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 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.

- 4. The issue and acceptance of this is form by instrained 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 08/02/2021 17:45 (SGT) Date of Accident 05/02/2021 19:30 (SGT) Exact Location of Accident Tampines Street 43, Singapore Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ5603X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHOW YEE HOO** NRIC No. SXXXX170A Email Address CHOWYHOO@GMAIL.COM Mobile Phone No (Phone) +65-93829033 Alternative Phone No +65-93829033

VEHICLE PARTICULARS

Manufacturer

Toyota Model Harrier Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AGI Type of Coverage Comprehensive Fleet Policy Policy Number P10187309R01 Cover Note Number 14/07/2020 - 13/07/2021

DRIVER

Name of Driver **CHOW YEE HOO** NRIC No SXXXX170A Date Of Birth 18/01/1962 Occupation Indoor

Date Of Driving Pass 04/05/1983 Driving experience 37 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93829033 Alt. Phone Number +65-93829033 Email Address CHOWYHOO@GMAIL.COM Address 494C TAMPINES ST 43 Address complement #04-354 Postcode 522494 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GW5374J Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 	_
Address complement		_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

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.
- 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 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:
 - 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:
 - 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:

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

Reporting Contre Rersonnel's Signature

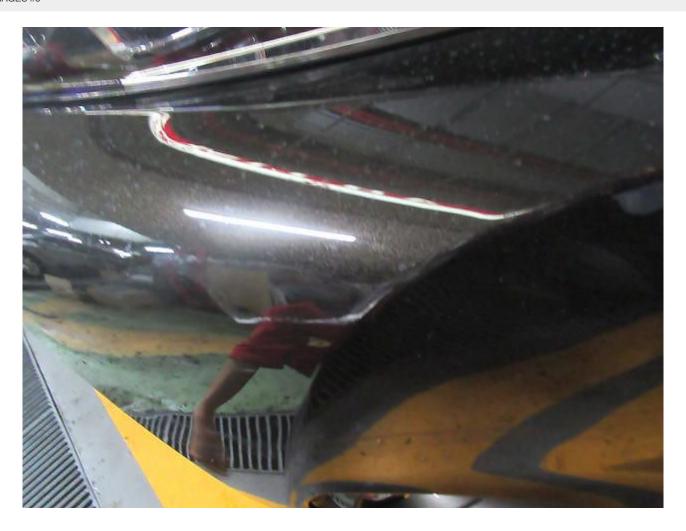
Name:

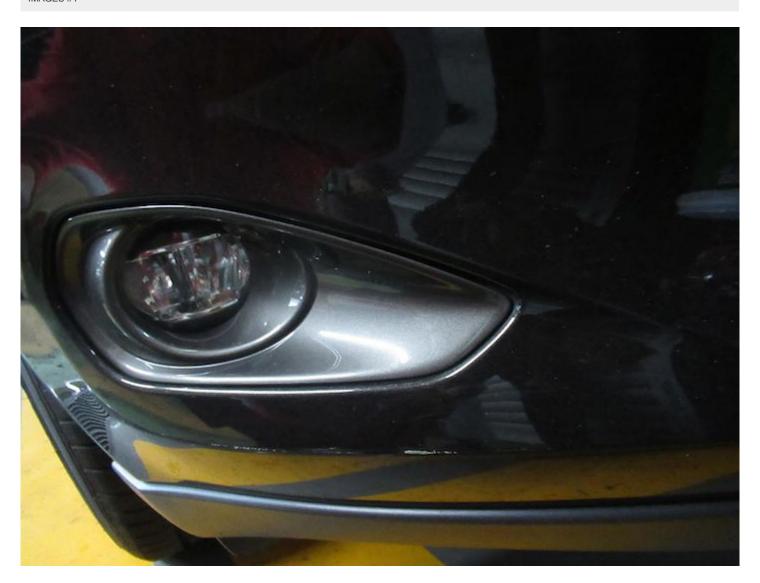
NRIC/FIN No .:

RESCRIBE CIRCUMSTANCES OF THE ACCIDENT ESCRIBE CIRCUMSTA	Av Vehicle A.	LQSTON3V	Vehicle Pr	(2453245	Vahiele C	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT Claim OD/TP at Ah Lim Motor	KETCH PLAN	200 73	venicle b;	A1. 210 A	venicle C:	
Claim OD/TP at Ah Lim Motor	SET CIT F LAIN					
Claim OD/TP at Ah Lim Motor	1					
Claim OD/TP at Ah Lim Motor				1		1
Claim OD/TP at Ah Lim Motor				1		
Claim OD/TP at Ah Lim Motor						
Claim OD/TP at Ah Lim Motor	L.					
Claim OD/TP at Ah Lim Motor					2	1/1
Claim OD/TP at Ah Lim Motor						10
Claim OD/TP at Ah Lim Motor						1 (3)
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the compariso						
Claim OD/TP at Ah Lim Motor					/	11
Claim OD/TP at Ah Lim Motor					1	
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Claim OD/TP at other workshop Reporting Only						AL
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION We declare the foregoing particulars are true in every respect. CLARATION We declare the foregoing particulars are true in every respect. CLARATION Reporting Courter or Signature Driver's Signature Reporting Courter or Signature Re					1	
Claim OD/TP at Ah Lim Motor					1 500	
Claim OD/TP at Ah Lim Motor	ESCRIBE CIRCUMSTA	NCES OF THE ACC	CIDENT			
Claim OD/TP et Ah Lim Motor						
Claim OD/TP at Ah Lim Motor						
Claim OD/TP at Ah Lim Motor						
Claim OD/TP at Ah Lim Motor	Delec Fo	-Fla. 1. (554	Violet		-11	
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Personnel's Signature to & Time: (If driver is not the policyholder)	V	100 10 1100	TON "			
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Personnel's Signature to & Time: (If driver is not the policyholder)		7.0				
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Resonnel's Signature to & Time: (If driver is not the policyholder)						300000 to 111-2609 111
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Resonnel's Signature to & Time: (If driver is not the policyholder)						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Bicyholder's Signature Ilicyholder's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Bicyholder's Signature Ilicyholder's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Center Personnel's Signature Name:					1000	111111111111111111111111111111111111111
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Bicyholder's Signature Ilicyholder's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Resonnel's Signature to & Time: (If driver is not the policyholder)						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Resonnel's Signature to & Time: (If driver is not the policyholder)						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Icyholder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centerg Resonnel's Signature Name:					et annual	
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder Reporting Centers Personnel's Signature to & Time: (If driver is not the policyholder)						
Remarks: Please forward a copy of my efile accident report to: My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Comparison of the policyholder	10	9202010777 92001 100	20 20 20 00 00 00 00 00 00 00 00 00 00 0	w.p.c. p	4 00 attract	
My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION Ve declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Sersonnel's Signature Name:	Claim OD/TP at	Ah Lim Motor	Claim OD/	TP at other wor	kshop Rep	orting Only
My workshop: Email address: & myself: Email address: Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Center Sesonnel's Signature Name:	Remarks : Please for	ward a copy of m	v efile accident re	port to:		
& myself : Email address : Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Compared to the policy of the policy o			,			
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing particulars are true in every respect. Compared to the foregoing						
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Bicyholder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centres Personnel's Signature Name:						
you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Ilicyholder's Signature Oriver's Signature (If driver is not the policyholder) Reporting Centres Resistance's Signature Name:	Email address :					
you own policy. Kindly check with your own insurer for more information. ECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:	Note: Please take -	ata that ware for	on house as done		to out with a t	and the state of t
We declare the foregoing particulars are true in every respect. COMPARTION COMPARTICULARS COMPARTICUL	vou own policy. Kine	lly check with your	rer nave 14 days to r own insurer for	metrame for you	to submit own dama	ige claim under
We declare the foregoing particulars are true in every respect. CONO	Jou own policy. Ninc	ny check with you	own insurer for	more imormation	0.	
licyholder's Signature Driver's Signature Reporting Centre Personnel's Signature te & Time: (If driver is not the policyholder) Name:	4-14 TO TO TO THE TO SEE THE SECOND					
te & Time: (If driver is not the policyholder) Name:	Ve declare the foregoing	g particulars are true	in every respect.		(60)	
ite & Time: (If driver is not the policyholder) Name:	/ had				68 000	7
tte & Time: (If driver is not the policyholder) Name:	Miles.				6	=
ite & Time: (If driver is not the policyholder) Name:	July July Singabara	8.5	L 6:			7
(and the paraphology)				lder)		onnel's Signature
	AS 100161			nuerj	NRIC/FIN No.:	



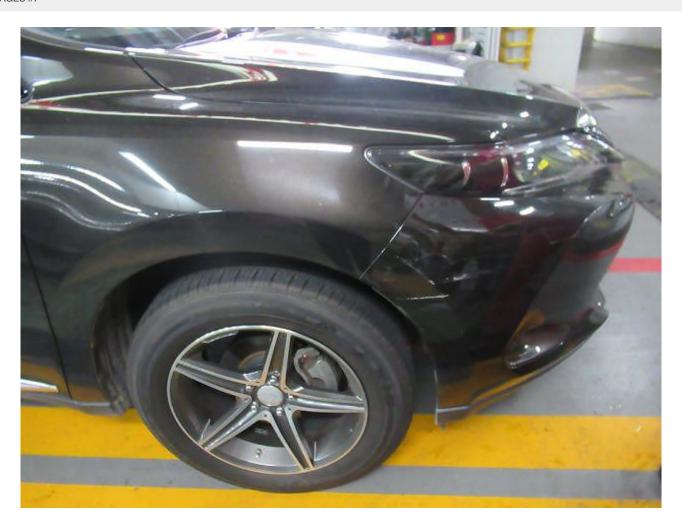


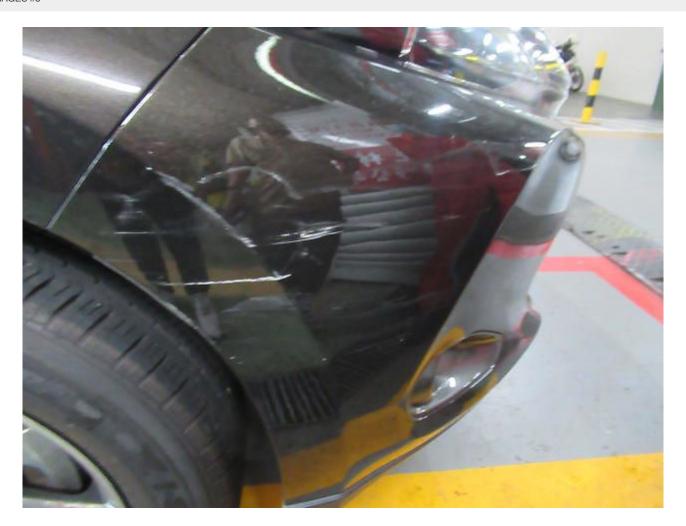












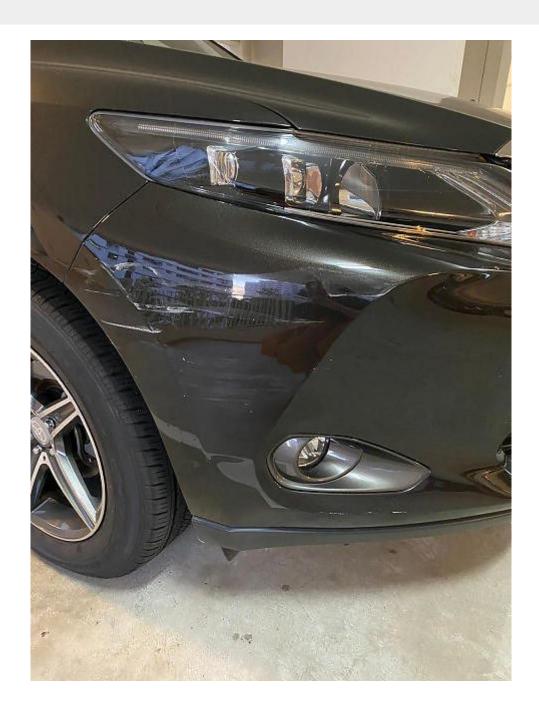


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210208/7000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 07/02/2021 23:58		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: /EE HOO		Address: 494C TAMPINES STREET 4:	3 #04-354 SINGAPORE 522494		
ID Type / ID No.: NRIC NO / S1560170A		70A	Contact No.: Home/Office:	Mobile: 93829033		
National SINGAP	nality: APORE CITIZEN		Email: chowyhoo@gmail.com			
Sex: Male	Age: 59	Date of Birth: 18/01/1962	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class:	Date of Expiry:		

			T	A STANGED STANDARD STANDARD STANDARD STANDARD STANDARD
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2021 19:30	Type of Location: Multi storey carpark
Location: TAMPINES S	TREET 43			
Weather:		Road Surface:		Road Speed Limit:
Weather: Traffic Flow:		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume:

Details of V	ehicle Invo	lved				ASSESSED A SE
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GW5374J	Van	TOYOTA	Toyota	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210208/7000

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

Z of 3 Report No. T/20210208/7000

CONTINUATION OF REPORT

Vehicle Owner			The Test ?	J-SPE-70	150	
Name	CHOW YEE HOO		ID No.		S1560170A	
Related Vehicle	NIL			Contac	et No.	93829033
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date		Date		NIL	
No. of Days gran	nted Medical Leave NIL		Degree o	of	NIL	

Brief Details

On 7 February 2021 at about 10.30am, I discovered that there were scratches and damages on the driver side bumper of my vehicle. I then viewed my in-car camera and the footages captured that on 5 February 2021 at about 7.30pm, a van bearing the plate number: GW5374J, had reversed the van into a lot opposite my car and hit the driver side bumper of my car. The van drove off upon seeing that he had hit my car. My car plate number is: SLQ5603X and my car was parked at the MSCP deck 3 TMTM49. I have retrieved and downloaded the footages in my computer. I also took photos of the damages. The estimated cost of damage to my car is about S\$300. Please liaise with me on the photos and the footages. Thank you.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210208/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 07/02/2021 23:58
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	

NP168

It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10187309R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10187309R01 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SLO5603X

Chassis Number

ZSU600091583

2) Effective Date / Time of Commencement :

14/07/2020 (00:00)

of Insurance for the Purpose of the Act

3) Date / Time of Expiry of Insurance

13/07/2021 (23:59)

4) Excess (i) Police

(i) Policy (ii) Windscreen S\$ 600.00 S\$ 100.00

5) Policyholder

: Chow Yee Hoo

6) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any 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 accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

: Chow Yee Hoo(18/01/1962)

Named Driver(s) / Date of Birth

No driver is named.

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, 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) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

Finance Company

Maybank Singapore Limited

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 06/07/2020

Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

Simon Birch

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg