

# NATIONAL Assessment Centre Services

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In: 19/04/2022            | Job description                          | Date & Time Completed | Done by |
| Ref No: NA / SMO 22003542 / m4 | SAS e-filing                             |                       |         |
| Veh No: SMR 70554              | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 14/04/2022 16:15        | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only          | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                | i-Photo Uploaded                         |                       |         |
| TP Insurer:                    | Assessment/Survey Report                 |                       |         |
|                                | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

|  |                   |                       |
|--|-------------------|-----------------------|
| TP Particulars:  | Veh No: SLG 4140Z | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA 220/028                      | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |                      |                      |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$30)   |                      |                      |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Cat. 1:                         | 6) TR : Re-inspection \$75                      |                      |                      |
| Cat. 2 / 3:                     | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | ON*   |                      |                      |
|                                 | *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: Idac Mobile 30                          |                      |                      |
|                                 | Invoice dated                                   | Fee Charged          |                      |
|                                 | Invoice dated                                   | Fee Charged          |                      |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                                 |                        |
|---------------------------------|------------------------|
| Date of Submission              | 19/04/2022 09:36 (SGT) |
| Date of Accident                | 14/04/2022 16:15 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | MANDAI HILL CAMP       |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMR7055Y |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | YOONG YOON CHERN     |
| NRIC No                  | SXXXX380F            |
| Email Address            | vtan74@yahoo.com.sg  |
| Mobile Phone No          | (Phone) +65-91139918 |
| Alternative Phone No     | +65-91139918         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Avante                    |
| 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               |
| Transmission   | Auto                      |
| CC   | 1591                      |

#### INSURANCE COMPANY

|                           |                                     |
|---------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive                       |
| Fleet Policy              | No                                  |
| Policy Number             | D22MTPV01000673                     |
| Cover Note Number         | -                                   |

#### DRIVER

|                |                             |
|----------------|-----------------------------|
| Name of Driver | TAN GEOK KUAN (CHEN YUJUAN) |
| NRIC No        | SXXXX042H                   |



|  |                              |
|--|------------------------------|
| Date Of Birth  | 05/10/1974                   |
| Occupation   | Indoor                       |
| Date Of Driving Pass   | 25/11/1997                   |
| Driving experience   | 24 YEARS AND 5 MONTHS        |
| Gender   | Female                       |
| Mobile Number  | (Phone) +65-97519515         |
| Alt. Phone Number  | -                            |
| Email Address  | vtan74@yahoo.com.sg          |
| Address  | BLK 59 TELOK BLANGAH HEIGHTS |
| Address complement   | #11-19                       |
| Postcode   | 100059                       |
| Is the driver the policyholder?                              | No                           |
| If No, Relationship of the Driver with the Insured           | Spouse                       |
| 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   | Side Swipe |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |                  |
|--------|------------------|
| Name   | YOONG YOON CHERN |
| Gender | Male             |

#### DETAILS OF POLICE ACTION

|   |  |
|---|--|
| Was the accident reported to the police?  | Yes  |
| Police Station Name                       | Telok Blangah Neighbourhood Police Post                  |
| Police Station Phone No                   | (Phone) +65-18002729999                                  |
| Alt. Police Station Phone No              | (Fax) +65-63776526                                       |
| Police Station Address                    | Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 |
| Was notice of intended Prosecution given? | No   |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220415/2030

#### 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 | SLG4140Z |
| Vehicle Manufacturer        | -        |

|   |       |             |
|---|-------|-------------|
| Vehicle Model                           | ..... | -           |
| Vehicle Variant                         | ..... | -           |
| Vehicle Colour                          | ..... | -           |
| Vehicle Category                        | ..... | Private car |
| 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**.
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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### **Sketch Plan**

A = SMR 7055Y

B = SLG 4140Z

Mandai Hill Camp

Reverse



**Describe Circumstances of the Accident**

— Pls refer to the police report: T/20220415/2030. —

**Declaration**


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



Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220415/2030

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

1 of 3

Report No. T/20220415/2030

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>15/04/2022 13:05 | Vide Report No.: | Station Diary No.:<br>11 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>TAN GEOK KUAN      |            |                              | Address:<br>APT BLK 59 TELOK BLANGAH HEIGHTS #11-19<br>SINGAPORE 100059 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7433042H |            |                              | Contact No.:<br>Home/Office: Mobile: 97519515                           |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |  |                            |
| Sex:<br>Female                           | Age:<br>47 | Date of Birth:<br>05/10/1974 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                         |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>IT ADMIN.                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                |  |                            |

**General Information of the Accident**

|   |                           |                       |   |                               |
|---|---------------------------|-----------------------|---|-------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>14/04/2022 16:15 | Type of Location:<br>Car Park |
| Location:<br><br>MANDAI ROAD                                  |                           |                       |   |                               |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry  | Road Speed Limit:                             |                               |
| Traffic Flow:   |                           | Traffic Control:      | Traffic Volume:                               |                               |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                       | Anyone conveyed by<br>ambulance:<br>No        |                               |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SLG4140Z    | Car  |      |       |       |                  | 0               |
| SMR7055Y    | Car  |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20220415/2030

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

2 of 3

Report No. T/20220415/2030

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Name                              | TAN GEOK KUAN  | ID No.                                 | S7433042H                       |
| Related Vehicle                   | SMR7055Y (Car) | Contact No.                            | 97519515                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On 14/04/2022 at around 1615hrs, I was inside my vehicle SMR7055Y parked in the parking lot outside Mandai Hill Camp. There was then one car SLG4140Z, a white Toyota Prius which reversed and hit the front left bumper of my car. I then sounded my horn to alert the other driver in the other car. However the car just drove off from the location.

I came out of my car and checked on my vehicle. There were scratches and peeled off paint on the front left bumper of my car. I wish to state that I am not injured. I have an in-vehicle camera that recorded this incident. There were no other witnesses at the incident location.





**SINGAPORE  
POLICE FORCE**



T/20220415/2030

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

3 of 3

Report No. T/20220415/2030

**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:

D /

STAFF SGT MUHAMMAD  
DANIAL BIN JAFFAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/04/2022 13:05

Officer In Charge Of Case:

TP / HRT /

Other SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 04 / 2022) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: Mandai Hill Camp

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 7055Y  
 b) INSURANCE COMPANY: Sompo  
 c) POLICY NUMBER: D22MTPV01000673  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Avante (1591cc) AUTO / MANUAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: private use  
 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: Yoong Yoon CHERN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2552380F CONTACT: 9113 9918  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Tan Guek Kuan (Chen Yujuan) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S74320424 CONTACT: 9751 9515  
 c) ADDRESS: Blk 59 Telok Blangah Heights #11-19 (S) 100059

\* d) DATE OF BIRTH: (05 / 10 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 25/11/1997

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

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:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLG 4140Z MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = vtan74@yahoo.com.sg

fax =

video = Yes



**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)**

**Certificate/Policy No.** : D22MTPV01000673  
**Insured** : YOONG YOON CHERN  
**Motor Vehicle (Registration No.)** : SMR7055Y  
**Coverage** : Comprehensive - ExcelDrive PRESTIGE  
**Policy Commencement Date** : 18 JANUARY 2022 00:00  
**Policy Expiry Date** : 17 JANUARY 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
**Voluntary Excess\*** : N.A  
**Windscreen Excess\*** : S\$100.00 for each and every applicable claim.

\* Subject to GST wherever applicable

**Persons or Classes of Persons entitled to drive\***

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

**ExcelDrive Workshops and Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

**Sompo Insurance Singapore Pte. Ltd.**



**Authorised Signatory**

Date/Time of Issue : 22 DECEMBER 2021 11:43

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured 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 (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11A23903 & ATA SOLUTIONS CI Code: 22A \_NDSPC4R4MDBTNAH