

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>04/05/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA / Tm1 22004119/m4</b>	SAS e-filing		
Veh No: <b>Smv 3178G</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>01/05/2022 10:10</b>	i-Motor Claim Form		
OD / <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	)
TP Particulars:	Veh No: <b>Smv 9066 D.</b>	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

<b>NA 2201177</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
Contact No:	TP (N11) : TP (Non INC) against INC	\$20		
Damaged Portion:	9) N12: Idac Mobile	30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged		
Cat. 1:				
Cat. 2 / 3:				



# 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	04/05/2022 21:51 (SGT)
Date of Accident	01/05/2022 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE AFTER WOODLANDS AVE 2 EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV3178G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD RIDTHAUDIN BIN RIDZUAN
NRIC No	SXXXX949B
Email Address	RIDTHAUDIN@GMAIL.COM
Mobile Phone No	(Phone) +65-94552976
Alternative Phone No	+65-94552976

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ005123
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD RIDTHAUDIN BIN RIDZUAN
NRIC No	SXXXX949B

Date Of Birth	06/12/1985
Occupation	Outdoor
Date Of Driving Pass	18/04/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94552976
Alt. Phone Number	+65-94552976
Email Address	RIDTHAUDIN@GMAIL.COM
Address	BLK 310C PUNGGOL WALK
Address complement	#04-590
Postcode	823310
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	RADZIAH BINTE HASHIM
Gender	Female

#### PASSENGER 2

Name	SAADIAH BINTE HASHIM
Gender	Female

#### PASSENGER 3

Name	SYAFIE BIN SURAIZAH
Gender	Male

#### 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 : T/20220504/7001.

#### 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 .....	SMM9066D
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Avante
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PHUA TIAN HOCK
NRIC No .....	SXXXX608J
Contact Number .....	(Phone) +65-97613691
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 .....	GBJ6988J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHAN KAH CHOON
NRIC No .....	SXXXX261J
Contact Number .....	(Phone) +65-90184712
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 .....	GBC1828H
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv200
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) .....	-

#### INJURED PERSONS DETAILS

INJURED 1



Name of injured person	MUHAMMAD RIDTHAUDIN BIN RIDZUAN
Gender	Male
Phone No	(Phone) +65-94552976
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMV3178G
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.
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.

X

Policyholder's Signature / Date & Time

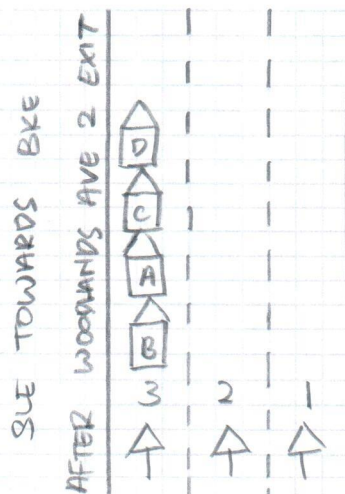
X

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

R 4/5/22

Witnessed by Reporting Centre Personnel

### **Sketch Plan**



Vehicle A : SMV 3178G

Vehicle B : SMM 9066D

Vehicle C : GBJ 6988J

Vehicle D : GBC 1828H



**Describe Circumstances of the Accident**

Refer to Police report no. T/20220504/7001.

**Declaration**

We declare the foregoing particulars are true in every respect.

X

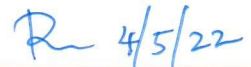


Policyholder's Signature / Date & Time

X



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



Witnessed by Reporting Centre Personnel





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

Report No. T/20220504/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2022 09:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD RIDTHAUDIN BIN RIDZUAN			Address: 310C PUNGGOL WALK #04-590 SINGAPORE 823310		
ID Type / ID No.: NRIC NO / S8540949B			Contact No.: Home/Office: Mobile: 94552976		
Nationality: SINGAPORE CITIZEN			Email: RIDTHAUDIN@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 06/12/1985	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2022 10:10	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC1828H	Van	NISSAN	NV200	White	Slightly Damaged	0
GBJ6988J	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0





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

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM9066U	Car	HYUNDAI	AVANTE	White	Seriously Damaged	0
SMV3178G	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV3178G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005123	01/12/2021	30/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD RIDTHAUDIN BIN RIDZUAN		ID No. S8540949B
Related Vehicle	SMV3178G (Car)		Contact No. 94552976
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/05/2022		Date 02/05/2022
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

I, MUHAMMAD RIDTHAUDIN BIN RIDZUAN WAS THE DRIVER OF MERCEDES BENZ C180, WITH THE REGISTRATION SMV3178G. I HAD 3 OTHER PASSENGERS IN MY CAR. RADZIAH BINTE HASHIM, SAADIAH BINTE HASHIM AND SYAFIE BIN SURAIZAH. ALL WHERE STRAPPED IN.

CHAN KAH CHOON NRIC S8673261J WAS THE DRIVER OF A DELIVERY TRUCK TOYOTA DYNA REGISTRATION GBJ6998J.

PHUA TIAN HOCK NRIC S8024608J WAS THE DRIVER OF A HYUNDAI AVANTE CISCO AUXILIARY CAR REGISTRATION SMM9066D.

ANOTHER GOODS VAN, A NISSAN NV200, REGISTRATION GBC1828H, WAS AHEAD OF THE TOYOTA DYNA DRIVEN BY CHAN.

AT APPROXIMATELY 1010HRS, I WAS DRIVING ALONG LANE 3 OF SLE TOWARDS BKE AFTER WOODLANDS AVE 2 EXIT WHEN CHAN, WHO WAS DRIVING INFRONT OF ME, APPLIED SUDDEN BRAKING. CONSEQUENTLY I APPLIED BRAKES TO AVOID COLLISION. I MANAGED TO





**SINGAPORE  
POLICE FORCE**



T/20220504/7001

3 of 4

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

Report No. T/20220504/7001

**CONTINUATION OF REPORT**

COME TO A COMPLETE STOP WITHOUT HITTING CHAN'S VEHICLE.

HOWEVER, PHUA WHO WAS DRIVING BEHIND DID NOT MANAGE TO STOP IN TIME AND REAR ENDED MY CAR. AS A RESULTS OF THE HUGE IMPACT, MY CAR SLID FORWARD AND HIT THE REAR END OF CHAN'S TRUCK. THIS HAPPENED NEAR LAMP POST 613.

AFTER ASSESSING THE SITUATION, WE MOVED OUR VEHICLES TO THE ROAD SHOULDER AND EXCHANGED PARTICULARS.

I WENT FOR MEDICAL CONSULTATION AFTER THE ACCIDENT AND WAS GIVEN A 4 DAYS MC FROM THE DOCTOR.





**SINGAPORE  
POLICE FORCE**



T/20220504/7001

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

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Report No. T/20220504/7001

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:  
04/05/2022 09:36

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 01 / 05 / 2022 (dd/mm/yy)

Time of Accident: 10 : 10 (24-HR-FORMAT)

Vehicle No. : SMV3178G Vehicle Make & Model / Engine (cc): MERCEDES-BENZ C180 Private Hire: ( Y / N )

Exact location of Accident: SLE TOWARDS BKE AFTER WOODLANDS AVE 2

Policyholder's Name / IC No. : MUHAMMAD RIDTHAUDIN BIN RIDZUAN (58540949B) ROC/UEN (Company) \_\_\_\_\_

Driver's Name / IC No. : MUHAMMAD RIDTHAUDIN BIN RIDZUAN (58540949B) (As Above) ☒

Driver's Contact No. : 9455 2976 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BLK 310C PUNGOL WAIK #04-590 S 823310

Owner Email address : RIDTHAUDIN @ GMAIL. COM Insurance Company : TOKIO MARINE

Driver Email address : RIDTHAUDIN @ GMAIL. COM

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 4

\*Passenger Name: KADZIAH BINTE HASHIM SYAFIE BIN SURAZAH Gender: Male / Female x( )

\*Passenger Name: SAADIAH BINTE HASHIM Gender: Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks : \_\_\_\_\_

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: MUHAMMAD RIDTHAUDIN BIN RIDZUAN

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SMV3178G

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE HQ

**The Other Party(s) Details:**

1. Driver's Name / IC No: PHUA TIAN HOCK Vehicle No: SMM 9066D (4)

Driver's Contact No: 9761 3691 Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): CHAN KAH CHOON Vehicle No: GBJ 6988J (2)

Driver's Contact No: 9018 4712 Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: D&K Automotive Services Pte Ltd Contact No: 6509 8258 / 8338 8376

3. GBC 1828H (1)



# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



TOKIOMARINE  
INSURANCE GROUP

## Certificate of Insurance

FORM MX1

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 No.: MQ005123 (Private Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMV3178G   | Chassis No.: WDD2050402R172603 |
| 2. Name of Policyholder  | MUHAMMAD RIDTHAUDIN BIN RIDZUAN  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/12/2021 (00:00:00)  |                                |
| 4. Date of Expiry of Insurance   | 30/11/2022   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | (a) The Policyholder.<br>(b) Any other person who is driving on the Policyholder's order or with his 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.

### 6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

### IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION		Account No: 1861DDA	
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess		
		SGD 100.00	
Financial Interest:	MAYBANK SINGAPORE LIMITED		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature