NATIONAL Assessment Centr	e Services. porting		
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Profurred Wkep / INC Assign Wkep / QW: (7,00 (10)		Fixe)
TP Particulars: Veh No:	cm 9966c 1	NC(,)/Non-INC().	
Owner / Driver: (Gi. Liove	Tcl:	
	eriod: () Cover Type: ()
Co-Power Inv. 1	· Dates	, Timer)
Insured/Driver Liability: (%)	[Note-Est Status (WO): 1	N: 0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO		
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SN0820C90009-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/12/2020 17:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (10/12/2020 09:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Submission
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

09/12/2020 17:15 (SGT) 08/12/2020 08:25 (SGT) Upper Bukit Timah Rd, Singapore LAMP POST NUMBER: 232 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKV7129X

INSURED/POLICYHOLDER

Is company?

NRIC No

Name Of Registered Owner

Email Address

Mobile Phone No

Alternative Phone No.

No

CHAN SENG TAH

SXXXX966A

ecst86@gmail.com

(Phone) +65-98536811

+65-98536811

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Subaru

Forester

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Lonpac

Comprehensive

No

Z20VP05027548

DRIVER

Name of Driver

NRIC No

CHAN SENG TAH SXXXX966A Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any injured conveyed to nospital by ambus Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3 Name

Gender

PASSENGER 4

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?

If yes, against whom?

Chain Collision

14/04/1993

+65-98536811

#04-12

737874

Yes

No

ecst86@gmail.com 36 ROSEWOOD DRIVE

27 YEARS AND 8 MONTHS

(Phone) +65-98536811

Clear Dry

52929111

No 3 No

Yes 5

No

PUEH JYE HUEY

Female

NG SAI GOON Female

SANDAR NWE

PUEH JYE FANG

Female

Female

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201208/7054

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SGM9966C

Nissan

Qashqai

Private car

NURLIYANA BTE AHKARUNHAM

SXXXX280Z

(Phone) +65-97417237

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SMC2082E

Toyota

Sienta

Private car

KHOO SEOW CHARM

SXXXXX150H

(Phone) +65-93827319

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Esso STATION

UPPER BURTT TIMAH ROAD

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REFFUL	70	POLICO	EMPORT	1/20X	1208/	7054	
		1-85-55		(1/)/	1	1	

Policyholder's Signature / Date & Time 4:42 Pm . British Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

Ą	CCIDENT DATE: (08 / 12 / 2029 (DD/MM/YYY), TIME: (08 : 35)(HH:MM)
Lo	OCATION: Upper Buker Timph Road
	1. DETAILS OF VEHICLE
	ajvehicle Number: 5KV 7129X
	GIVERICLE NOMBER TO 1191X
	BINSURANCE COMPANY: LONDAC
	CIPOLICY NUMBER: 2 20 VP 0503 7548
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: SUBARU FORESTER
	TITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
MANAGE CO.	h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
IFE	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
THER IN LAN	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
LEURICE IN CAM	2. INSURED / POLICY HOLDER
STAR IN LON	AINAME . CHAN SENG TAH (MALE / FEMALE)
o muse 1. 7 vov	bjnric/fin/passport: 5 2591966A CONTACT: 98536211
41010 (E)	CIADDRESS: 63, ROSEWOOD DRIVE, #04-12, 5 (737874)
HUTHR (E)	
-0: 2	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
\$ No of passane	.3. DRIVER
Charles 1	a) NAME: (MALE / FEMALE)
Conducting driv	b) NRIC/FIN/PASSPORT:CONTACT:
(5)	c)ADDRESS:
	*d)DATE OF BIRTH: (13 / 02 / 1965)(DD/MM/YYYY)
3	e)OCCUPATION: (INDOOR FOUTDOOR)
	FINAME DEDRIVING DACC 14/04/2003
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COLORED
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
W5.5	6. WAS ANYBODY INJURED (YES / NO)
55	7. a) REPORTED TO POUCE (YES / NO) .
	IF YES, PLEASE STATE WHICH POLICE STATION:
	8. THIRD PARTY VEHICLE
4 Ho of passanger	a) VEHICLE NUMBER: 5mc 2082 MODEL: TOYOTA SIENTA
Challe 1	A BI DRIVER'S NAME CHOO SEOW CHERTY
Clinduding drive	c) NRIC/FIN/PASSPORT: 5 684 7150H CONTACT: 93827219
(_)	9 THIRD PARTY VEHICLE
	d) VEHICLE NUMBER: SGM 9966 C MODEL: MISSAN GASHOM
A ho of passang	of DRIVER'S NAME NURLIYANA STE AHKARUNHAM (
(Including driv	
1	Not the state of t
()	

email = ecst86@gmail.com





1 of 5

Report No. T/20201208/7054

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2020 23:46			Vide Report No.:	Station Diary No.		
Informa	nt's Partice	ulars	医基础性型的			
Name of Informant: CHAN SENG TAH			Address: 63 ROSEWOOD DRIVE #04-12 SINGAPORE 737874			
ID Type / ID No.: NRIC NO / S2591966A			Contact No.: Home/Office: Mobile: 98536811			
Nationality: SINGAPORE CITIZEN			Email: ecst86@gmail.com			
Sex: Age: Date of Birth: Male 55 13/02/1965			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Civil engineer (general)			Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	mation of the Acci	dent	statistic color and an analytic	ATTENDED BY SOLD	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2020 08:25	Type of Location: Straight Road	
Location: UPPER BUKI Lamp Post No	T TIMAH ROAD	-2			
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume: Heavy	
Type of Collis stopped vehic		ring vehicle from rear	Į.	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGM9966C	Car	NISSAN	QASHQAI	Blue	Slightly Damaged	1
SKV7129X	Car	SUBARU	forester	Black	Slightly Damaged	4
SMC2082E	Car	TOYOTA	SIENTA	Grey	Slightly	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 5 Report No. T/20201208/7054

CONTINUATION OF REPORT

Passenger		GOVENING A	AND THE PARTY OF T	District Control of the Control of t
Name	SANDAR NWE	ID No.	G6545972N	
Related Vehicle	SKV7129X (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	- Degree o		
Driver	PULL TO THE PARTY OF THE PARTY	District Const.	STOROGET CHEST	
Name	CHAN SENG TAH		ID No.	S2591966A
Related Vehicle	SKV7129X (Car)		Contact No.	98536811
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	The state of the s	
No. of Days grant	ed Medical Leave NIL	Degree o	f NIL	
Passenger	God Portle Work Band and the	Livegree 0	INIL	
Name	PUEH JYE FANG	ID No.	S6836789	
Related Vehicle	SKV7129X (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		
Oriver	UNICON BURNESSES	L Dogree O	INIL	
Vame	KHOO SEOW CHARM	ID No.	S6847150H	
Related Vehicle	SMC2082E (Car)	Contact No.	93827319	
Hospital/Clinic	NIL	Class of Driving Licence &	Class: NIL Date of Expiry: NIL	
			Expin	
Date	08/12/2020 ed Medical Leave NIL	Date	Expiry 08/12	17000





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 5 Report No. T/20201208/7054

CONTINUATION OF REPORT

Brief Details.

I was travelling with 4 passengers in my car (SKV7129X), turning from Choa Chu Kang Road into Upper Bukit Timah Road. At the slip road infront of ESSO station, traffic was heavy & slow. I stopped behind vehicle SMC2082E. Suddenly a vehicle SGM9966C hit my car from behind, and the collision momentum pushed my car forward & hit the car (SMC2082E) infront.

All drivers from the 3 cars involved alighted to take photos and exchanged contact details and IDs. Everyone looked fine, including my 89-year old passanger. All other 2 drivers did not show any sign of physical injuries, nor did they complaint about any discomfort during the interaction. The drivers involved drove off after sufficiently exchanged particulars.

However, in the afternoon, the car owner of SMC2082E (who wasn't the driver at the time of accident) contacted me and informed that the driver (Miss Khoo Seow Charm) sustain some injury without giving details. I was told she has made police report and was advised to make the same.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

5 of 5 Report No. T/20201208/7054

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2020 23:46
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



Singapore Office: 300, Beach Road #17-64:07, The Concourse, Singapore 199555. Tel: (65) 6260 7388 Fax: (65) 6296 5787 Website: www.intpac.com.tg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VP05027548

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SUBARU FORESTER 2.0

- SKV7129X

2. Name of Policy Holder

CHAN SENG TAH

 Effective Date of the Commencement of Insurance for the purpose of the Act

30/09/2020

4. Date of Expiry of the Insurance

29/09/2021

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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

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 USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

: S\$ 500.00(SECTION 1) INSURED / NAMED DRIVERS

S\$ 2,500.00(SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORHAZE Date Issued: 08/09/2020



Date

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M40001773S

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SKV 7/29 X ______Vehicle Registration No: SVQf20096009 SANG JOH Name(as shownin NRIC): Pa Clton NRIC/FIN/PassportNo : _ \$25919661 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No.: Contact (Tel) Email Address Time of Accident: DP: 24 Date of Accident WPPHR BUKIT JIMONA WOOD Place of Accident SUPAC Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TITE PASSONGER NAME OF WSIDE INSURED VEHICLE Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Vame: