

ASS. REQ. BY:

REF:

CT2/ 220033651kg43

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM 27D 207165 / CD2

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKD 7787R Yr Regn: 07, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or (A)Make: Mazda CX5 c.c. 2488Colour m.p. white A/C: Insured / Std / NI / NASp. Reading 121632 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6KF 2WLA J0103212Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 235/55ZR19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or 1 Hobilead

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 26/3/22 D.O.I. 24/5/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

FR O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

17/6 11:30 @ 2800 Carbur (Pcd # 7001, 71%)

22/6/22 @ 3.13pm revised to Adeline Chng via Menimen.

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

Report Format: NER-TP

Lump Sum / I.B.I. (\$

2800

TOTAL



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopte ltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Estimate No: ES2200017

Date: 23 May 2022

Policy No:

Veh Reg No: SKD7787R

Make/Model: VOLVO XC60 T6 3.0L

ATD/AB GAS/D 4WD

5DR TC

Chassis No: YV1DZ9056B2211882

Engine No: B6304T13031123412

Reg. Date: 14/10/2011

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 26/03/2022

TP Veh Reg No: YP1341D

Estimate Repair Cost to Vehicle No :SKD7787R

Description	U/Price	Quantity	List Price S\$	Amount S\$
Spare Parts				
1 FRONT BUMPER	1,550.90	1 PC	1,550.90	X
2 FRONT FENDER - RH	625.10	1 PC	625.10	X
3 FRONT FENDER PROTECTOR - RH	195.00	1 PC	195.00	X
4 FRONT HEADLAMP - RH 3565-60	4,795.00	1 PC	4,795.00	X
5 GRILLE CHROME - RH	185.00	1 PC	185.00	X
			7,351.00	7,351.00
Labour				
6 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,000.00	1 JOB	1,000.00	200
7 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	1 JOB	1,000.00	440
8 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	100.00	1 JOB	100.00	X
9 TO CHECK WIRING FUNCTIONS.	100.00	1 JOB	100.00	20
10 COMPUTER DIAGNOSTIC	250.00	1 JOB	250.00	X
11 SUPPLY PAINTING MATERIAL	200.00	PCS	200.00	X
			2,450.00	2,450.00
			Total	S\$ 9,801.00
			Add GST @ 7%	686.07
			Total Amount Payable	S\$ 10,487.07

TOTAL: SINGAPORE DOLLAR TEN THOUSAND FOUR HUNDRED EIGHTY SEVEN AND CENTS SEVEN ONLY

LKK Auto Centre
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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	29/03/2022 16:56 (SGT)
Date of Accident	26/03/2022 10:10 (SGT)
Exact Location of Accident	14 Wholesale Centre, Singapore 110014
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7787R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TZE YONG JASON
NRIC No	SXXXX224F
Email Address	JASON.CTY91@GMAIL.COM
Mobile Phone No	(Phone) +65-90016680
Alternative Phone No	+65-90016680

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
Variant	CX-5 2.5 AT LUXURY 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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA578663/1
Cover Note Number	07/08/2021 - 06/08/2022

DRIVER

Name of Driver	CHUA TZE YONG JASON
NRIC No	SXXXX224F

Date Of Birth	30/10/1991
Occupation	Indoor
Date Of Driving Pass	25/03/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-90016680
Alt. Phone Number	+65-90016680
Email Address	JASON.CTY91@GMAIL.COM
Address	228B ANG MO KIO ST 23
Address complement	#25-39
Postcode	562228
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1341D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle


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 PLANIMPORTANT 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:

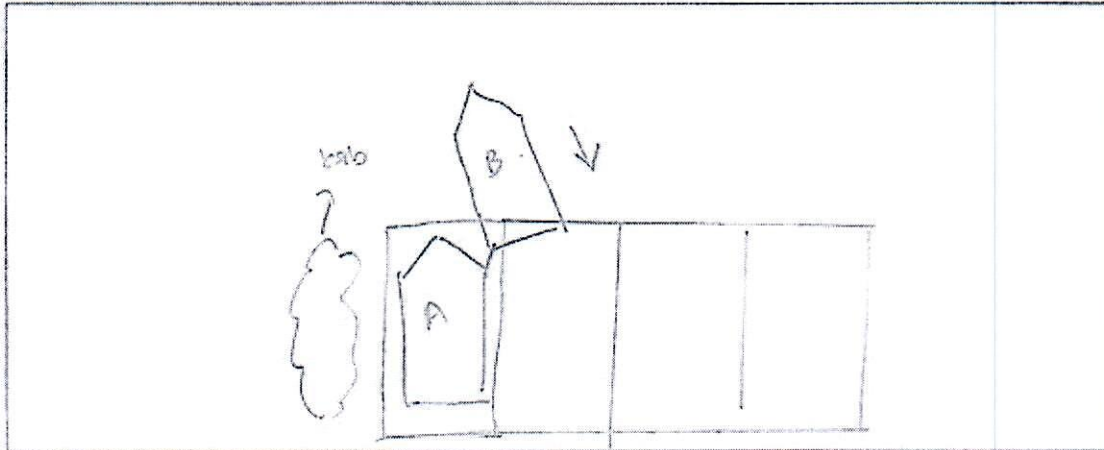

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN _____

COMPLETED 29 MAR 2022

SKETCH PLAN #2

Date of accident: 26/03/2021 Time: 1010 Location: Panjiang Posir ~~Posir~~ Wholesale centre.
 My Vehicle A: SKD7787R Vehicle B: YP1341D Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/2022-0327/2081

☐ 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 your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name: COMPLETED 29 MAR 2022
 NRIC/FIN No.:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 29 MAR 2022 To: Owner of Vehicle Number: SKP7787R

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY, through their staff, Eileen Zita Mui Hong Wei Jie. Please tick the applicable box if you had been advised on any of the following:

- ☒ () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- () You had been advised by the workshop on the liability and merits of the case accordingly.
- () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- () You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess or
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- () There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- () The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- () You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- () For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle. For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ () Others Repairing claim TP at other workshop

Signed and acknowledged by:

Chia

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Chia Ah Lim Motor Company

Name and signature of workshop personnel including company stamp

COMPLETED 29 MAR 2022

28/3/22 (-)

Very sorry, I already
report accident & sorry, sorry.

Driver: my H/P 96183619

(PLS whatsapp me
thank)



**SINGAPORE
POLICE FORCE**



T/20220327/2081

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20220327/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2022 23:42		Vide Report No.:		Station Diary No.: 54
Informant's Particulars				
Name of Informant: JASON CHUA TZE YONG		Address: APT BLK 228B ANG MO KIO STREET 23 #25-39 SINGAPORE 562228		
ID Type / ID No.: NRIC NO / S9140224F		Contact No.: Home/Office: 90016680 Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 30/10/1991	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2022 10:10	Type of Location: Car Park
Location: WHOLESALE CENTRE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD7787R	Car	MAZDA	CX-5 2.5 AT LUXURY EU6	White	Slightly Damaged	0
YP1341D	Lorry					0

Details of Vehicle Insurance

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



T/20220327/2081

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20220327/2081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD7787R	AXA INSURANCE SINGAPORE PTE LTD	GA578663	07/08/2021	06/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASON CHUA TZE YONG	ID No.	S9140224F
Related Vehicle	SKD7787R (Car)	Contact No.	90016680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/03/2022 at 0830hrs, I parked my vehicle SKD7887R at Pasir Panjang Wholesale Centre Blk 14 at carpark lot 94.

On 26/03/2022 at around 1400hrs, I returned to my vehicle SKD7887R and noticed my car had scratches on the right headlight and the right fender. Lorry YP1341D was parked beside my car at the point of time.

I went to review my in car dash cam and saw Lorry YP1341D at 1012hrs, reversing into the lot beside my car with the rear doors open followed by a loud scratching sound.

I would like to inform that the lorry driver was not at scene to exchange particulars and no note was left behind by the driver and I had to leave after taking pictures of the scene.

Damage to vehicle :

1. Scratches to right Headlight.
2. Scratches to right front fender.
3. Scratches to front bumper.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20220327/2081

3 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20220327/2081

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:
F / Other SIAH YI YANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/03/2022 23:42

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168

ADDENDUM

Original Report No: SA19223T0008 Vehicle Registration No: SKD7787R

Name (as shown in NRIC): CHUA TZE YONG JASON NRIC/FIN/Passport No: SXXXX224F

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Singapore (

Contact (Tel): 90016680 Mobile No.:

Email Address: JASON.CTY91@GMAIL.COM

Date of Accident: 26/03/2022 Time of Accident: 10:10

Place of Accident: 14 Wholesale Centre

Insurance Company: AXA INSURANCE

Typo error - insured email add should be - JASON.CTY91@GMAIL.COM

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



redefining / insurance

AXA Insurance Pte Ltd
 1800 680 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 04101

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189)- Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHUA TZE YONG JASON	Certificate number	GA578663 / 1
Cover	Comprehensive	Chassis number	JM6KF2WLAJ0103212
Plan name	Flexi	Engine number	PY10264672
NCD applicable	50%		
Vehicle registration number	SKD77878		
Period of Insurance	from 07/06/2021 to 06/06/2022 (both dates inclusive)		
Finance loan company	HONG LEONG FINANCE LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder'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.

Limitation 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, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations 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.

EXCESS	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 6 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 2