

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA119109986

|                         |  |                       |         |
|-------------------------|--|-----------------------|---------|
| Date In: 21/1/19-15:06  | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/7m2190147244 | SAS e-filing                             |                       |         |
| Veh No: JFR562R         | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 21/1/19-01:45    | 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: JH6891C  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |           |
|---------------------------------|---|-------------|-----------|-----------|
| NA190637V                       | <b>Invoice Preparation Checklist</b>            |             | Am't (\$) | Am't (\$) |
| Claimant's Particulars:-        | 1) AR : Accident Reporting (\$30);              |             | In Bill   | Add Bill  |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |           |           |
| Contact No:                     | 3) TP : Towing Fee \$40/\$45                    |             |           |           |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |             |           |           |
|                                 | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |           |           |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |           |           |
|                                 | 6) TR : Re-inspection \$75                      |             |           |           |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |             |           |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |           |
| QC Checked by (Engr-In-Charge): | QJ*   |             |           |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |           |
|                                 | *N6: Repair Co-ordination \$10                  |             |           |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |           |
| Auditors' Comments:-            | TP (N11) : TP (N-in INC) against INC \$20       |             |           |           |
| Dat. 1:                         | 9) N12: Idac Mobile 30                          |             |           |           |
| Dat. 2 / 3:                     | 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             | 21/08/2019 15:06      |
| Date Of Accident           | 20/08/2019 01:45      |
| Exact Location Of Accident | SIMS AVE TWDS KALLANG |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SFK562R                 |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | PUNGGOL EAST CAR RENTAL |
| Co Reg No                   | 53338281E               |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             |                         |
| Alternative Phone No        | OFFICE-89999999         |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | STREAM 1.8 A |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE  |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO           |
| If No, Please state action to be taken                                       | THIRD PARTY  |
| Vehicle Category   | PRIVATE HIRE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             | 18-MJ001819-R00                      |
| Cover Note Number         |                                      |

### Driver

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver       | KOH JUN HUI, JOHNNY (XU JUNHUI) |
| NRIC No              | S8813023E                       |
| Date Of Birth        | 19/04/1988                      |
| Occupation           | OUTDOOR                         |
| Date Of Driving Pass | 18/02/2008                      |
| Driving Experience   | 11 YEARS AND 6 MONTHS           |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-87867567            |
| Fax Number           |                                 |
| Contact Number       | OFFICE-87867567                 |
| Email Address        | NOEMAIL                         |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 661A EDGEDALE PLAINS<br>#12-602 |
| Postcode  | 821661                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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)   | 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 STATEMENT.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |               |
|-------------------------------------|---------------|
| Vehicle Registration Number         | SHC1891C      |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Vehicle Category                    | TAXI          |
| Name of Driver                      | LAM KEE LOONG |
| NRIC/Passport Number                | S1589067C     |
| Contact Number                      | 81186868      |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |

#### DETAILS OF INJURED PERSON 1

|   |                                 |
|---|---------------------------------|
| Name  | KOH JUN HUI, JOHNNY (XU JUNHUI) |
| Approximate Age                                     |                                 |
| Injuries Sustain                                    | NECK & BACK                     |
| Injured person in which vehicle?                    | SFK562R                         |
| 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.

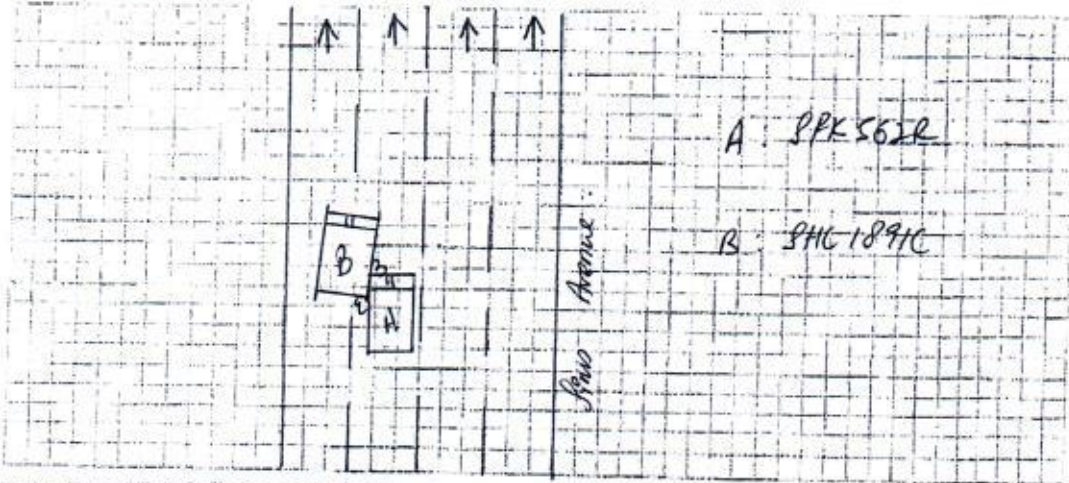


Policyholder's Signature  
Date & Time:

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

I was travelling along Rms Avenue towards Kallang.  
 I was in my own lane when suddenly vehicle  
 (b) cut in from my left and jam brake even  
 though there was no vehicle in front of him. His  
 action caused our vehicle to collide onto each other.

## 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

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

|                            |   |
|----------------------------|---|
| Date and time of accident  | Date: 20 Aug 2019 (DD/MM/YY) Time: 0145 (HH:MM) |
| Exact location of accident | Along Plus Avenue towards Kallang.              |

### Details of vehicle

|  |                                  |  |   |
|--|----------------------------------|--|---|
| Vehicle registration number                        | SFL 562R                         |  |   |
| Vehicle make and model                             | Honda Stream                     |  |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>  | MPV <input checked="" type="checkbox"/>        | CRV <input type="checkbox"/> Van <input type="checkbox"/>   |
|  | Lorry <input type="checkbox"/>   | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      | Private                          |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>     | No <input checked="" type="checkbox"/>         | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

### Insurance information

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | TMI   |   |                                  |
| Policy number     | 18-M1001819-R00                                   |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

### Insured / Policy holder

|                              |                         |                               |                                 |
|------------------------------|-------------------------|-------------------------------|---------------------------------|
| Name                         | Runggol Earl Car Rental | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 53332281E               |                               |                                 |
| Contact                      |                         |                               |                                 |
| Address                      |                         |                               |                                 |

### Driver

Same as insured above ☐ (skip to D.O.B)

|                              |   |   |                                 |
|------------------------------|---|---|---------------------------------|
| Name                         | Koh Jun Hui Johnny                                      | Male <input checked="" type="checkbox"/>    | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 88813023E   |   |                                 |
| Contact                      | 8786 7567   |   |                                 |
| Address                      | Block 661A Edgevale Plains.<br>#12-602 Singapore 821661 |   |                                 |
| Email address                |   |   |                                 |
| Date of birth                | 19 Apr 1988   |   |                                 |
| Occupation                   | Indoor <input type="checkbox"/>                         | Outdoor <input checked="" type="checkbox"/> |                                 |
| Driving date pass            | 18 Feb 2008   |   |                                 |

### General information of the accident

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 1 (Inclusive of driver)  |

### Passenger 1

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Passenger 2

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Passenger 3

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Passenger 4

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Passenger 5

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Passenger 6

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |



Third party vehicle 1

|                              |                |
|------------------------------|----------------|
| Name                         | Lam Kee Leung. |
| Contact number               | 8118 6868      |
| NRIC / Fin / Passport number | 81589067C      |
| Vehicle registration number  | 3HC1891C       |
| Vehicle make model           |                |

Third party vehicle 2

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 3

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 4

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 5

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 6

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

**Witness 1**

|      |  |
|------|--|
| Name |  |
|------|--|

**Witness 2**

|      |  |
|------|--|
| Name |  |
|------|--|

**Injured person 1**

|  |   |  |
|--|---|--|
| Name   | Koh Jun Hui Johnny                      |  |
| Injuries sustained                             | Neck & back                             |  |
| Which vehicle person in?                       | SPR562R                                 |  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

**Injured person 2**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Injured person 3**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Injured person 4**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



REPUBLIC OF SINGAPORE DRIVING LICENCE

S8813023E

KOH JUN HUI, JOHNNY  
(XU JUNHUI)

KK/NAC Use Only

Issue Date: 19 Apr 2011

001957155H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8813023E



Name

KOH JUN HUI, JOHNNY  
(XU JUNHUI)

许俊晖

Race

CHINESE

Date of birth

19-04-1988

Sex

M

S8813023E

Country/Place of birth

SINGAPORE



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

| Class    | Description   | Effective Date |
|----------|---|----------------|
| Class 2B | Motorcycles <= 200 CC   | 10 Aug 2006 16 |
| Class 2A | Motorcycles between 201 CC and 400 CC   | 28 Aug 2007 17 |
| Class 2  | Motorcycles > 400 CC  | 18 Nov 2008 8  |
| Class 3  | Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tricycles <= 2500 kg | 19 Feb 2008 8  |
| Class 4  | Heavy motor cycles and motor tricycles > 2500 kg  | 13 Jul 2012    |
| Class 5  | Motor vehicles > 2500 kg or motorised heavy duty bikes  | 13 Oct 2012    |

S8813023E

S / No. 9000175061

NP 428A

Licence No: S8813023E

614864



NRIC No. S8813023E



NAC Use Or

Date of issue

15-03-2019

Address

APT BLK 661A EDGEDALE PLAINS  
#12-602  
SINGAPORE 821661

**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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIOMARINE**  
INSURANCE GROUP  
FORM MX1 II

**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.: 18-MJ001819-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SFK562R Chassis No.: RN61018666

2. Name of Policyholder PUNGGOL EAST CAR RENTAL

3. Effective date of the Commencement of Insurance for the purposes of the Act 13/12/2018

4. Date of Expiry of Insurance 12/12/2019

**5. Persons or Class of Persons entitled to drive\***

Any person who is driving on the Policyholder's order or with their permission.  
The hirer.

Any other person who is driving on the hirer's order or with his/ 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\***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

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

2) Use whilst drawing a trailer except the towing (other than for reward) 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 in 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: 1357DDA

Insurance Plan: Third Party, Fire & Theft  
Limit for total loss or theft: Prevailing Market Value  
Policy Excess: Excess-Third Party (Sect II) SGD 2,000  
Financial Interest: TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Chung Yi Shun Medalline

Printed 04-03-2019



List of Approved Workshops (With 24 Hours Towing Service)  
24-hour Hotline - 1800 225 8647 (In Singapore)  
+ 65 6225 8647 (In Malaysia/Thailand)

| Zone | Area | Name of Workshop     | Address  | Contact No.                      |
|------|------|----------------------|--|----------------------------------|
|      |      | AN LAM MOTOR COMPANY | Plot 11 Ang Mo Kio Rd, Park 2A, #01-09 ANM, Singapore 530697 | Tel: 6483 1288<br>Fax: 6483 1288 |