

# NATIONAL Assessment Centre Services.

part 1 Jan 2019

MMA 119157138-01

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 28/11/19 13:49                                | Job description                        | Date & Time Completed | Done by |
| Ref No: NA1 TMZ1902106214                              | SAS e-filing                           |                       |         |
| Veh No: SLF 800J                                       | E-mail (within 2hrs, AIC 2hrs)         |                       |         |
| DOA: 27/11/19 13:50                                    | I-Motor Claim Form                     |                       |         |
| OD: <input checked="" type="checkbox"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) |                       |         |
| TP Insurer:  | I-Photo Uploaded                       |                       |         |
|  | Assessment/Survey Report               |                       |         |
|  | Ass't Report by Fax/Hand to Owner/Whse |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / IHC Assign Wksp / GW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SJV 4286 G                                       | 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: YBS ( ) / NO ( )                               |                       |
| Excess: (\$ )                            | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC) (Ref No: 6718661618)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

| Date/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|  |                     |             |              |
|--|---------------------|-------------|--------------|
| NA1908963                                      | Invoice Particulars | Amount (\$) | Balance (\$) |
| 1) AR: Accident Reporting (\$30)               |                     | 30.00       |              |
| 2) DA: Damage Assessment (\$100)               | INC (\$80)          |             |              |
| 3) TP: Towing Fee                              | \$40/\$43           |             |              |
| 4) PT: Follow-Through Survey                   | \$120               |             |              |
| 5) PT: Follow-Through Survey (Resurvey)        | \$30                |             |              |
| For claimant status INC Only (wef 10 Jan 2019) |                     |             |              |
| 6) TR: Re-inspection                           | \$75                |             |              |
| 7) NI: Idea DA + SMRT Survey                   | \$160               |             |              |
| 8) NFUC Additional Services:-                  |                     |             |              |
| Q1:  |                     |             |              |
| • N5: Courtesy Car / Tpt Allowance             | \$5                 |             |              |
| • N6: Repair Co-ordination                     | \$10                |             |              |
| • N7: Post Repair Inspection                   | \$25                |             |              |
| • N8: DV / Collect Excess Coordination         | \$3                 |             |              |
| TP (N11): TP (Non INC) against INC             | \$20                |             |              |
| 9) N12: Idea Mobile                            | \$0                 |             |              |
| Invoice dated                                  | Fee Charged         |             |              |
| Invoice dated                                  | Fee Charged         |             |              |

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Archiver's Comments: \_\_\_\_\_



## 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             | 28/11/2019 13:49                 |
| Date Of Accident           | 27/11/2019 13:50                 |
| Exact Location Of Accident | WOODLANDS CUSTOMS TWDS JB BRIDGE |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLF800J                  |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | MONG HENG TRANSPORTATION |
| Co Reg No                   | 53330638L                |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-94565170          |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | STREAM       |
| 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             | 19-MJ000658-R01                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | GOH MONG ING          |
| NRIC No              | S0089116I             |
| Date Of Birth        | 26/12/1947            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 12/08/1970            |
| Driving Experience   | 49 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94565170  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                               |
|---|-------------------------------|
| Address   | BLK 984A BUANGKOK LINK #18-09 |
| Postcode  | 531984                        |
| 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   | 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: : GOH YU XUAN CHARMAIN |
|   | GENDER: : FEMALE             |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | HOUGANG NEIGHBOURHOOD POLICE CENTRE                            |
| Police Station Address                    | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4890999 - FAX NO: 63128989                        |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191128/2005

#### 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 | SJV4286G    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name GOH MONG ING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF800J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name GOH YU XUAN CHARMAIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF800J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



SKETCH PLAN

VEHICLE NO.: SLF 800 J  
 INSURER : Tokio Marine  
 DATE & TIME: 27/11/2019 1350hrs

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.



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

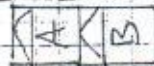
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

SKETCH PLAN

Woodlands Customs TWDS JB Bridge

Vehicle A: SLF800J

Vehicle B: SJV4286G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report NO. T/20191128/2005

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the following 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/PIN No.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



**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 : MNA119157138 Vehicle Registration No: SLF800J  
Name(as shown in NRIC) : GOH MONG ING NRIC/FIN/Passport No : S0089116I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94565170  
Email Address : \_\_\_\_\_  
Date of Accident : 27/11/2019 Time of Accident : 13:50  
Place of Accident : WOODLANDS CUSTOMS TWDS JB BRIDGE  
Insurance Company : Tokio Marine

### (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:

AMEND Co Reg No: 53330638L INSTEAD OF 53330838L

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Policyholder / Driver's Signature  
Date:

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



**SINGAPORE  
POLICE FORCE**



T/20191128/2005

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20191128/2005

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                         |                            |
|--|------------|------------------------------|---|-------------------------|----------------------------|
| Date/Time Report Made:<br>28/11/2019 01:56 |            | Vide Report No.:             |   | Station Diary No.:<br>9 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                         |                            |
| Name of Informant:<br>GOH MONG ING         |            |                              | Address:<br>APT BLK 984A BUANGKOK LINK #18-09 SINGAPORE<br>531984 |                         |                            |
| ID Type / ID No.:<br>NRIC NO / S00891161   |            |                              | Contact No.:<br>Home/Office: Mobile: 94565170                     |                         |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                         |                            |
| Sex:<br>Male                               | Age:<br>71 | Date of Birth:<br>26/12/1947 | Type of Informant:<br>Driver                                      |                         |                            |
| Race:<br>Chinese                           |            |                              | Language:   |                         | Institution / School Name: |
| Occupation:<br>Grab Driver                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:          |                         |                            |

**General Information of the Accident**

|   |                      |                                    |  |                                     |
|---|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/11/2019 13:50 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>Woodlands Crossing<br><br>Along road 1 before the hut. |                      |                                    |  |                                     |
| Weather:<br>Clear   |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way  |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                        |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJV4286G    | Car  |      |       |       | Slightly Damaged | 0               |
| SLF800J     | Car  |      |       |       | Slightly Damaged | 1               |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191128/2005

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191128/2005

**CONTINUATION OF REPORT**

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | GOH MONG ING            | ID No.                                 | S0089116I                         |
| Related Vehicle                   | SLF800J (Car)           | Contact No.                            | 94565170                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 28/11/2019              | Date Discharge                         | 28/11/2019                        |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                         |  |                                   |
| Name                              | GOH YU XUAN CHARMAIN    | ID No.                                 | T0410788D                         |
| Related Vehicle                   | SLF800J (Car)           | Contact No.                            | NIL                               |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 28/11/2019              | Date Discharge                         | 28/11/2019                        |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | NIL                               |

**Brief Details.**

On 27/11/2019 at 1350hrs, I was driving my vehicle bearing registration plate number SLF800J along woodlands crossing towards Johor crossing. While I was driving along Johor crossing before the hut, there is a lot of vehicle in front of me. As such, I then slowly came to a stop.

Suddenly, I felt a impact from the rear of my vehicle and discovered vehicle SJV4286G had collided with my vehicle rear portion. We came out of our vehicle to make a check and nobody is injured. I then took photos of the damages and my vehicle sustained dents on my right rear portion while the other vehicle sustain dents on his middle front portion. We did not exchange our particulars and after taking photo we left the said location.

Subsequently, my passenger whom is my grand daughter and I felt unwell and went to Mount Alvernia Hospital to seek medical treatment. We were then issued with a 5 days medical leave from 28/11/2019 to 2/12/2019.

There is in-vehicle CCTV in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20191128/2005

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20191128/2005

**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 /

Sgt 2 TAI YOONG CHAN, DOMINIQUE

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:

28/11/2019 01:56

Classification Of Case:

Authentication Stamp

NP168



Date of Accident : 27/11/2019 Accident Time: 1350 (24-HR-FORMAT)

Accident Place : Woodlands Customs TWDS JB Bridge

Vehicle Reg. No (Car plate No.) : SLF 800 J Vehicle Make/Model: Honda Stream

Insurance Company : Tokio Marine Policy No. 19-MJ000658-ROI

Name of Registered Owner : Company / Individual Mong Heng Transportation

ID of Registered Owner : Co Reg No: 53330838L Owner's NRIC No: \_\_\_\_\_

: Co Contact No: 9456 5170 Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : Goh Mong Ing DRIVER'S NRIC No: S0089116I

DRIVER'S Date of Birth : 26/12/1947 DRIVER'S License Pass Date 12/08/1970

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 984A Buangkok Link #18-09 S(531984)

DRIVER'S Contact No. / Alt No. : 1) 9456 5170 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 Passenger Name: Goh Yu Xuan Charmain Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Goh Mong Ing

Injured Name: Goh Yu Xuan Charmain  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SSV 4286 G

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

Other Party Driver's Particulars (if any)

Vehicle Reg No: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

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

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1 H

**Certificate of Insurance**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 19-MJ000658-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLF800J Chassis No.: RN61026533
2. Name of Policyholder MONG HENG TRANSPORTATION
3. Effective date of the Commencement of Insurance for the purposes of the Act 06/06/2019
4. Date of Expiry of Insurance 05/06/2020
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 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: 2417DDA

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