

# NATIONAL Assessment Centre Services

Date In: <u>20/08/19</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/TMI19014550/13</u>	SAS e-filing		
Veh No: <u>GB69168E</u>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <u>19/08/19 0955</u>	i-Motor Claim Form		
OD <u>(TP)</u> 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: ( <u>VISION AUTO WORK</u> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <u>SHB4906E</u>	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

<u>NA1906144</u>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD:		
<b>Auditors' Comments :-</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat 2 / 3:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	20/08/2019 16:25
Date Of Accident	19/08/2019 09:35
Exact Location Of Accident	PIE TWDS TUAS AFT UPP JURONG RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG9168E
Insured/Policyholder	
Name Of Registered Owner	G COOL ENGINEERING PTE LTD
Co Reg No	201533140K
Email Address	GCOOLENGRG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62627800
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	MT108982
Cover Note Number	
Driver	
Name of Driver	DUKE SIM DU KEE
NRIC No	G7586265U
Date Of Birth	22/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98801391
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	280 WOODLANDS INDUSTRIAL PARK E5 #06-41HARVEST @ WOODLANDS
Postcode	757322
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	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)	3
Passenger 1	NAME: : WONG LU XING GENDER: : MALE
Passenger 2	NAME: : SHEIKH SOHAG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190820/2119

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4906E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	LIM SIANG BENG
NRIC/Passport Number	S1820546G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW8571P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEOH CHEE KEONG
NRIC/Passport Number	S8027773C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN347E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY SWEE HONG
NRIC/Passport Number	S0974337E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	DUKE SIM DU KEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBG9168E
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.

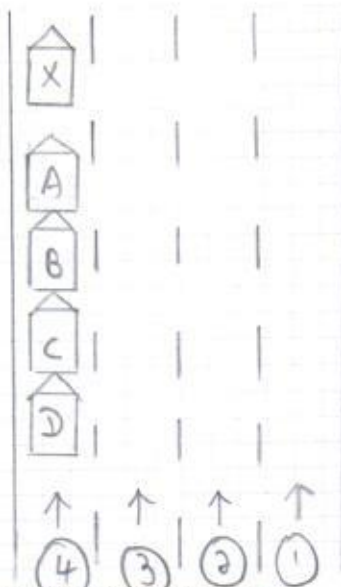


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = G3G 9168 E

B = SHB 4906 E

C = SKW 8571 P

D = YN 347 E

P1E towards Tucs

(After Upper Jurong Road Exit)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T20190820/2119

## 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.:

*[Signature]* 20/08/19





# SINGAPORE POLICE FORCE



T/20190820/2119

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4

Report No. T/20190820/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2019 16:03	Vide Report No.:	Station Diary No.: 59
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<b>Informant's Particulars</b>			
Name of Informant: DUKE SIM DU KEE		Address: APT BLK 251 BANGKIT ROAD #11-386 SINGAPORE 670251	
ID Type / ID No.: FIN NO / G7586265U		Contact No.: Home/Office: Mobile: 98801391	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 22/12/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 3 Date of Expiry: 15/05/2021	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2019 09:35	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS TUAS AFTER UPPER JURONG ROAD EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

D. Vehicle Involved						
Vehicle No.	Type	Make	Model	Colour	Damage	Count
GBG9168E	Lorry	TOYOTA	CABSTAR	Silver	Seriously Damaged	2
SHB4906E	Car					0
SKW8571P	Car					0
YN347E	TRUCK					0



**SINGAPORE  
POLICE FORCE**



T/20190820/2119

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20190820/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	DUKE SIM DU KEE	ID No.	G7586265U
Related Vehicle	GBG9168E (Lorry)	Contact No.	98801391
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 15/05/2021
Date Treatment	19/08/2019	Date Discharge	19/08/2019
No. of Days granted Medical Leave	01	Degree of Injury	Serious
<b>Driver</b>			
Name	LIM SIANG BENG	ID No.	S1820546G
Related Vehicle	SHB4906E (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	NIL
<b>Driver</b>			
Name	YEOH CHEE KEONG	ID No.	S8027773C
Related Vehicle	SKW8571P (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	NIL





**SINGAPORE  
POLICE FORCE**



T/20190820/2119

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20190820/2119

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAY SWEE HONG		ID No.	S0974337E
Related Vehicle	YN347E (TRUCK)		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	NIL	

**Brief Details.**

On 19/08/2019 at about 0935hrs along PIE towards Tuas (After Upper Jurong Road Exit). I was travelling straight on lane 4 and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

After about 30 seconds, suddenly I heard a loud bang from behind. When I alighted, I realized it was vehicle (B) that had collided onto the rear portion of my vehicle (A) causing damages to my vehicle (A).

It was a chain collision of total 4 vehicles involved and I wish to state that I have 2 passengers inside my vehicle (A). I was conveyed by Ambulance to Ng Teng Fong Hospital. Traffic Police, LTA marshal and EMAS were at scene.

I have in-car camera inside my vehicle (A) and the memory card was taken by the Traffic Police.

Vehicle (A): GBG9168E  
Vehicle (B): SHB4906E  
Vehicle (C): SKW8571P  
Vehicle (D): YN347E



**SINGAPORE  
POLICE FORCE**



T/20190820/2119

4 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20190820/2119

**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 / SI ABDUL RAHMAN BIN ABDUL RAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2019 16:03
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp  
NP168

X



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/08/2019 Time: 09:35 (hh:mm) 24 hr format		
Location PIE towards Tuas (After Upper Jurong Road Exit)		
Vehicle Number GBG 9168E		
Insured Name G. COOL Engineering Pte. Ltd.		
NRIC / FIN 201533140E	Contact Number 62627800	
Make Nissan	Model Cabstar	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company Tokio Marine		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number MT108982		
Name of Driver Duke Sim Du Kel ( ) Same as Insured		
NRIC / FIN G 75862654	Contact Number 98801391	
Date of Birth 22/12/1979		
Driving Pass Date 26/07/2017		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address gcooleugra@gmail.com ( ) NO EMAIL		
Address of Driver 280 Woodlands Industrial Park ES		
#06-41, Harvest @ Woodlands, S(757322)		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) 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 ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail Complaint Giddy		
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B	SHB 4906E	
Veh C	SKW 8571P.	
Veh D	YN 347E	
Veh E		
Veh F		

Passenger: 1: Wong Lu Xing (m)  
2: Sheikh Sohag (m)

REPUBLIC OF SINGAPORE DRIVING LICENCE

002567581H

DUKE SIM DU KEE

For LKK/NAC Use Only

Birth Date: 22 Dec 1979  
Issue Date: 16 May 2016  
Valid Till: 15/05/2021

002567581H

LKK/NAC E  
driver

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

C  
3  
C

Motor cars  $\leq$  3500 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors  $\leq$  3500 kg

EFFECTIVE DATE

26 Jul 2017

For LKK/NAC Use Only

S / No. 9000271906

G7586265U

NP 428A

Licence No: G7586265U



  
DUKE SIM DU KEE  
4 01863312 CONSTRUCTION  
**For LKK/NAC Use Only**  
  
K1202222

G13G 9168E  
driver

VISIT PASS  
Immigration Regulations  
28-02-2019

Name  
DUKE SIM DU KEE

FIN  
G7586265U

Date of Birth  
22-12-1979

Sex  
M

Nationality  
MALAYSIAN

Download SGWorkPass App to check status


**For LKK/NAC Use Only**  


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



## Certificate of Insurance

FORM: IM2000

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.: MT108952 (Commercial Vehicle)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GG99165E   | Chassis No.: JN1SCQF24Z0960380 |
| 2. Name of Policyholder  | G. COOL ENGINEERING PTE LTD  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/11/2018 (00:00:00)  |                                |
| 4. Date of Expiry of Insurance   | 29/11/2019   |                                |
| 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 operative 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 VI 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 terminated for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof, and if the Certificate had been lost or 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: 1142DDA

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:	MAYBANK		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature