

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SA092268000

Date In: 28/06/2022 16:05	Job description	Date & Time Completed	Done by
Ref No: N2201112290614274	SAS e-filing		
Veh No: SA 3042C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/06/2022 11:55	1-Motor Claim Form		
OD TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: SA 9778M 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	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

Invoice Preparation Checklist

Statement Particulars	1) AR: Accident Reporting (\$30);	AM (\$)	AM (\$)
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		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
C Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (w/in INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	28/06/2022 16:05 (SGT)
Reported by	Driver
Date of Accident	26/06/2022 11:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	NEAR BALESTIER ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3042C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TODOROKI LEASING
Company Reg No	5XXXX251K
Email Address	yuenmunheng6@gmail.com
Mobile Phone No	(Phone) +65-91285353
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0007697

DRIVER

Name of Driver	YUEN MUN HENG
NRIC No	SXXXX660H
Date Of Birth	02/11/1981
Occupation	Outdoor

Date Of Driving Pass	02/06/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-87898116
Alt. Phone Number	-
Email Address	yuenmunheng6@gmail.com
Address	BLK 349 CORPORATION DRIVE #02-514
Address complement	-
Postcode	610349
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220626/2065

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9778M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YUEN MUN HENG
Gender	Male
Phone No	(Phone) +65-87898116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC3042C
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



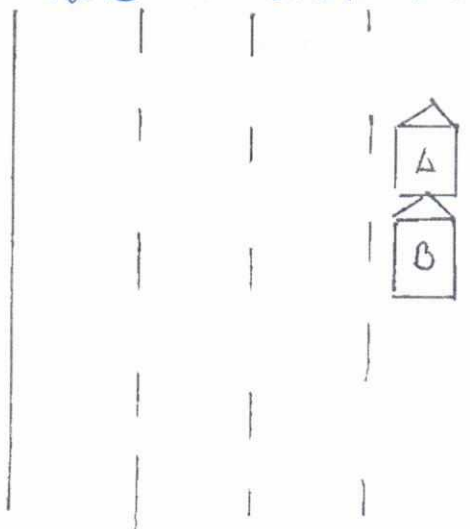
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along CTR NEAR BANGSIAR ROAD EXIT



A - SNC 3042C

B - SH 9778M

Describe Circumstances of the Accident

- AS PER POLICE REPORT - 7/20220626/2065

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/20220626/2065

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220626/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2022 20:44		Vide Report No.:		Station Diary No.: 125	
Informant's Particulars					
Name of Informant: YUEN MUN HONG			Address: APT BLK 349 CORPORATION DRIVE #02-514 SINGAPORE 610349		
ID Type / ID No.: NRIC NO / S8136660H			Contact No.: Home/Office: Mobile: 87898116		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 02/11/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2022 12:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9778M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			3
SNC3042C	Car	TOYOTA	NOAH 1.8X HYBRID CVT	White		1



**SINGAPORE
POLICE FORCE**



T/20220626/2065

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Report No. T/20220626/2065

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YUEN MUN HONG	ID No.	S8136660H
Related Vehicle	SNC3042C (Car)	Contact No.	87898116
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2022	Date Discharge	26/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 26/6/2022 at around 1155hrs, I was driving my car (SNC3042C) on the first lane of Central Expressway near exit 7D (Balestier Road). Suddenly, I felt an impact on the rear of my car. I then realized that a taxi (SH9778M) had hit the rear of my car. The front of the taxi hit onto the rear of my car. We then stopped our vehicles and I wanted to settle the matter. However, the taxi driver refused to exchange particulars. He told me just to take a picture of his taxi plate number and that would be enough for any insurance claim. He then left. I do not have an in-car camera. My car suffered some dents on the rear. I am unsure of the estimated cost of damages incurred. I went to the doctor and managed to receive a 3 days MC for injuries sustained. I was then told by my insurance company to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20220626/2065

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220626/2065

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:

J /

Other ASHRAF BIN ISHAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Signature Of Informant:

Date/Time:

26/06/2022 20:44

Classification Of Case:

VEHICLE RENTAL AGREEMENT

VRN NO:

HIRER'S PARTICULAR

Name: (as in I/C) YUEN MUN HONG (PURN)

NRIC/PASSPORT No: S8136660H

Address (Res): BLK 349 CORPORATION DRIVE
#02-514 S610349

Name & Address of Employer:

Occupation: Driver Driving Exp: 2 years

Driving Licence No: S8136660H D/L Type: Local / International

Issue Date: 02 Jun 2019 Date of Birth: 02 NOV 1981

Tel: (O) _____ (R) _____ HP/PG 8789 8116

8740 2050

Name: (as in I/C)

NRIC/PASSPORT No:

Address (Res):

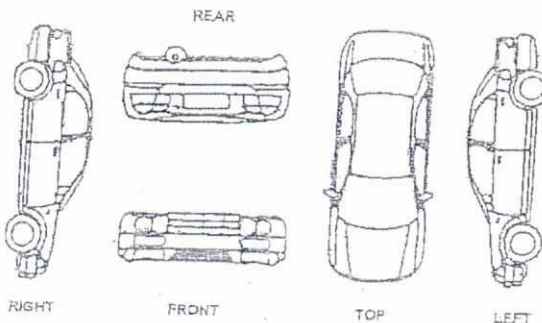
Driving License No: _____ D/L Type: Local / International

Issue Date: _____ Date of Birth: _____

Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



ACCESSORIES CHECK

- | | | |
|--|---|--|
| <input type="checkbox"/> Ashtray | <input checked="" type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre |
| <input checked="" type="checkbox"/> STD Tools | <input checked="" type="checkbox"/> Jack | <input checked="" type="checkbox"/> Sport Cams |
| <input checked="" type="checkbox"/> Radio / Cass | <input checked="" type="checkbox"/> CD | <input checked="" type="checkbox"/> Hub-Caps |
| <input checked="" type="checkbox"/> Android Player | <input checked="" type="checkbox"/> Camera | <input type="checkbox"/> Cartridges |

Vehicle No: SNC 3042C

Replace Veh No:

Mileage Out: 34km

Mileage Out:

Make & Model: TOYOTA NOAH

Auto / Manual

OUT: Date 19/10/2021

Time: 13.30pm

HIRE/PERIOD EXPIRY 7 years Lease to own 3/2

NON-WAIVER EXCESS: \$5000 / \$5000

EMERGENCY CONTACT

Name: LOM WAT YIN

Relationship: MOTHER

Contact Numbers: 91102350

CHARGES

Daily	@ \$125	per day	\$875
Weekly	@ \$	per week	
Monthly	@ \$	per month	
Deposit	\$500		\$500
Windscreen Excess	\$300		
Others			

Remarks

2 day off for birthday
02/11/21 to 03/11/21

Delivery Service

SUB-TOTAL \$

Breach of contract fees \$136879

PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Collection Service

Misc.

TOTAL CHARGE \$

Signed for and on behalf of Todoroki Leasing

Hirer's signature



I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TODOROKI LEASING in connection with this agreement is true.

* IMPORTANT UOB: 3693118245 EVERY MONDAY BEFORE 10.30PM

- ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REGISTERED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COV AND IDPA WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TODOROKI LEASING.
- HIRER WHO OVERLOOK ON MAINTAINING THE ENGINE OIL & COOLANT THAT CAUSES DAMAGE TO THE ENGINE SHALL BEAR THE REPAIR COST.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO OCEAN CARZ LEASING PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS

SIGNATURE OF HIRER/DRIVER

Date of accident: 26/6/22 Time: 1155H
Location of accident: ALONG CTE NEAR BOLESTIER ROAD EXIT

Details of Own Vehicle

Vehicle Number: SNC3042C Make/Model: Toyota Noah
Insurer: INDIA INTERNATIONAL INSURANCE PTE LTD Passenger (incl. Driver): 2 (M46)
Policy No: D21MFL0007697 Policy Type: C/TPFT/TPO
Policyholder
Name: BOORUKI L66SING NRIC/FIN no.: S3346251K
Contact no.: 91285353
Driver
Name: YUEN MUN HONG NRIC/FIN no.: S8136660H
Contact no.: 87898116 D.O.B.: 2/11/1981
Email: YUEN MUN HONG 6 @ GMAIL.COM Occupation: PRIVATE HIRER
Address: Blk 349 CORPORATION DRIVE #02-514 S(610349)
Driving pass date: 02/06/2019 Relationship with Policyholder: HIRER

General Information

Weather conditions: Clear Raining

Road surface: Dry Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Injuries: Yes/No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)
YUEN MUN HONG	SNC3042C	Y	N

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	SH 9778M	
Driver name:	AXA	
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

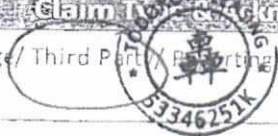
Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Receipt Acknowledgement

Claim Type: Own Damage / Third Party Reporting Only
Workshop:

Policyholder/ driver's
Signature:




[Signature]

[Signature]

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D21MFL0007697	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : SNC3042C Chassis No : ZWR800509380</p> <p>2. Name of Policyholder : TODOROKI LEASING</p> <p>3. Effective date of Insurance : 11 Oct 2021</p> <p>4. Expiry date of Insurance : 10 Oct 2022</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p style="margin-left: 20px;">Any person who is driving on the Policyholder's order or with their permission. The Hirer. 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.</p> <p>6. Limitations as to use*</p> <p style="margin-left: 20px;">Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired</p> <p style="margin-left: 20px;">The Policy does not cover</p> <p style="margin-left: 20px;">(1) Use for racing, pace-making, reliability trial, speed-testing. (2) Use for the carriage of goods other than samples in connection with any trade or business. (3) Use for any purpose in connection with the Motor Trade.</p> <p style="font-size: small;">*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.</p>	
<p>Excess Section I WITHIN SINGAPORE : Excess Section II WITHIN SINGAPORE : Windscreen Excess : Hire Purchase Company : AMS MOTORS PTE LTD</p> <p>WARRANTY EXCESS : SGD 150.00 WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY</p> <p>THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.</p>	
<p>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).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Agent/Broker : A000087/FINSURETEQ AGENCY PTE LTD Date of Issue : 12/10/2021 12:14:57 MZ406 - Hire Car (Hired Driving)</p> </div> <div style="width: 35%; text-align: right;"> <p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  _____ Authorised Signatory </div> </div> </div>	