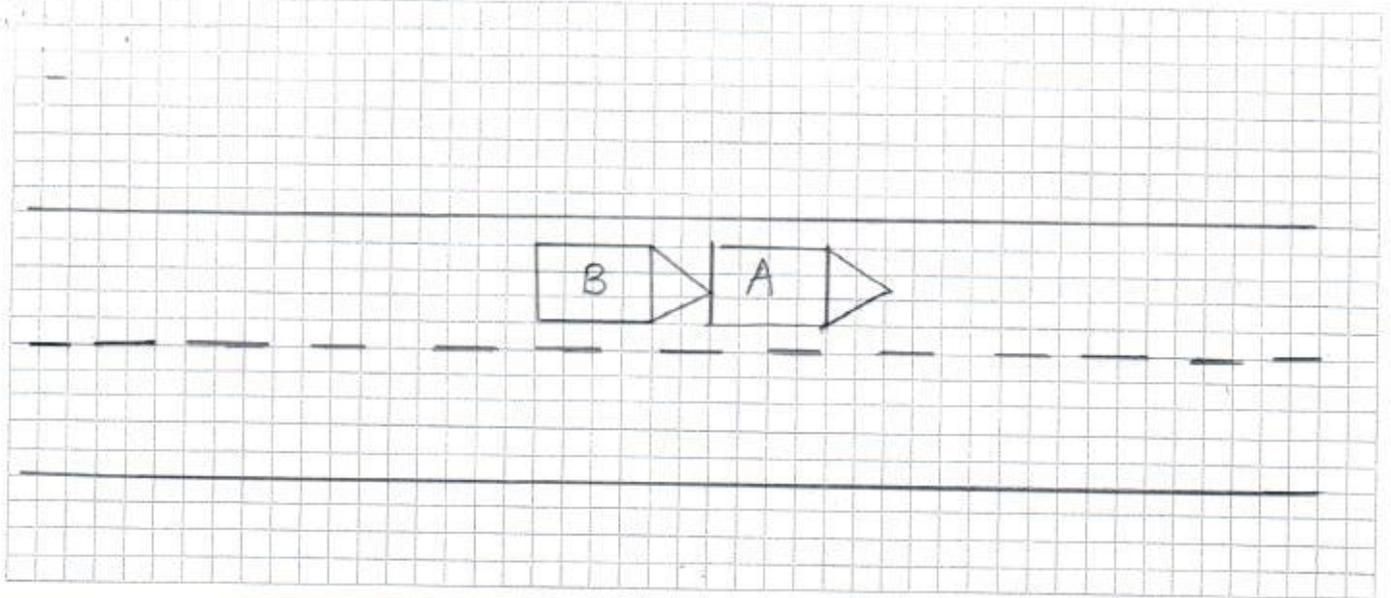


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time,  
 I was travelling along Ubi Avenue 2 outside  
 BIK 3019 front vehicle stop I stopped, suddenly  
 vehicle B collided onto the rear portion of my  
 vehicle.

Refer to police Report : T/20190731/2140

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 Accident Statement

Date of Accident 31/07/2019  
Time of Accident 1426 (24hr format)  
Exact Location Of Accident Along Ubi Ave 2 Beside BIK 3019  
Country/State of Loss \_\_\_\_\_

## Details Of Own Vehicle

Vehicle No SKB 9680L  
Insured/Policyholder \_\_\_\_\_  
Individual / Company  
Name of Registered Owner M9 Automobile pte Ltd  
Co Reg No 2006 113342  
Email Address \_\_\_\_\_  
Mobile No \_\_\_\_\_  
Alternative Phone No 684 69090

## Vehicle Particulars

Manufacturer BMW  
Model 318I  
Are you claiming under your own insurance policy for repair to your vehicle? Yes / No  
If No, Please state action to be taken TP Claims / Own Damages / Reporting Only

## Insurance Company

Name of Insurance Company China Tai ping  
Type Of Coverage Motor Trade policy  
Fleet Policy Yes / No  
Policy Number DMTP SN 1823691800  
Cover Note Number Endorsement No: SNM1811189/2

## Driver

Name of Driver Chan Zhen Jie  
NRIC No 88601882I  
Date of Birth 09/01/1986  
Occupation Indoor / Outdoor  
Date of Driving Pass 03/02/2016  
Gender Female / Male

Mobile Number 9800 8196  
Fax Number \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address Blk #27 Ang Mo Kio  
Ave 6 #02-4246  
Postcode 560727  
Was driver an employee of the Insured's Company  Yes / No  
If No, Relationship of the Driver with the Insured \_\_\_\_\_  
Vehicle Registration Number of Driver's Own Vehicle NA  
Insurance Company of Driver's Own Vehicle NA

#### General Information of the Accident

Type of Accident Front to Rear  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? Yes / No  
Was any body injured in the Accident?  Yes / No  
Was any other material or property damaged? Yes /  No  
Was there any video captured by Car Camera? Yes /  No  
Number of Passengers (including Driver) 2  
Details of Police Action NA  
Was the accident reported to the police?  Yes / No  
If Yes, Please state which Police Station \_\_\_\_\_  
Was notice of intended Prosecution given? Yes /  No  
If Yes, against whom? \_\_\_\_\_

Name of passenger:  
Lee Yuan Min

#### Details of Other Vehicle Property 1

Vehicle Registration Number SKC 9120G  
Vehicle Make/Model/Colour \_\_\_\_\_  
Details Of Properties \_\_\_\_\_  
Name of Driver Mohammed Anwar Bin Abdul Razak  
NRIC/Passport Number S7214809F



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190731/2140

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2019 19:20	Vide Report No.:	Station Diary No.: 103
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**Informant's Particulars**

Name of Informant: CHAN ZHEN JIE		Address: APT BLK 727 ANG MO KIO AVENUE 6 #02-4246 SINGAPORE 560727	
ID Type / ID No.: NRIC NO / S8601882I		Contact No.:	Mobile: 98008196
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 09/01/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CAR DEALER		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 2  Along Ubi Avenue 2 near to Block 3019				
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: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB9680L	Car					1
SKC9120G	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver			
Name	CHAN ZHEN JIE		ID No. S8601882I
Related Vehicle	SKB9680L (Car)		Contact No. 98008196
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	31/07/2019	Date Discharge	31/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	LEE YUEN MIM		ID No. S8808217F
Related Vehicle	SKB9680L (Car)		Contact No. 94505586
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	31/07/2019	Date Discharge	31/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 31/07/2019 at around 1423hours, I was travelling along Ubi Avenue 2 outside Blk 3019. The traffic volume at that point of time is moderate. There is vehicle in front of mine SKB9680L and the vehicle in front of me stopped. As such, I stopped my vehicle. However, there was a sudden impact from the rear of my vehicle. I made a check and discovered that one vehicle SKC9120G has collided to the rear of my vehicle.

I wish to inform that there is no in-built car camera in my vehicle. My wife and I felt unwell after the accident as such we went to seek for medical treatment.



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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: F / Staff Sgt TAY HUEI JING	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant: 
Date/Time: 31/07/2019 19:20
Classification Of Case:

**ADVANCE CLINIC & SURGERY PTE LTD**

Blk 301 Ubi Ave 1 #01-269 Singapore 400301

Tel: 67421156. Fax: 67426191

**Medical Certificate**

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**Date : 31 Jul 2019**

**MC No. : 0000075237**

This is to certify that :

Name : LEE YUEN MIM

NRIC : S8808217F

is Unfit for Duty for 3 days

from 31/07/2019 to 02/08/2019 inclusive.



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AC-DR CHIA KIAN CHUA

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S86018821



Name

CHAN ZHEN JIE



**For LKK/NAC Use Only**

Race

CHINESE

Date of Birth

09-01-1986

Sex

M

Country of Birth

SINGAPORE

Driver  
Injuries  
3 days

3245123



NRIC No. S86018821



**For LKK/NAC Use Only**

Blood Group

B+

Date of issue

23-01-2001

APT BLK 727 ANG MO KIO AVENUE 6 #02-4246  
SINGAPORE 560727

NRIC No. S86018821

Date 25/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S86018821  
Name: CHAN ZHEN JIE

**For LKK/NAC Use Only**

Birth Date: 09 Jan 1986  
Issue Date: 03 Feb 2016

002525195G



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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	03 Feb 2016

**For LKK/NAC Use Only**

NP 428A

Licence No: S86018821



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S8808217F



Name  
 LEE YUEN MIM  
 (LI YUANMIN)  
 李 袁 敏

Race  
 CHINESE

Date of Birth  
 17-03-1988

Country of Birth  
 SINGAPORE

Sex  
 F

S8808217F

**For LKK/NAC Use Only**



Passenger .  
 Injures 3 days.

9341821



NRIC No. S8808217F



19-03-2003

**For LKK/NAC Use Only**

APT BLK 727 ANG MO KIO AVENUE 6 #02-4246  
 SINGAPORE 560727

NRIC No. S8808217F Date: 25/07/2016



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ9  
N SN  
AN0571A  
Cov.Type: T

MOTOR TRADE POLICY

**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)

ORIGINAL

CERTIFICATE No. DMT7SM1823691800

1. Index Mark and Registration Number of Vehicle Any Motor Vehicle the property of the policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policy Holder M/S M9 AUTOMOBILE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01 August 2018 Excess Sect. II ..... S\$1,500.00

4. Date of Expiry of Insurance 31 July 2019

5. Persons or Classes of Persons entitled to drive\* AS per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy.

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 Motor Trade purposes.

7. The Policy does not cover  
(a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use solely for "breakdown" purposes is not deemed to be use for hire or reward.

\* 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.

**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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HO LI HWA IRENE  
Authorised Officer

Authorised Signatory

ORIGINAL

THE SCHEDULE

Agency	AN0571A	Class of Policy	MOTOR TRADE POLICY	Policy Number	..... DMTPSN1823691800
Account	AN0571A	Issued on	..... 27/07/2018 in SINGAPORE		
Client	3215273	Acceptance Date	27/07/2018		

Period of Insurance from 01/08/2018 to 31/07/2019 , both dates inclusive

Insured's Name....	M/S M9 AUTOMOBILE PTE LTD
Address.	61 UBI AVENUE 2 #01-16 AUTOMOBILE MEGAMART SINGAPORE 408898

Business/Occupn... CAR DEALER

Premium .....	Base Annual Premium.....	S\$1,498.00		
	No Claim Discount .....	20.00%	S\$299.60-	
	Others .....		S\$400.00	
	Total Annual Premium .....		S\$1,598.40	Premium Due S\$1,598.40
				Premium GST S\$111.89
				Total Due S\$1,710.29

Risk No. 001	MOTOR TRADE POLICY			
1. Registration	MOTOR /TRADE	Make/Model ..	MOTOR TRADE	
Type of Cover	Third Party	No. of seats	0	Body Type ..... M/TRADE
Engine No. ...		Capacity cc's	1	Yr of Manuf/Regn 1/1
Chassis No...				Certificate Ref. MZ9
Excess Sect. II .....			S\$1,500.00	
Named Drivers	GOH KENG TECK (S6833454C) NG JUN HUA (S9111370H)		CHEN SIONG LOONG (S7301754H) CHAN ZHEN JIE (S8601882I)	

1. Policy covers anywhere in Singapore. Losses happened outside Singapore will not be covered.
2. Policy covers 4 named drivers driving as provided.
3. Policy covers 24 hours.
4. Policy is for Motor Trade Purpose.
5. Limits of Liability: - TPPD \$500k, Third Party bodily Injury - Unlimited.

SHORT-PERIOD REFUND

It is hereby Declared and agreed that should this Policy be cancelled, the refund shall based on Short Period Basis as stated in the Policy Wordings.

Other terms and conditions remain unchanged.

The following clauses and endorsements apply to this policy

Subject to Endts. 1 & 3(p).  
MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Continued on page 2