

# NATIONAL Assessment Centre Services

Print: Jan 05 11:09:52

Date In: 24/12/12-16:59	Job description	Date & Time Completed	Done by
Ref No: N11FUD2011813/24	SAS e-filing		
Veh No: 5626234	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12/12-09:42	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: 5626234	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:
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Date/Time	Actions

N1120942	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Auditors' Comments:-	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:-		
	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	29/10/2020 16:59
Date Of Accident	29/10/2020 09:40
Exact Location Of Accident	KPE TWDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2623H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DEZIMON CHEN
NRIC No	SXXXX812C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93846666
Alternative Phone No	OFFICE-93846666

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT LED EU6
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008724-02
Cover Note Number	

### Driver

Name of Driver	DEZIMON CHEN LONGGE
NRIC No	SXXXX812C
Date Of Birth	17/08/1982
Occupation	INDOOR
Date Of Driving Pass	23/05/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93846666
Fax Number	
Contact Number	OFFICE-93846666
EMail Address	NOEMAIL

Address	BLK 673A EDGEFIELD PLAINS #10-607
Postcode	821673
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	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	5
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: : CAYLOB CHEN YUZHE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201029/2056.

#### 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	SJM3018T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SME2051J  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMS244J  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKN5840E  
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 DEZIMON CHEN LONGGE  
Approximate Age  
Injuries Sustain BODY

Injured person in which vehicle?	SLQ2623H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CAYLOB CHEN YUZHE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ2623H
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.:





# ACCIDENT STATEMENT

ACCIDENT DATE: (29/9/20) (DD/MM/YYYY), TIME: (09:45) (HH:MM)

LOCATION: KPE twds MCE.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUC 26234  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Dezimon Chen (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93846666  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: ( ) / ( ) / ( ) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) 2 injury

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM30187 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SME 2051J MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SMS 244J

SICN 5840E

email =

fax =

video =

\* No of passenger  
(including driver)  
(2)

cayleb  
chen (male)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )





**SINGAPORE  
POLICE FORCE**



T/20201029/2056

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 5

Report No. T/20201029/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2020 15:09		Vide Report No.:		Station Diary No.: 95	
<b>Informant's Particulars</b>					
Name of Informant: DEZIMON CHEN LONGGE			Address: APT BLK 673A EDGEFIELD PLAINS #10-607 SINGAPORE 821673		
ID Type / ID No.: NRIC NO / S8223812C			Contact No.: Home/Office: Mobile: 93846666		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 17/08/1982	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: UN-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2020 09:40	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJM3018T	Car					0
SKN5840E	Car					0
SLQ2623H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	White	Seriously Damaged	1
SME2051J	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201029/2056

Police Station Of Origin:

2 of 5

Toa Payoh N.P.C

Report No. T/20201029/2056

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS244J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2623H	FWD Singapore Pte. Ltd	PNPV2018-00008724-02	30/06/2020	29/06/2021

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	LAI HAN-WEI	ID No.	S8411873G
Related Vehicle	SJM3018T (Car)	Contact No.	94778944
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	WEE SAN HIN, ALVIN	ID No.	S8139040A
Related Vehicle	SKN5840E (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/20201029/2056

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20201029/2056

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	DEZIMON CHEN LONGGE	ID No.	S8223812C
Related Vehicle	SLQ2623H (Car)	Contact No.	93846666
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	CAYLEB CHEN YUZHE	ID No.	T1607314D
Related Vehicle	SLQ2623H (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	NG SOON HOW	ID No.	S8364934H
Related Vehicle	SME2051J (Car)	Contact No.	85188314
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	MOHAMED ISHAK BIN MOHAMED ABDUL LATIFF	ID No.	S7525217Z
Related Vehicle	SMS244J (Car)	Contact No.	98252775
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



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20201029/2056

**CONTINUATION OF REPORT**

**Brief Details.**

On 29/10/2020, at about 0940hrs, I was driving my vehicle(V3) bearing reg no SLQ2623H along KPE towards ECP together with my son seated on the rear left passenger seat with the baby seat. At that point of time, I was driving at the extreme right lane and the traffic was heavy. After I have entered the KPE highway tunnel, there was a vehicle(V2) bearing reg no SME2051J ahead of me.

The vehicle(V2) ahead of me had applied a sudden brake and I managed to brake my vehicle in time. When my vehicle had come to a complete stop, I felt a huge impact from the rear and my vehicle inch forward and collided on the vehicle(V2) in front of me. After the impact, I came out of my vehicle to make a check on my son and the accident scene. I noticed that it was a chain collision involving 5 vehicles.

I managed to speak to the driver (V2) and he informed me that earlier on, there was a vehicle (V1) bearing reg no SMS244J ahead of him and had applied a sudden brake. Therefore, he had to apply a sudden brake too. I did not manage to speak to other drivers however, we did exchanged particulars and took photos of the accident scene.

I also noticed that the vehicle bearing reg no SJM3018T (V4) behind me had caused my rear bumper to be lifted and the rear of my vehicle was on top of his vehicle. My vehicle rear bumper was badly damaged, and my vehicle front bonnet was dented. I managed to drive my vehicle to the workshop for repair.

After the accident, I felt pain on my lower back as I do have old injury and son felt pain on chest and lower body. Both of us went to Mount Alvernia Hospital and I was given 05 day of MC and my son was given 03 of MC. I do have a in-build front and rear vehicle camera installed in my vehicle.

Vehicle details as follow:

V1 - SMS244J

V2- SME2051J

V3 - SLQ2623H

V4 - SJM3018T

V5 - SKN5840E





**SINGAPORE  
POLICE FORCE**



T/20201029/2056

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Tel No: 1800-2519999

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Report No. T/20201029/2056

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:

E /

Sgt 2 DARREN TAN YUANJIE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

29/10/2020 15:09

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 168

Authentication Stamp

NP168

  
SIGNATURE





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER:** PNPV2018-00008724-02 (Comprehensive - Classic Plan)

**Car plate number:** SLQ2623H

**Your name (As the policyholder):** Dezimon Chen

**Coverage start date:** 30/06/2020

**Coverage end date:** 29/06/2021

**Covered geographical area:** Singapore, West Malaysia and Southern Thailand

**Who is insured to drive:**

- (a) You; and
- (b) Anyone with a valid driving license who You give permission to drive Your Car.

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

**Finance company:** Hong Leong Finance Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

**Issued on:** 29/06/2020

Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.