

# NATIONAL Assessment Centre Services

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In: <b>04/10/22</b>        | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/TMI22009747/3</b> | SAS e-filing                             |                       |         |
| Veh No: <b>E24949R</b>          | E-mail (within 8hrs. A/C 2hrs)           |                       |         |
| D.O.A: <b>01/10/22 0600</b>     | i-Motor Claim Form                       |                       |         |
| GD TP: <b>Reporting Only</b>    | i-Motor W/O (Within: GD 2hrs. TP 4hrs)   |                       |         |
|                                 | i-Photo Uploaded                         |                       |         |
| TP Insurer:                     | Assessment/Survey Report                 |                       |         |
|                                 | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: <b>CYCLIST</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>NA22002785</b>               | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars :-       | 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             |                      |                      |
|                                 | 5) RT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| QC Checked by (Engr-In-Charge): | 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 30                          |                      |                      |
| Cat 1:                          | Invoice dated                                   | Fee Charged          |                      |
| Cat 2 / 3:                      | 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              | 04/10/2022 15:03 (SGT)             |
| Reported by                     | Driver                             |
| Date of Accident                | 01/10/2022 06:00 (SGT)             |
| Exact Location of Accident      | Singapore                          |
| Additional Location Information | JUNC OF PUNGGOL RD & PUNGGOL DRIVE |
| Country/State of Loss           | Singapore                          |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number EZ4949R

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | LEE SING CHOO        |
| NRIC No                  | SXXXX898B            |
| Email Address            | weisong-@hotmail.com |
| Mobile Phone No          | (Phone) +65-97456932 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Honda               |
| Model  | Civic               |
| 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 - Reporting only |
| Vehicle Category   | Private car         |
| Transmission   | Auto                |
| CC   | 1600                |

#### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 21-MU011216-R04                      |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | LEE WEI SONG |
| NRIC No        | SXXXX064H    |
| Date Of Birth  | 11/07/1993   |
| Occupation     | Indoor       |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass   | 20/08/2014                    |
| Driving experience   | 8 YEARS AND 2 MONTHS          |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-83396550          |
| Alt. Phone Number  | -                             |
| Email Address  | weisong-@hotmail.com          |
| Address  | BLK 290C COMPASSVALE CRESCENT |
| Address complement   | #08-24                        |
| Postcode   | 543290                        |
| 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   | Collided into Bicyclist |
| 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)   | 1   |
| 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   | -   |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police?  | Yes                                  |
| Police Station Name                       | Sengkang Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18003438999              |
| Alt. Police Station Phone No              | (Fax) +65-63438939                   |
| Police Station Address                    | 2 Sengkang Square #01-02             |
| Was notice of intended Prosecution given? | No                                   |
| If yes, against whom?                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:

#### 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 | CYCLIST |
| Vehicle Manufacturer        | -       |
| Vehicle Model               | -       |
| Vehicle Variant             | -       |

|   |              |
|---|--------------|
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | NA / Unknown |
| 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 .....                              | UNKNOWN |
| Gender .....  | Female  |
| Phone No .....  | -       |
| Address .....   | -       |
| Address Complement .....                                  | -       |
| Post Code .....   | -       |
| Approximate Age Years Old .....                           | -       |
| Injuries Sustained .....                                  | SLIGHT  |
| Injured person in which vehicle? .....                    | CYCLIST |
| Were seat belts worn? .....                               | -       |
| 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 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 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.

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

*[Signature]* 03/10/22  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

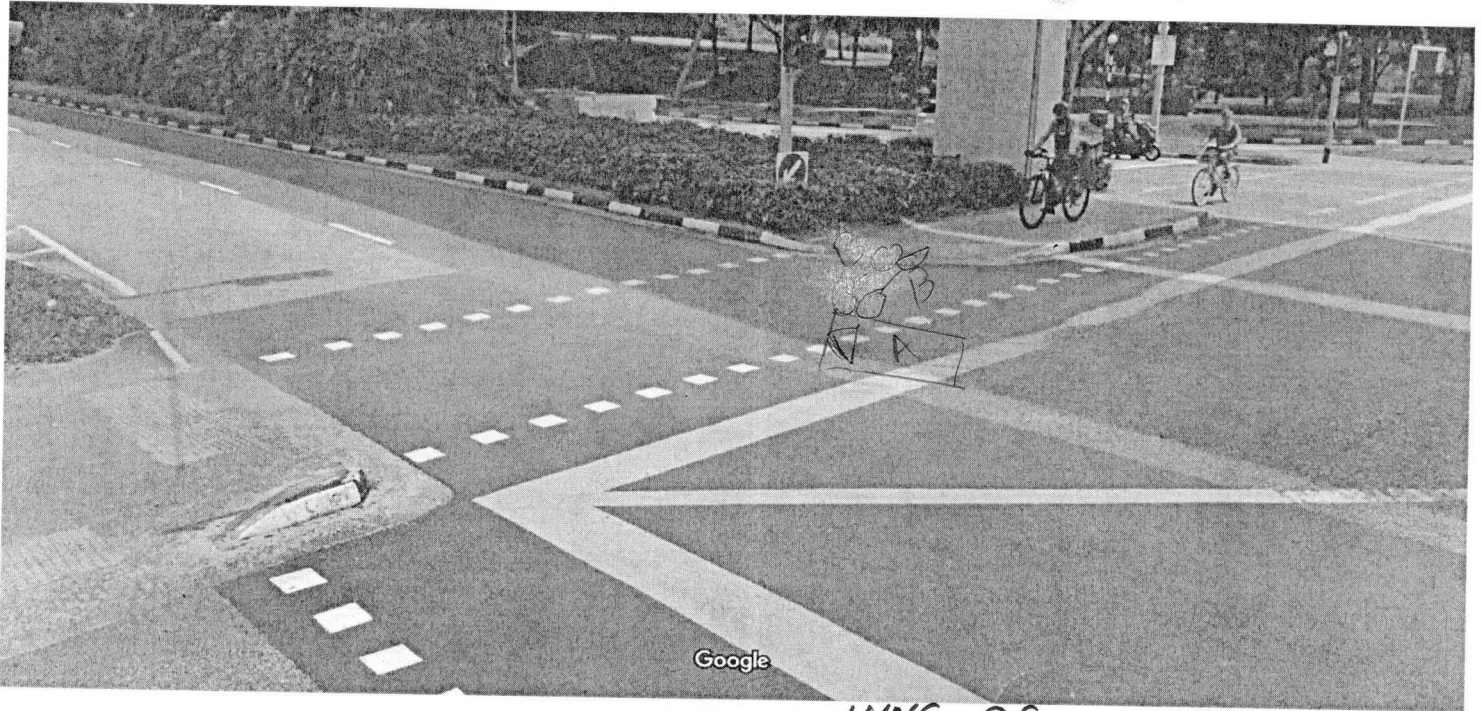
*[Signature]* 04/10/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

AS PER ATTACHED



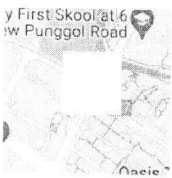
Google Maps 305 Punggol Rd



Singapore

Google

Street View - Sep 2022



JUNC OF  
PUNGOL RD & PUNGOL DR  
A - EZ4949R  
B - CYCLIST.

Image capture: Sep 2022 © 2022 Google


Describe Circumstance of the Accident


p/s refer to the police report.

Declaration

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

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

 03/10/22  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

 04/10/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20221004/2010

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20221004/2010

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>04/10/2022 04:05 |            | Vide Report No.:             |  | Station Diary No.:<br>16 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>LEE WEI SONG         |            |                              | Address:<br>APT BLK 290C COMPASSVALE CRESCENT #08-24<br>SINGAPORE 543290 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S9325064H   |            |                              | Contact No.:<br>Home/Office: Mobile: 83396550                            |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>11/07/1993 | Type of Informant:<br>Driver   |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                          | Institution / School Name: |
| Occupation:<br>Bartender/Mixologist        |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                   |                          |                            |

**General Information of the Accident**

|   |                                |                      |  |                   |
|---|--------------------------------|----------------------|--|-------------------|
| Type of Accident:                                     | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No   | Date/Time of Accident:<br>01/10/2022 06:00 | Type of Location: |
| Location:<br><br>PUNGGOL DRIVE                        |                                |                      |  |                   |
| Weather:<br>Clear                                     |                                | Road Surface:<br>Dry | Road Speed Limit:                          |                   |
| Traffic Flow:   |                                | Traffic Control:     | Traffic Volume:<br>No Traffic              |                   |
| Type of Collision:<br>Moving Vehicle Against - Others |                                |                      | Anyone conveyed by ambulance:<br>No        |                   |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| EZ4949R     |      |      |       |       |           | 0               |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20221004/2010

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20221004/2010

**CONTINUATION OF REPORT**

|                                   |                |  |  |                                   |
|-----------------------------------|----------------|--|--|-----------------------------------|
| <b>Driver</b>                     |                |  |  |                                   |
| Name                              | LEE WEI SONG   |  | ID No.                                 | S9325064H                         |
| Related Vehicle                   | EZ4949R        |  | Contact No.                            | 83396550                          |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury                       | NIL                               |
| <b>Female Cyclist</b>             |                |  |  |                                   |
| Name                              | FEMALE CYCLIST |  | ID No.                                 | NIL                               |
| Related Vehicle                   | NIL            |  | Contact No.                            | 93371088                          |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury                       | NIL                               |

**Brief Details.**

On 01/10/2022 at about 6am, I was driving along Punggol Road making a right turn at the junction of Punggol Road and Punggol Drive and I checked the road condition before making the right turn at the traffic junction and everything was clear as such I proceed to make the right turn at the junction when suddenly a cyclist appear on the right side of my vehicle and the cyclist collided onto the right side of my vehicle and she fell onto the road.

I got out of my vehicle to render assistance and we exchanged contact details and she told me she will see a doctor later and she cycle off. I noticed she had a bruise on one side of her cheek area and abrasion on one of her knee.

The cyclist contacted me that she had lodged an accident report and when I contacted my insurance company, I was told to do so as well.



**SINGAPORE  
POLICE FORCE**



T/20221004/2010

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20221004/2010

**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 /  
SR STAFF SGT TAN WEI XIANG  
ROY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/10/2022 04:05

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 10 / 22) (DD/MM/YYYY), TIME: (06 : 00) (HH:MM)

LOCATION: JUNE OF PUNGOL RD 1 PUNGOL DR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EZ4949R  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CIVIC 1.6 (AUTO / MANUAL)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: LEE SING CHOO (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2501898B CONTACT: 97456932  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: LEE WEI SONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9325064H CONTACT: 83396550  
 c) ADDRESS: Bkt 290C COMPASSVALE CRESCENT #08-24 (S43290)

\* d) DATE OF BIRTH: (11 / 07 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/08/2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: CYCLIST 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: \_\_\_\_\_

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

03/10/22

Police report  
✓

Email = weisong@hotmail.com

Fax =

VIDEO = NO

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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1

**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)**

**Policy No.:** 21-MU011216-R04 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** EZ4949R **Chassis No.:** JHMFD46208S200361
2. **Name of Policyholder** LEE SING CHOO
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 20/11/2021
4. **Date of Expiry of Insurance** 19/11/2022
5. **Persons or Class 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.

**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:** 1803DDA

**Insurance Plan:** Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature