

# NATIONAL Assessment Centre Services

(Ref: 1-2-2022)

SN0922B2000R

Date Int: 02/11/2022 16:51	Job description	Date & Time Completed	Done by
Ref No: NPA 8mo 220109474	SAS e-filing		
Veh No: SN0922B2000R	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 01/11/2022 19:32	I-Motor Claim Form		
OD: TP / Repairing Only	I-Motor W/O (within 3hrs, A/C 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PEDESTRIAN	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	Warranty: YES ( ) / NO ( )	
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)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Actions: ( )

NA2203078	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	INC (\$50)
2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee (\$10/\$40)	
4) FT: Follow-Through Survey (\$150)	
5) FT: Follow-Through Survey (Resurvey) (\$30)	
6) TR: Re-inspection (\$70)	
7) NI: NI/DA + SMRT Survey (\$140)	
8) NTUC Additional Services:	
9) NI: NI/DA + SMRT Survey (\$140)	
10) NI: NI/DA + SMRT Survey (\$140)	
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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 16:51 (SGT)
Reported by	Both
Date of Accident	01/11/2022 19:32 (SGT)
Exact Location of Accident	Kim Tian Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7204B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH MUI KOON
NRIC No	SXXXX260G
Email Address	alsongoh@singnet.com.sg
Mobile Phone No	(Phone) +65-98182252
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017904

#### DRIVER

Name of Driver	GOH MUI KOON
NRIC No	SXXXX260G
Date Of Birth	02/07/1964
Occupation	Indoor

Date Of Driving Pass	20/09/1982
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98182252
Alt. Phone Number	-
Email Address	alsongoh@singnet.com.sg
Address	BLK 131 JALAN BUKIT MERAH #10-1591
Address complement	-
Postcode	160131
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 Pedestrian
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	GOH MUI KHENG
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221102/2043

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	SOH SOR HONG
NRIC No	SXXXX274A
Contact Number	(Phone) +65-83076919
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SOH SOR HONG
Gender	Female
Phone No	(Phone) +65-83076919
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## 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:

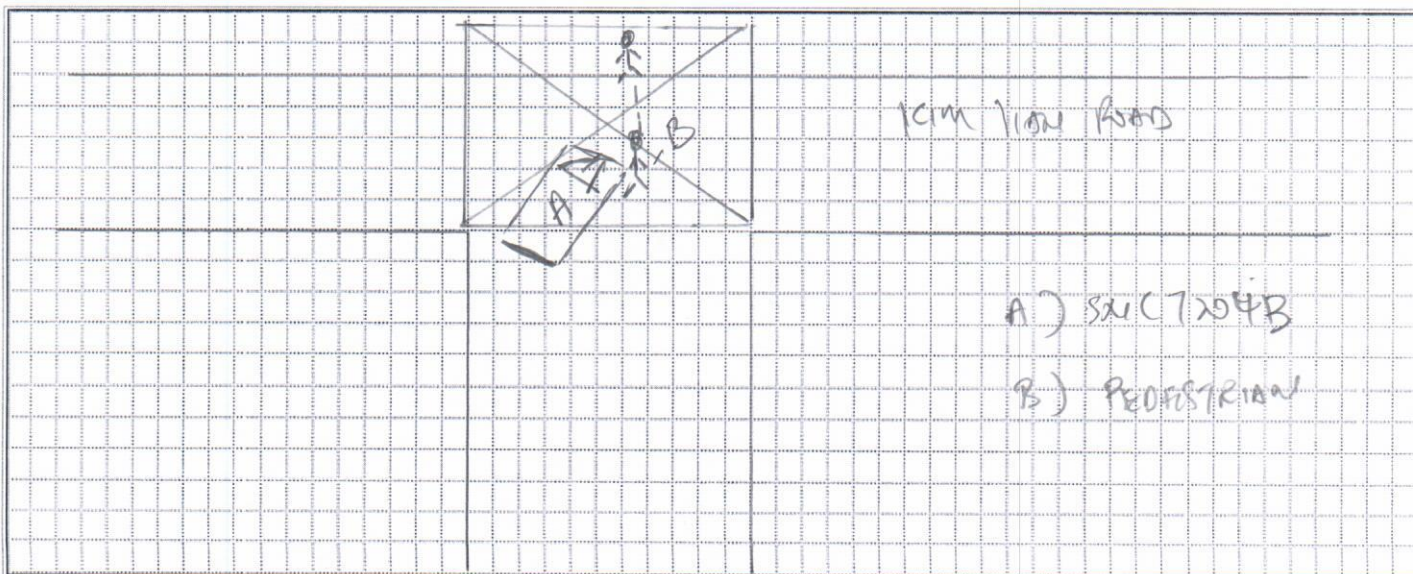
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 2/11 14:57  
Policyholder's Signature / Date & Time

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

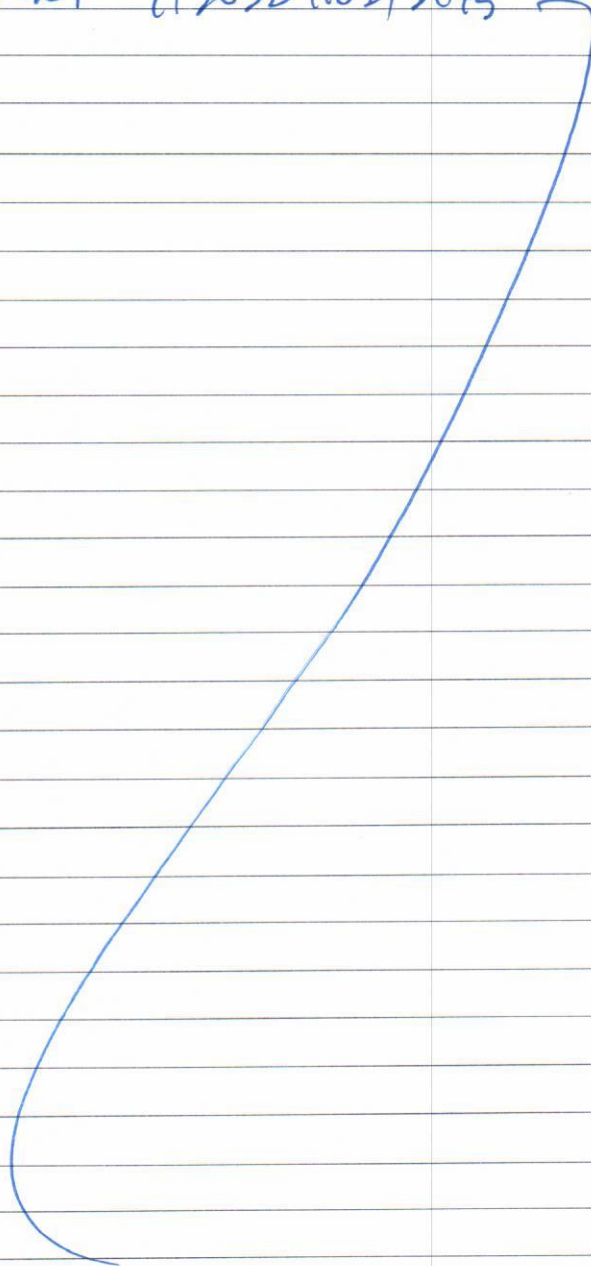
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan




Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/2022/1102/2043




Declaration

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

 2/11 14:59

Policyholder's Signature / Date & Time

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

 02/11/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221102/2043

1 of 3

Report No. T/20221102/2043

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/11/2022 13:20	Vide Report No.: A/20221101/0100	Station Diary No.: 11
<b>Informant's Particulars</b>		
Name of Informant: GOH MUI KOON	Address: APT BLK 131 JALAN BUKIT MERAH #10-1591 SINGAPORE 160131	
ID Type / ID No.: NRIC NO / S1677260G	Contact No.: Home/Office:	Mobile: 98182252
Nationality: SINGAPORE CITIZEN	Email: alsongoh@singnet.com.sg	
Sex: Male	Age: 58	Date of Birth: 02/07/1964
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: Singtel Field Engineer	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: 01/11/2022 19:30	Type of Location: T-Junction
Location:  KIM TIAN ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNC7204B	Car	HONDA	SHUTTLE 1.5G CVT	Blue	No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC7204B	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101790 4	31/12/2021	20/01/2023



**SINGAPORE  
POLICE FORCE**



T/20221102/2043

2 of 3

Report No. T/20221102/2043

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
<b>Driver</b>			
Name	GOH MUI KOON	ID No.	S1677260G
Related Vehicle	SNC7204B (Car)	Contact No.	98182252
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
<b>Pedestrian</b>			
Name	Soh Sor Hong	ID No.	S0915274A
Related Vehicle	NIL	Contact No.	83076919
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On the above mentioned time and date, I was driving out the T junction to turn right towards the main road of Kim Tian Rd from 131B Kim Tian Rd carpark when I hit a pedestrian. She jaywalks into the middle of the T junction and I did not notice her as I was checking for incoming cars coming from the left. I called for ambulance service and have given my dashcam footage to the TP IO. I was advised to lodge a report by the TP officer that attended to my accident.





**SINGAPORE  
POLICE FORCE**



T/20221102/2043

3 of 3

Report No. T/20221102/2043

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**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:  
A /  
SGT 1 MUHAMMAD AFIQ BIN  
RAZALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Signature Of Informant:

Date/Time:  
02/11/2022 13:20

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 11 / 2022) (DD/MM/YYYY), TIME: (19 : 32) (HH:MM)

LOCATION: Kim Tian Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNC 7204B  
 b) INSURANCE COMPANY: Sompo  
 c) POLICY NUMBER: D21MTPV01017904  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA SHUTTLE 1.5G CVT  
 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)

INSURED / POLICY HOLDER

- a) NAME: Goh Mui Koon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1677260G CONTACT: 98182252  
 c) ADDRESS: B1K 131 # 10-1591  
Jalan Bukit Merah Spore 160131

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

DRIVER

- a) NAME: Goh Mui Koon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1677260G CONTACT: 98182252  
 c) ADDRESS: B1K 131 # 10-1591  
Jalan Bukit Merah Spore 160131

\* d) DATE OF BIRTH: (2 / 7 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. c) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: Tiong Bahru

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNC 7204B MODEL: HONDA Shuttle  
 b) DRIVER'S NAME: Goh Mui Koon  
 c) NRIC/FIN/PASSPORT: S1677260G CONTACT: 98182252

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

email: also ngoh  
 VIDEO

also ngoh @ singnet.com.sg

Goh Mui Koon  
 (F)

No of passenger  
 (including driver)  
 (2)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )



**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.** : D21MTPV01017904  
**Insured** : GOH MUI KOON  
**Motor Vehicle (Registration No.)** : SNC7204B  
**Coverage** : Comprehensive - ExcelDrive GOLD  
**Policy Commencement Date** : 31 DECEMBER 2021 00:00  
**Policy Expiry Date** : 20 JANUARY 2023 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$800 - Section I  
**Voluntary Excess\*** : N.A  
**Windscreen Excess\*** : S\$100.00 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 : 29 DECEMBER 2021 16:03

**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 : 11T08505 & TEO SECK MONG CI Code: 22A JTDM5Y24P4YT6VAH