

# 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 ..... 21/07/2022 17:03 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 21/07/2022 09:40 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKC4177B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO AIK SENG  
NRIC No ..... S0197788A  
Email Address ..... TRUENO13\_954@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97974000  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... Apv  
Variant ..... APV 7-SEATER 1.6 5DR GLX AT ABS D/AIRBAG  
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 ..... 1590

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Policy Number / Cover Note Number ..... P10424965R01

### DRIVER

Name of Driver ..... NEO SAY HIAN  
NRIC No ..... S8510264H  
Date Of Birth ..... 31/03/1985  
Occupation ..... Indoor

Date Of Driving Pass .....	26/09/2003
Driving experience .....	18 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98530720
Alt. Phone Number .....	-
Email Address .....	TRUENO13_954@HOTMAIL.COM
Address .....	73 PUNGGOL CTRL
Address complement .....	#10-63
Postcode .....	828756
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	NEO AIK SENG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
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? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN4452H
-----------------------------------	---------

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XE7188K
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	XE1571J
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SHC5899E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ..... NEO SAY HIAN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... DIZZY,NECK PAIN & BODY UNWELL  
Injured person in which vehicle? ..... SKC4177B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... UNKNOWN DRIVER  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY UNWELL  
Injured person in which vehicle? ..... XE7188K  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 3

Name of injured person ..... UNKNOWN DRIVER  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... XE1571J  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 4

Name of injured person ..... NEO AIK SENG  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK PAIN & BODY UNWELL  
Injured person in which vehicle? ..... SKC4177B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No


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.

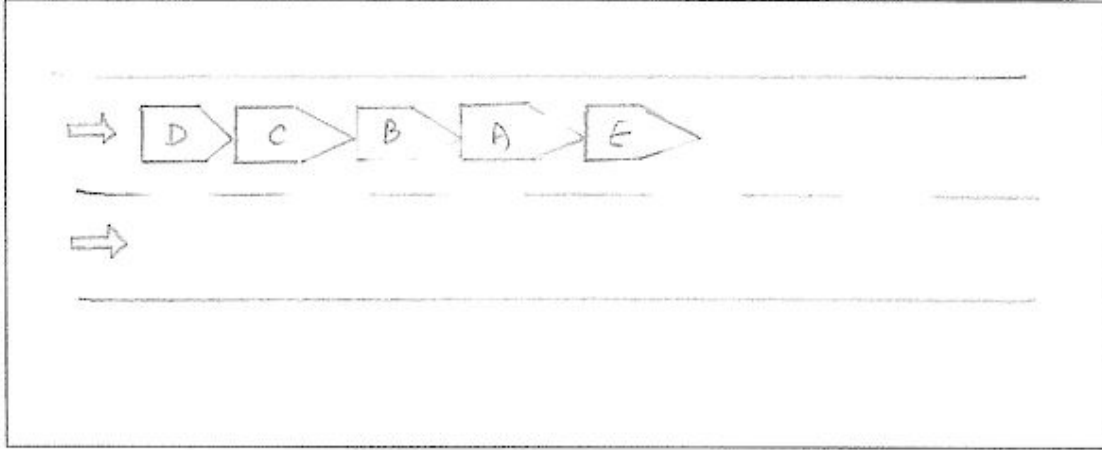
\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

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

COMPLETED 21 JUL 2022

Date of accident: 21/7/22 Time: 0940 Location: B16  
 My Vehicle A: SKC4177B Vehicle B: YH4452H Vehicle C: YE7189K  
 SKETCH PLAN D: XE15775 E: SHL5894E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

- 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 [Signature] \_\_\_\_\_ (If driver is not the policyholder) Date & Time: \_\_\_\_\_  
 Reporting Centre Personnel's Signature [Signature] \_\_\_\_\_ Name: \_\_\_\_\_ NRIC/FIN No. \_\_\_\_\_

COMPLETED 21 JUL 2022  
 AH LIM MOTOR COMPANY









































**SINGAPORE  
POLICE FORCE**



T/20220721/2040

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 3

Report No. T/20220721/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2022 14:15	Vide Report No.: L/20220721/0057	Station Diary No.: 34
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NEO SAY HIAN		Address: BLK 73 PUNGGOL CENTRAL #10-63 SINGAPORE 828756	
ID Type / ID No.: NRIC NO / S8510264H		Contact No.: Home/Office: Mobile: 98530720	
Nationality: SINGAPORE CITIZEN		Email: trueno13_954@hotmail.com	
Sex: Male	Age: 37	Date of Birth: 31/03/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Facility Manager		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/07/2022 09:40	Type of Location: Bend
Location: BUKIT TIMAH 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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5899E	Car	E			Slightly Damaged	1
SKC4177B	Car	A			Seriously Damaged	1
XE1517J	Lorry	D			Seriously Damaged	0
XE7188K	Lorry	C			Slightly Damaged	0
YN4452H	Lorry	B			Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20220721/2040

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

2 of 3  
Report No. T/20220721/2040

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO SAY HIAN	ID No.	S8510264H
Related Vehicle	SKC4177B (Car)	Contact No.	98530720
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/07/2022 at about 0940hrs, I was driving along BKE towards KJE on the slip road. There was road works on the right lane and I changed lane to the left lane. Suddenly, the taxi in front of my braked and came to a stop. I was braked and was able to stop in time, as well as the lorry behind me (YN4452H). However, the trailer behind the lorry was unable to stop in time and the impact cause the lorry to surge forward and collided into my vehicle (SKC4177B). The impact caused my vehicle to surge forward and hit the taxi in front of me. I called for police at the scene and traffic police attended vide L/20220721/0057. Ambulance also came and took the driver of one of the trailers to the hospital. Traffic police seized my in-car camera memory card and instructed me to lodge this traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20220721/2040

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999


3 of 3  
Report No. T/20220721/2040

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 / SGT 3 LEE XUNLIANG, MICAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2022 14:15
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1C227L0003 Vehicle Registration No: SKC4177B  
 Name (as shown in NRIC): NEO JAY MIAN NRIC/FIN/Passport No: SXXXX26411  
 ( Vehicle Driver /  Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): 9953 0720 Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 21/1/2022 Time of Accident: 09:40  
 Place of Accident: BKE  
 Insurance Company: Auto & General

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload police report - driver & passenger (owner) got injured  
with 3 days of MC.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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



**SINGAPORE  
POLICE FORCE**



T/20220721/2101

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No: T/20220721/2101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2022 21:26		Vide Report No.: L/20220721/0057		Station Diary No.: 62	
<b>Informant's Particulars</b>					
Name of Informant: NEO AIK SENG			Address: APT BLK 108 SERANGOON NORTH AVENUE 1 #12-707 SINGAPORE 550108		
ID Type / ID No.: NRIC NO / S0197786A			Contact No.: Home/Office: Mobile: 97974000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 09/12/1953	Type of Informant: Passenger		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/07/2022 09:40	Type of Location: Bend
Location: BUKIT TIMAH 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: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC4177B	Car				Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



T/20220721/2101

2 of 3

Report No. T/20220721/2101

**CONTINUATION OF REPORT**

Passenger			
Name	NEO AIK SENG	ID No.	S0197788A
Related Vehicle	SKC4177B (Car)	Contact No.	97974000
Hospital/Clinic	STANFORD MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2022	Date Discharge	21/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 21/07/2022 at about 0940hrs. my son was driving along BKE towards KJE on the slip road entrance to KJE. There was road works on the right lane, and he changed to the left lane. Suddenly, the taxi in front of him braked and stopped. My son was able to stop the car in time, but a trailer truck hit the lorry behind us which then surged forward and hit us, causing us to surge forward and hit the taxi in front as well. Traffic Police attended the scene vide L/20220721/0057 and conveyed one of the trailer drivers to the hospital. I and my son went to see the doctor for neck pain and each got 3 days of MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



T/20220721/2101

3 of 3

Report No. T/20220721/2101


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 / SGT 3 LEE XUNLIANG, MICAH 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: IP / GIT / SI MOHAMMED FEROUZ BIN HUSSEIN Contact No.: 65476206

Signature Of Informant: 
Date/Time: 21/07/2022 21:26
Classification Of Case:

NP168



SKC 4177B  
SUZUKI / BLUE

SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No: 4/200207010057  
I, SGT 706384 ZULKIFLI  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TRAFFIC POLICE HQ  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE SUZUKI ULTRA 649B MICRO SD CARD.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 BY HAND OVER

from S851026411, NEO SAY HAN  
(Name, NRIC or Passport No. / Rank and No.)  
of 1/P 8 98530700 DOB: 3/02/1985  
(Address / Police Station / NPC / NPP)  
on 01/07/2002 at 1115 hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)  
[Signature]  
(Signature)  
Neu Say Han S851026411  
(Name, NRIC or Passport No. / Rank and No.)

Received by:  
[Signature]  
(Signature)  
Sgt 706384 ZULKIFLI  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: TP 10 FER02  
65476206  
LOGG ACCIDENT REPORT.

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

Third Party Only Car Policy  
Policy Number: P10424965R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

**Certificate Number P10424965R01 (Third Party Only / Authorised Driver Plan)**

1) Vehicle Registration Number	:	SKC4177B
Chassis Number	:	MHYGDN71V00303227
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	24/08/2021 (00:00)
3) Date / Time of Expiry of Insurance	:	23/08/2022 (23:59)
4) Excess (i) Policy	:	Not applicable
(ii) Windscreen	:	Not applicable
5) Policyholder	:	Neo Aik Seng
6) Persons or Classes of Persons Entitled to Drive*	<p>Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.</p> <p>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 any 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 accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.</p> <p>Main Driver / Date of Birth : Neo Aik Seng(09/12/1953)</p> <p>Named Driver(s) / Date of Birth : Neo Hui Shan (08/11/1987) Neo Say Hian (31/03/1985) Teo Ka Chang (18/01/1954) Neo Say Chuan (09/02/1981)</p>	
7) Limitation as to use*	<p>Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, 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.</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.</p>	
8) Finance Company	:	NA

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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
09/08/2021

**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as Budget Direct Insurance



**Simon Birch**  
Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg