

ATTENTION: Assessment Centre Services *200922450004*

Date In: <i>05/04/2022 13:11</i>	Job Description	Date & Time Completed	Done by
Ref No: <i>X138181022002994/y</i>	SAS e-filing		
Veh No: <i>GBJ 7684D</i>	E-mail (within 2hrs. After 2hrs)		
DDA: <i>04/04/2022 10:40</i>	i-Motor Claim Form		
DD: <i>(TP) Reporting Only</i>	i-Motor W/O (within 2hrs. After 2hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: <i>GBE 8012M</i>	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%; F: 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

<i>N/A 200904</i>	Invoice Preparation Checklist		Am1 (\$)	Am1 (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30),		1st Bill	Add Bill
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			
Auditors' Comments :-	For claiming against INC Only. (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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 (Non-INC) against INC \$20			
	9) N12: Blue Mobile \$0			
	Invoice dated	Fee Charged		
	Survey 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 Submission	05/04/2022 13:11 (SGT)
Date of Accident	04/04/2022 10:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7684D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HOSHIZAKI SINGAPORE PTE LTD
Company Reg No	1XXXXX436R
Email Address	i.am.javen@live.com.sg
Mobile Phone No	(Phone) +65-91122211
Alternative Phone No	(Office) +65-62252612

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE001272
Cover Note Number	-

DRIVER

Name of Driver	TOH JUN CHENG
NRIC No	SXXXX108I

Date Of Birth	02/01/1992
Occupation	Outdoor
Date Of Driving Pass	24/03/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91122211
Alt. Phone Number	-
Email Address	i.am.javen@live.com.sg
Address	BLK 112 BUKIT BATOK WEST AVENUE 6 #09-140
Address complement	-
Postcode	650112
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

PLEASE REFER TO POLICE REPORT T/20220404/7041

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	GBE8012M
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SENTHIL KARTHIK
Passport No/FIN	GXXXX036R
Contact Number	(Phone) +65-97252240
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE4438U
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG CHIN EIK
NRIC No	SXXXX727D
Contact Number	(Phone) +65-94574774
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC9681U
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	NEO SIM BOK
NRIC No	SXXXX697Z
Contact Number	(Phone) +65-96405917
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH JUN CHENG
Gender	Male
Phone No	(Phone) +65-91122211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ7684D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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)

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.



Handwritten signature and date: 1205pm 5/4/22

Handwritten signature and date: 05/04/2022

Policyholder's Signature / Date & Time

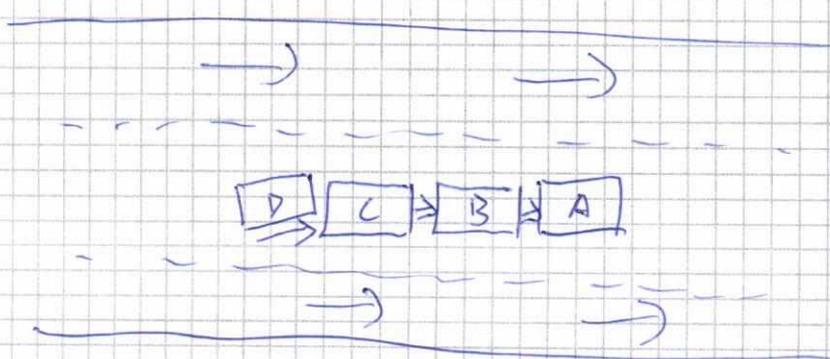
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIKE TOWARDS OFFICER A/F TOP PAYOUT EXIT

Top Payout



- A) GBJ 7684D
- B) GBE 8012M
- C) GBE 4438U
- D) PC 9681U

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220404/7041

Lined area for describing the accident circumstances, containing a large blue scribble.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 5/4/22 1205pm

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

[Signature] 05/04/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220404/7041

1 of 4

Report No. T/20220404/7041

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2022 14:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH JUN CHENG		Address: 112 BUKIT BATOK WEST AVENUE 6 #09-140 SINGAPORE 650112	
ID Type / ID No.: NRIC NO / S9201108I		Contact No.: Home/Office: Mobile: 91122211	
Nationality: SINGAPORE CITIZEN		Email: I.AM.JAVEN@LIVE.COM.SG	
Sex: Male	Age: 30	Date of Birth: 02/01/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Electrical engineering technician (general)		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2022 10:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: chain collision			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE4438U	Van	TOYOTA	Hiace	Black	Seriously Damaged	0
GBE8012M	Van	TOYOTA	Hiace	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220404/7041

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

2 of 4

Report No. T/20220404/7041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ7684D	Van	NISSAN	NV200	Silver	Seriously Damaged	0
PC9681U	Bus/Coach/Mi nibus	TOYOTA	Hiace	Silver	Slightly Damaged	0

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	ONG CHIN EIK			ID No.	S7412727D	
Related Vehicle	GBE4438U (Van)			Contact No.	94574774	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		
Driver						
Name	SENTHIL KARTHIK			ID No.	G6125036R	
Related Vehicle	GBE8012M (Van)			Contact No.	97252240	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		
Driver						
Name	TOH JUN CHENG			ID No.	S9201108I	
Related Vehicle	GBJ7684D (Van)			Contact No.	91122211	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		



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

CONTINUATION OF REPORT

Driver			
Name	NEO SIM BOCK	ID No.	S0485697Z
Related Vehicle	PC9681U (Bus/Coach/Minibus)	Contact No.	96405917
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i was travelling along PIE towards changi for my work and the chain collision accident happened after toa payoh exit and before kim keat exit. the vehicle (PC9681) in front of me braked and came to a hard stop, i also braked and came to a hard stop behind him. after that i looked into my rear mirror and saw the vehicle (GBE8012M) stopped very close to me. wanting to look and check back on the front and the chain collision impact happened. after recovering from the shock i went out of my vehicle where the other 3 drivers were taking photos and videos of the scene. i then also took some photos and videos and proceed to call the police. while checking on the conditions of the other 3 drivers i asked them to exchange our particulars. then a man appeared claiming to be from the last vehicle (GBE4438U) offered us to repair our vehicle at their workshop. a LTA traffic controller showed up shortly after we exchanged our particular to check on us and briefed us to make a police and insurance report and released us from the accident scene. i then proceeded to the nearest carpark at toa payoh stadium to check on the condition of my vehicle and report back to my office of what happened and came to this police station at toa payoh central to make this report.



**SINGAPORE
POLICE FORCE**



T/20220404/7041

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

4 of 4

Report No. T/20220404/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
DAVID YAP
Contact No.: 65476138

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/04/2022 14:52

Classification Of Case:

This report is lodged at Toa Payoh NPC Kiosk 1
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 4 / 2022) (DD/MM/YYYY), TIME: (10 : 40) (HH:MM)

LOCATION: PIE towards Changi After Toa Payoh Exit
Before Kim Keat Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8J 7684D
b) INSURANCE COMPANY: Sovlapo
c) POLICY NUMBER: D2MTPCVE001272
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi NV200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK

- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hosni bin Singapore Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199906436R CONTACT: 62252612
c) ADDRESS: 18 Roay Lay Way #01-102

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER Toh Jun Cheng

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9201108J CONTACT: 91122211
c) ADDRESS: 112 Bukit Batok West Ave 6 #09-140

*d) DATE OF BIRTH: (02 / 01 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: E-Sembie

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8E 8012M MODEL: Toyota Hiace
b) DRIVER'S NAME: Senthil Karthik
c) NRIC/FIN/PASSPORT: G6125036R CONTACT: 97252240

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: G8E 4438U MODEL: Toyota Hiace
e) DRIVER'S NAME: Ong Chin Eik
f) NRIC/FIN/PASSPORT: S7412727D CONTACT: 94574774

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

PC9681A
Neo Sim Beck
email: 50487697Z
VIDEO

Toyota Hiace High Roof
9640597

i.am.javen@live.com.sg

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTPCVE001272
1. Registration No. : GBJ7684D
2. Insured Name : HOSHIZAKI SINGAPORE PTE LTD
3. Commencement Date : 06 AUGUST 2021 00:00
4. Expiry Date : 05 AUGUST 2022 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive*
b) Any person who is driving on the Insured's order or with their permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
3) Use for social, domestic or pleasure purposes.

The Policy does not cover

1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

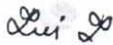
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 12 MAY 2021 11:03

*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy