

# NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA12 0069586 -01

Date In: 17/1/05 - 11:26	Job description	Date & Time Completed	Done by
Ref No: 14/1M22008577/14	SAS e-filing		
Veh No: 566 8283	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 17/1/05 - 11:26	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: 566 8283	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

HA2004V75	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

## 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	17/08/2020 11:26
Date Of Accident	15/08/2020 17:45
Exact Location Of Accident	JUNC CHOA CHU KANG AVE 7 & CHOA CHU KANG AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL2828S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG HEOK KWEE
NRIC No	SXXXX017F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97363800
Alternative Phone No	OFFICE-97363800

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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 CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MJ000349-R02
Cover Note Number	

### Driver

Name of Driver	NG HEOK KWEE
NRIC No	SXXXX017F
Date Of Birth	18/11/1964
Occupation	INDOOR
Date Of Driving Pass	08/01/1985
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97363800
Fax Number	
Contact Number	OFFICE-97363800
Email Address	NOEMAIL

Address	49 MACKERROW ROAD
Postcode	358616
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200817/2030.

#### 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	SLX3807B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA SENG KWANG
NRIC/Passport Number	
Contact Number	90477356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

NG HEOK KWEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SCL2828S

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:

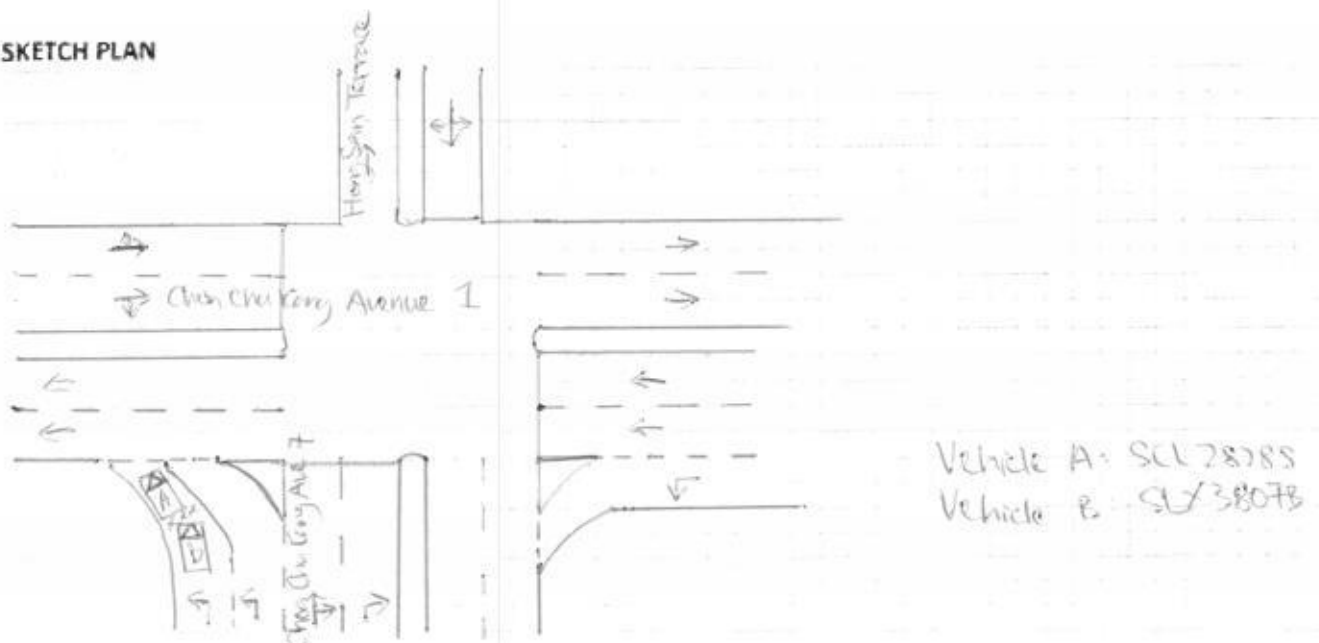
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Vehicle A: SCL2828S  
Vehicle B: SLX3807B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SCL2828S) traveling along Choa Chu Kang Avenue 7 towards Choa Chu Kang Avenue 1 on forth lane of a 4-lanes, road. At the junction of Choa Chu Kang Avenue 1, my vehicle was stationary at the left turn slip road to give way for oncoming vehicle. Out of sudden, vehicle B (SLX3807B) came from rear and collided onto the rear portion of my vehicle.

## 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.:



<b>Vehicle No.</b>	SCL28285		<b>Model / Make</b>	Mercedes Benz E250
<b>Date of Accident</b>	15/8/2020			
<b>Time of Accident</b>	0745	HRS		
<b>Location of Accident</b>	Along Choa Chu Kang Ave 7 / Choa Chu Kang Avenue 1			
<b>Exact purpose use during accident</b>	Private use			
<b>Name of Owner</b>	Ng Heok Kwee			
<b>Telephone No.</b>	H/P : 97363800	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S1668017F			
<b>Address</b>	49 Macerrow Road S(358616)			
<b>Claim type</b>	OD	THIRD PARTY REPORTING ONLY		
<b>Insurance Company</b>	Tokio Marine			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	20-MJ000349-R02			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : —			
<b>Date of birth</b>	18/11/1964			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	8/1/1985			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	<b>If yes, Reg No.</b>	SKP1818B, SCA3838P	
<b>Relationship</b>	Employee,	<b>If no, state</b>	Owner	
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>		
<b>Name And Contact No.</b>	Ng Heok Kwee 97363800			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	Serangoon NPC.	
<b>Vehicle B No.</b>	SLX3807B	<b>Any Passengers :</b>	-	
<b>Name of Driver</b>	Chua Seng Kwang	<b>Contact No. :</b>	90477356	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>		
<b>Vehicle D No.</b>		<b>Any Passengers :</b>		
<b>Vehicle E no.</b>		<b>Any Passengers :</b>		
<b>Vehicle F No.</b>		<b>Any Passengers :</b>		
<b>Vehicle G No.</b>		<b>Any Passengers :</b>		
<b>Witness Name</b>		<b>Witness Contact :</b>		
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	freddiehngk@gmail.com			
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg			



# SINGAPORE POLICE FORCE



T/20200817/2030

1 of 3

Report No. T/20200817/2030

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2020 11:44	Vide Report No.: T/20200815/2084	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: NG HEOK KWEE			Address: 49 MACKERROW ROAD SINGAPORE 358616	
ID Type / ID No.: NRIC NO / S1668017F			Contact No.: Home/Office:	Mobile: 97363800
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 18/11/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2020 07:45	Type of Location: T-Junction
Location:  CHOA CHU KANG AVENUE 7				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SCL2828S	Car	MERCEDES BENZ	E250 SEDAN (R18)	Black		0
SLX3807B	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200817/2030

2 of 3

Report No. T/20200817/2030

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCL2828S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MJ000349	02/04/2018	22/07/2021

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	NG HEOK KWEE	ID No.	S1668017F
Related Vehicle	SCL2828S (Car)	Contact No.	97363800
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2020	Date Discharge	15/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHUA SENG KWANG	ID No.	S7821242Z
Related Vehicle	SLX3807B (Car)	Contact No.	90477356
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 15/08/2020 at 1745hrs, I was driving my vehicle (SCL2828S) along Choa Chu Kang Ave 7 towards Choa Chu Kang Ave 1 at the left lane. My car was stationery to turn left onto Chua Chu Kang Ave 1 when suddenly vehicle (SLX3807B) bumped onto the rear of my vehicle. Due to the collision, the rear of my vehicle was damaged. No pedestrian was involved and no government property was damaged. I managed to exchange particulars with the driver of (SLX3807B).

I then proceeded to Mount Alvernia Hospital to make a check and was given 5 days of Medical Certificate.

As such, I am lodging this report. That is all.



**SINGAPORE  
POLICE FORCE**



T/20200817/2030

3 of 3

Report No. T/20200817/2030

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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: SN 154 F / Sgt 2 ANDREA SHYAM D/O BALASUBRAMANIAM Signature:	Signature Of Informant:
Signature Of Interpreter: Singapore Police Force Not applicable	Date/Time: 17/08/2020 11:44
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP158

**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 : MNA120069586 Vehicle Registration No: SCL2828S  
Name (as shown in NRIC) : Ng Hook Kwee NRIC/FIN/Passport No : S1668017F  
(\* ~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : 49 Macerrow Road Singapore ( 358616 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9736 3800  
Email Address : \_\_\_\_\_  
Date of Accident : 15/8/2020 Time of Accident : 1745HR  
Place of Accident : Along Choa Chu Kang Avenue 7 / Choa Chu Kang Avenue 1  
Insurance Company : To be 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 accident time from 0745HR to 1745HR

Amend police report.

[Signature]  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



Tokio Marine Insurance Singapore Ltd.  
Company Reg. No.: 192300014M (SST Reg No.: M2-000023-4)  
100 Collyer Quay #09-01 Tokio Marine Centre Singapore 069045  
(65) 6221 6111 / (65) 6221 4355 / (65) 6224 0895 E: [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1

### 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.: 20-MJ000349-R02 (Private Motor Car)

- |   |              |                                |
|---|--------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SCL2828S     | Chassis No.: WDD2120362A800362 |
| 2. Name of Policyholder   | NG HEOK KWEE |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 23/07/2020   |                                |
| 4. Date of Expiry of Insurance  | 22/07/2021   |                                |
| 5. Persons or Class of Persons entitled to drive*                                       |              |                                |
| (a) The Policyholder.   |              |                                |
| (b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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 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: 0456DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,500
	Windscreen Excess	SGD 100
Financial Interest:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TMO

Printed 16/07/2020