

**NATIONAL Assessment Centre Services** (011) 711 5111 **810922B10005**

Date In: 08/11/2022 15:12	Job description	Date & Time Completed	Done By
Ref No: N130/810922B10981/y	SAS e-filing		
Val No: S44 4031A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/11/2022 07:00	E-Motor Claim Form		
QC: (79) Keyring Only	E-Motor W/O (within 30 mins, A/C 1 hr)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Location:	Ass't Report by Fax: Hand to Owner/Whom		

Preferred Make / INC Assgn Wknd / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SST 5272A** INC ( ) / Non-INC ( )

Center / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

Ins. & Driver Liability: ( ) (Note: Inc. Status (WC) N 0-2031, P 21-7031, P 30-11031)

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 or repeat.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Driver-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) (INC Hotline: 0788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) E-C Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date: ( ) Time: ( )

Actions: ( )

**NA2203013**

Important Particulars: ( )

Owner / Driver: ( )

Contact No: ( )

Assigned Portion: ( )

Checked by (Sign-In-Charge): ( )

Transport Company: ( )

Cost: ( )

**Invoice Preparation Checklist**

1) AR - Accident Reporting (300)	
2) DA - Damage Assessment (310) INC (350)	
3) TP - Towing Fee (50/540)	
4) PT - Follow Through Survey (510)	
5) PT - Follow Through Survey (510) (510)	
6) TR - Reproduction (510)	
7) NI - NI DA - Post Repair Survey (510)	
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## 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	02/11/2022 15:12 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 07:00 (SGT)
Exact Location of Accident	Sengkang E Ave, Singapore
Additional Location Information	TOWARDS SENGKANG WEST AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4031A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGO WEE CHEE
NRIC No	SXXXX340G
Email Address	winphua@gmail.com
Mobile Phone No	(Phone) +65-94577249
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017663

#### DRIVER

Name of Driver	PHUA PECK MEI, WINNIE(PAN BIMEI)
NRIC No	SXXXX121F
Date Of Birth	01/11/1978
Occupation	Indoor

Date Of Driving Pass .....	03/09/1997
Driving experience .....	25 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98759588
Alt. Phone Number .....	-
Email Address .....	winphua@gmail.com
Address .....	BLK 17 FERNVALE CLOSE #06-30
Address complement .....	-
Postcode .....	797478
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	DRIZZLING
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) .....	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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20221101/7046

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT5272A
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FENNI ANG
Contact Number .....	(Phone) +65-97252578
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	PHUA PECK MEI, WINNIE(PAN BIMEI)
Gender .....	Female
Phone No .....	(Phone) +65-98759588
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLH4031A
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 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

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

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

Sketch Plan

Sketch Plan

SALEGRAND EAST AVENUE TOWARDS SALEGRAND WEST AVENUE

A) SLH 4031A

B) STT 5212A

Describe Circumstance of the Accident

REFER TO POLICE REPORT F/20221101/7046

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



F/20221101/7046

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20221101/7046

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 01/11/2022 14:20	Vide Report No.	Station Diary No.		
Name Of Informant PHUA PECK MEI, WINNIE	Address 17 FERNVALE CLOSE #06-30 SINGAPORE 797478			
ID Type / ID No. NRIC NO / S7833121F	Contact No. Home/Office:	Mobile: 98759588		
Nationality SINGAPORE CITIZEN	Email Address WINPHUA@GMAIL.COM			
Occupation Secretary	Sex Female	Age 44	Date of Birth 01/11/1978	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/11/2022 07:00 - 01/11/2022 07:10	Location Of Incident 91 SENGKANG EAST AVENUE SINGAPORE 545072			

**Brief details.**

I was driving alone in my car Honda vezel SLH 4031A after sending my kids to school and was on my way home at around 7am. My vehicle was stationery at the traffic light T junction at Sengkang East Ave. When the light turned green, I started to move when suddenly, I heard a loud bang and i jerked forward. I realised that the car behind me SJT5272A had knocked into the back of my car I was shocked and felt tingling sensations along my neck and spine and then suddenly my car door opened and a chinese looking lady in malay ethnic dressing who I believe was the driver of SJT5272A started asking if I was alright. She had two young children in her vehicle. Then we started taking photos of the damages done to our vehicle. The boot of my vehicle was damaged. Her front part has a slight crack. We then exchange

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/11/2022 14:20

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20221101/7046

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20221101/7046

contact details. Her name is Fenni Ang her hp is 97252578.

I was still in shocked and drove back slowly home as my home was around the corner. I started feeling pain at my back and felt sleepy so I took a nap and when I woke up e pain worsen therefore I went to the hospital for a check up. I did an Xray and was given pain medications. I was also given a number for the OTO to make an appointment if the pain worsen.

I'm making this report for insurance claims purposes.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	PHUA PECK MEI, WINNIE		
ID Type	NRIC NO	ID No	S7833121F
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	Secretary	Address	17 FERNVALE CLOSE #06-30 SINGAPORE 797478
Mobile No	98759588	Is Informant A Victim?	Yes
Person Name	PHUA PECK MEI, WINNIE (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
01/11/2022 14:20

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: (01/11/2022) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: Sengkang East Ave towards Sengkang West Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 4031 A  
 b) INSURANCE COMPANY: Sompo Insurance  
 c) POLICY NUMBER: 022MTPVD 1017663  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Vezel 1.5  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Nfo Wee Chee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7870340 G CONTACT: 94571249  
 c) ADDRESS: 17 Fernvale Close #06-30  
(S) 797478

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

## DRIVER

- a) NAME: Winnie Phua, Deck Mei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S783312 IF CONTACT: 98759588  
 c) ADDRESS: Same as above

\* d) DATE OF BIRTH: (01/11/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03/09/1997

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) Clear

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio Divinette

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJT 5272 A MODEL: Hyundai  
 b) DRIVER'S NAME: Fenni Ang  
 c) NRIC/FIN/PASSPORT: 97252578 CONTACT: 97252578

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER:                      MODEL:                       
 e) DRIVER'S NAME:                       
 f) NRIC/FIN/PASSPORT:                      CONTACT:

email: winphua@gmail.com

VIDEO



**Certificate of Insurance**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D22MTPV01017663  
Insured : NGO WEE CHEE  
Motor Vehicle (Registration No.): SLH4031A  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 01 NOVEMBER 2022 00:00  
Policy Expiry Date : 31 OCTOBER 2023 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - Section I  
Voluntary Excess\* : N.A  
Windscreen Excess\* : \$S100.00 for each and every applicable claim.  
\* Subject to GST wherever applicable

**Persons or Classes of Persons entitled to drive\***

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

**ExcelDrive Workshops and Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

**Sompo Insurance Singapore Pte. Ltd.**



**Authorised Signatory**

Date/Time of Issue : 17 OCTOBER 2022 14:09

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11G03608 & GOH MUI SING @ GOH HUI SING CI Code: 22A L\_HDSZQ2PTBDBV2A