

NATIONAL Assessment Centre Services

| | | | | |
|---------------------------|------|--|-----------------------|---------|
| Date In 31/08/22 | DR3 | Job description | Date & Time Completed | Done by |
| Ref No N/A/LIP22008489/AT | | SAS e-filing | | |
| Veh No SNA1883A | | E-mail (within 8hrs: AP 2hrs) | | |
| DOA 30/08/22 | 1845 | i-Motor Claim Form | | |
| OD/TP/Reporting Only | | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | | i-Photo Uploaded | | |
| | | Assessment/Survey Report | | |
| | | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: XE7463R | 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 |
|-----------|--------------------------|
| | MOBILE REPORTING (BRYAN) |
| | BETHLEHEM AUTO |
| | 5035 AMKIND PARK 2 |
| | #01-371 |
| | 569538 |

| | | | | |
|---------------------------------|------------------|---|-----------------------|-----------------------|
| NA2202310 | NA2202311 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | mobile reporting | 1) AR: Accident Reporting (\$30); | | |
| 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 | | |
| QC Checked by (Engr-In-Charge): | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | | 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* | | |
| | | *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 \$0 | | |
| | | Invoice date-I | 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 Actual 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 | 31/08/2022 18:01 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/08/2022 18:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PASIR RIS TOWN, CHANGI VILLAGE PIE EXIT TWDS TPE(CTE/SLE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SND1883A |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | ONG HUI MIN AMANDA |
| NRIC No | SXXXX261G |
| Email Address | joelgabriel.sundram7@gmail.com |
| Mobile Phone No | (Phone) +65-90934462 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | Gla180 |
| 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 | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI21V11470/VPC/R00 |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | JOEL GABRIEL SUNDAM |
| NRIC No | SXXXX691I |
| Date Of Birth | 03/03/1994 |

| | |
|--|--------------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 10/01/2020 |
| Driving experience | 2 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90628552 |
| Alt. Phone Number | - |
| Email Address | joelgabriel.sundram7@gmail.com |
| Address | BLK 941 TAMPINE AVE 5 |
| Address complement | #02-221 |
| Postcode | 520941 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 | Wet |

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 | ONG HUI MIN AMANDA |
| Gender | Female |

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/20220831/7020

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 | XE7463R |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------|
| Name of injured person | JOEL GABRIEL SUNDAM |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | SND1883A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|--------------------|
| Name of injured person | ONG HUI MIN AMANDA |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | SND1883A |
| 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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 31/08/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan diagram showing the accident location. The diagram is drawn on a grid. It shows a road intersection. A road runs vertically, labeled 'PIE' at the top. A road runs horizontally, labeled 'TPE' on the right. The intersection is labeled 'Pasir Ris Town, Changi Village' and 'PIE B. + TWDS TPE (CTE/SLE)'. Two vehicles are shown: 'Vehicle A: SND1883A' and 'Vehicle B: XE7463R'. The vehicles are positioned near the intersection. There are also some markings on the road, including '10' and '15'.

Describe Circumstance of the Accident

Refer to Police Report No. T/20220831/7020

Declaration

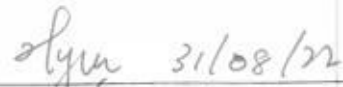
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220831/7020

1 of 3

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

Report No. T/20220831/7020

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|--|----------------------------|--|
| Date/Time Report Made: 31/08/2022 12:44 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: JOEL GABRIEL SUNDRAM | | | Address: 941 TAMPINES AVENUE 5 #02-221 SINGAPORE 520941 | | |
| ID Type / ID No.: NRIC NO / S94076911 | | | Contact No.: Home/Office: Mobile: 90628552 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: JOELGABRIEL.SUNDRAM7@GMAIL.COM | | |
| Sex: Male | Age: 28 | Date of Birth: 03/03/1994 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | | Institution / School Name: | |
| Occupation: property management | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/08/2022 18:45 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|------|-------|-------|----------|-------|
| SND1883A | Car | | | | | 0 |
| XE7463R | Lorry | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220831/7020

2 of 3

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

Report No. T/20220831/7020

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Passenger | | | |
| Name | ONG HUI MIN AMANDA | ID No. | S9349261G |
| Related Vehicle | SND1883A (Car) | Contact No. | 90934462 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 31/08/2022 | Date | 31/08/2022 |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |
| Driver | | | |
| Name | JOEL GABRIEL SUNDRAM | ID No. | S9407691I |
| Related Vehicle | SND1883A (Car) | Contact No. | 90628552 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 31/08/2022 | Date | 31/08/2022 |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

Brief Details.

On the stated date & time, I was driving my vehicle, bearing car plate number SND1883A at the above stated location. As the traffic was heavy, I was stopped stationary at the location. All of a sudden, a vehicle bearing car plate number XE7463R collided onto the rear right hand side of my vehicle. My passenger and I felt unwell after the accident and went to consult a doctor at Mount Alvernia. We were both given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220831/7020

3 of 3

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

Report No. T/20220831/7020

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:
31/08/2022 12:44

Classification Of Case:

Vehicle Registration Details

| | | |
|-------------------------------------|---|--|
| Vehicle No. SND1883A | Make/ Model MERCEDES BENZ /GLA180 URBAN (R18 LED) | Vehicle Scheme - |
| Current Propellant Petrol | Chassis No. WDC1569422J657583 | Vehicle Type Passenger Station Wagon/Jeep/Land Rover |

Owner's Details

Owner Name:

ONG HUI MIN AMANDA

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S9349261G

Registered Address

**APT BLK 155 LORONG 1 TOA PAYOH #15-
1167 SINGAPORE 310155**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

SNB3970D

Effective Date of Ownership:

20 Sep 2021

Original Registration Date:

26 Sep 2019

Registration Date:

26 Sep 2019

No. of Transfers:

1

IU Label No.:

1129546008

Vehicle Specifications

Engine No.:

27091031908912

Chassis No.:

WDC1569422J657583

Year of Manufacture:

Primary Colour:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 08 / 2022 (DD/MM/YYYY), TIME: 18 : 45 (HH:MM)

LOCATION: Pasir Ris Town, Changi Village PIE Exit TWDs TPE (LTE/SLE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SND1883A
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: S121V11470
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Merc GLA 180 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: ONG HUI MIN AMANDA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9349261A CONTACT: 9098 4462
 c) ADDRESS: APT BLK 155 LORONG 1 TOA PAYOH #15-1167 SINGAPORE 310155

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JOEL GABRIEL SWOBAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9407691I CONTACT: 9062 8552
 c) ADDRESS: APT BLK 941 TAMPINES AVENUE 5 #02-221 SINGAPORE S09941

* d) DATE OF BIRTH: 03 / 03 / 1994 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 2 Y 7 M

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: YE 7463 R 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: amandatanong@gmail.com (owner)

fax = -

video = -

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

| | | |
|--|---|--|
| Name of Policyholder: ONG HUI MIN AMANDA | | Certificate No.: SI21V11470/ VPC / R00 |
| Date of Issue: 06 Sep 2021 | Effective Date of Commencement: 06 Sep 2021 14:11 | Date of Expiry: 05 Sep 2022 23:59 |
| Registration No.: SNB3970D | Chassis No.: WDC1569422J657583 | Type of Certificate: MX1 |

Persons or Classes of Persons entitled to drive*:

- A) The Policyholder.
- 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.

Limitations as to use:

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

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) 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 are not to be included under these headings.

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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

| | |
|--------------------------|---|
| Coverage(s): | Comprehensive, Unlimited Windscreen |
| Sum Insured: | MARKET VALUE AT THE TIME OF LOSS |
| Excess: | Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | TOKYO CENTURY LEASING (S) PTE LTD |
| Name of Producer: | D&S AUTO AGENCY (A1661-2) |