

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	10/11/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	09/11/2022 10:00 (SGT)
Exact Location of Accident	Near 25 Defu Lane 3, Singapore 539457
Additional Location Information	KPE toward ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4090G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIFT WORKS PTE LTD
Company Reg No	A199901647G
Email Address	projects@liftworks.co
Mobile Phone No	(Phone) +65-93886209
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	Petrol
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070107041-02

DRIVER

Name of Driver	Aaron Jacob Lim
NRIC No	S9233913J
Date Of Birth	28/09/1992
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93886209
Alt. Phone Number	-
Email Address	projects@liftworks.co
Address	Blk 672D Edgefield Plains, #04-587
Address complement	-
Postcode	824672
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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)	0
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attachment.

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	SMK2491R
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private hire
Name of Driver	Chua Chiang Huat
NRIC No	S7240370C
Contact Number	(Phone) +65-96189278
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	Chua Chiang Huat
Gender	-
Phone No	(Phone) +65-96189278
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK2491R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

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.

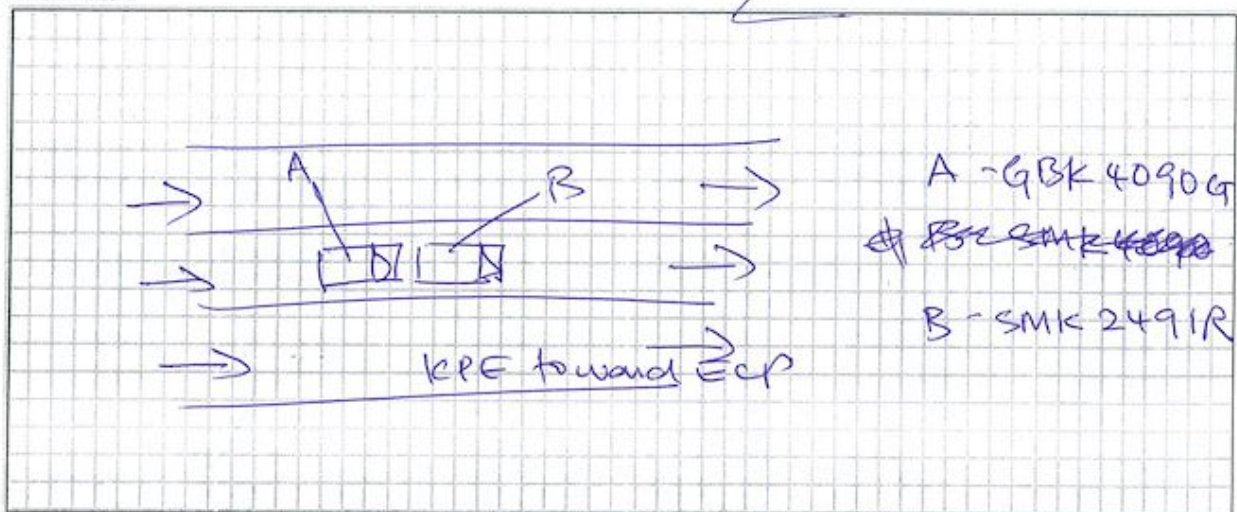
ACCIDENT INVESTIGATION INDUSTRIAL PTE LTD
10 UBI ROAD, 4
SINGAPORE 408623
TEL: 6450 9666 FAX: 6846 7483

Policyholder's Signature / Date & Time: 10/11/22 1455 Hrs

Driver's Signature (if driver is not the policyholder) / Date & Time: 10/11/22 1455 Hrs

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): [Signature]

Sketch Plan



Describe Circumstance of the Accident

While Driving Along KPE TOWARDS ECP, JUST BEFORE THE TUNNEL,
VEHICLE 'B', SMK 2491R, STOPPED. My VEHICLE 'A', GBK4090G, UNABLE
TO STOP IN TIME & COLLIDED INTO THE BACK OF VEHICLE 'B'

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Declaration

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



Policyholder's Signature / Date & Time

15/11/22 1455HRS



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

15/11/22 1455HRS



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

SKETCH PLAN

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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.

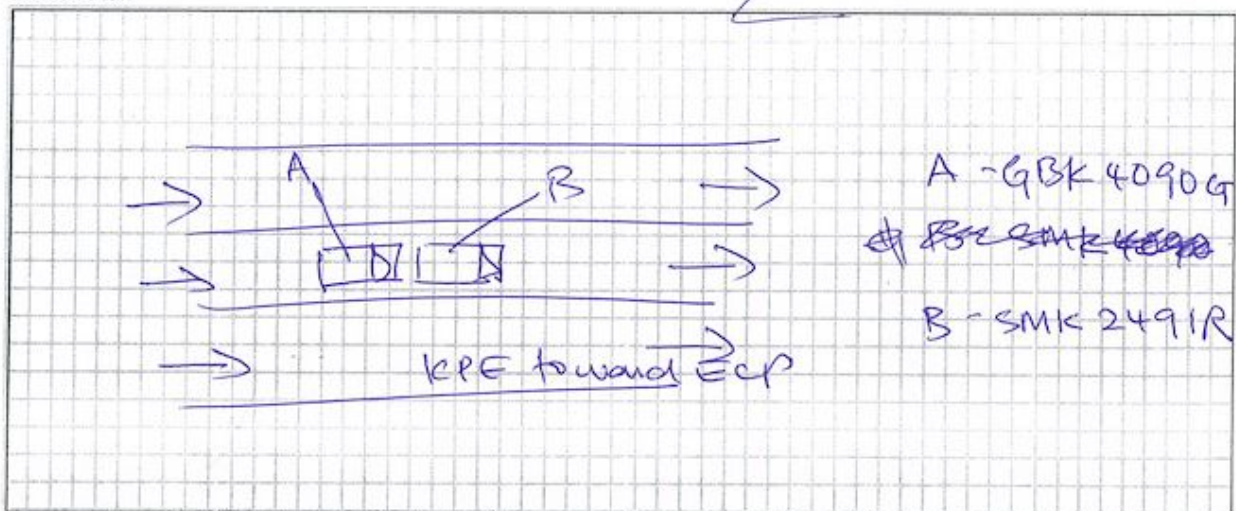
ANTOLUTION INDUSTRIAL PTE LTD
18 UBI ROAD #4
SINGAPORE 408623
TEL: 6250 9666 FAX: 6846 7483


Policyholder's Signature / Date & Time
10/11/22 1455 Hrs


Driver's Signature (if driver is not the policyholder) / Date & Time
10/11/22 1455 Hrs


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

Sketch Plan



Describe Circumstance of the Accident

While Driving Along KPE TOWARDS ECP, JUST BEFORE THE TUNNEL,
VEHICLE 'B', SMK 2491R, STOPPED. My VEHICLE 'A', GBK40906, UNABLE
TO STOP IN TIME & COLLIDED INTO THE BACK OF VEHICLE 'B'

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Declaration

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


Policyholder's Signature / Date & Time



10/11/22 1455HRS


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

10/11/22 1455HRS


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















**SINGAPORE
POLICE FORCE**



T/20221111/2054

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20221111/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2022 14:56	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: AARON JACOB LIM			Address: APT BLK 672D EDGEFIELD PLAINS #04-587 SINGAPORE 824672	
ID Type / ID No.: NRIC NO / S9233913J			Contact No.: Home/Office: Mobile: 93886209	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 28/09/1992	Type of Informant: Driver	
Race: Chinese-Malay			Language: English	Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2022 10:00	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK4090G	Van	NISSAN	NV200 1.6 (A) PETROL	White	Slightly Damaged	0
SMK2491R	Car	HONDA	CITY 1.5 SV CVT	Blue	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221111/2054

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20221111/2054

CONTINUATION OF REPORT

Driver			
Name	AARON JACOB LIM		ID No. S9233913J
Related Vehicle	GBK4090G (Van)		Contact No. 93886209
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA CHIANG HUAT		ID No. S7240370C
Related Vehicle	SMK2491R (Car)		Contact No. 96189278
Hospital/Clinic	NIL		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	NIL

Brief Details.

On 09/11/2022 at around 10am, I was travelling along KPE on the second lane in my vehicle (GBK4090G). I was travelling at 70km/h. I wanted to filter to the left lane thus I was looking at the side mirror on the passenger side. When I looked back to my lane, I realised that the vehicle (SMK2491R) in front of me has stopped. I tried to activate the brakes in my vehicle, but I could not stop in time. The front of my vehicle hit the rear of his vehicle. I spoke to the other party and was informed that he was fine however he has a history of back pain. I observed dents on the front of my vehicle. I also observed dents on the rear of the other vehicle.

I exchanged particulars with the other party who is namely one Chua Chiang Kiat HP: 96189278. Afterwhich, I returned to work. On 09/10/2022 at 12.51pm, Mr Chua Chiang Kiat called to inform me that he had visited the doctor and was given 5 days of MC by the doctor. That is all



SINGAPORE POLICE FORCE



T/20221111/2054

3 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20221111/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
SGT 2 MUHAMMAD YUSRI BIN
JOHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2022 14:56

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SAIR22BA0001 Vehicle Registration No: GBK 4090 G
 Name (as shown in NRIC): AARON JACOB LIM NRIC/FIN/Passport No: S9233913J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 672D EDGEFIELD PLAINS #04-587 Singapore (824672)
 Contact (Tel): _____ Mobile No.: 93886209
 Email Address: zackleem@gmail.com
 Date of Accident: 9-11-2022 Time of Accident: 10:00
 Place of Accident: KPE toward ECP
 Insurance Company: ALG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

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

Insert Police Report . Third party driver got
5 days MC

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 6846 7483



Policyholder / Driver's Signature
 Date: 11/11/22

Reporting Centre Personnel's Signature
 Name: Heinzah
 NRIC/FIN No.: SXXXXX434B
 Date: 12/11/2022



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : LIFT WORKS PTE LTD
Period of Insurance : 17 Jul 2022 To 16 Jul 2023
Engine No. : HR16160135D
Chassis No. : JN1YAAM20Z0000553

Vehicle No. : GBK4090G
Policy No. : 2070107041-02
Endorsement No. :
Issued Date : 29 Jun 2022 16:03

ABOUT THE COVER

Make/Model : NISSAN NV 200 PETROL
Engine Capacity/Tonnage : 0.8 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1 Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
- 2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408923 64909806
- 3 TC AutoClinic Add: 25 Long Kee Road Singapore 159097 67038511 67038512 67038513
- 4 TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 628099 6262212
- 5 Tan Chong Motor Sales Add: 19 Lorong 8 Taa Payoh Singapore 319255 63570753

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610367

TAN CHONG CREDIT PTE LTD-NLL

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

24-HOUR AIG AUTO HOTLINE: +65 6338 6200**IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.****What can the 24-hour AIG Auto Emergency Hotline provide for you?**

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Whif/Summons/Correspondences from third party(ies) to AIG immediately.

LOSS OF USE VEHICLE REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Vehicle Replacement Benefit and Important Information relating to the Benefit:

1. To activate your loss of use vehicle replacement, please report the accident to us with your accident vehicle via our reporting centres or authorised repairers within 24 hours or by the next working day of the accident.
2. Please contact the rental vehicle company (please refer to the rental vehicle company listed below, hereinafter known as the "Rental Vehicle Company" after AIG's authorised surveyor has surveyed and authorised the own damage repair of your accident vehicle.
3. Your rental vehicle will be made available within 5 working hours of you contacting the Rental Vehicle Company.
4. At the time of collection of the rental vehicle, the original insurance policy and schedule issued by AIG and a copy of the accident report from Tan Chong Motor Sales must be produced.
5. The rental period will be the approved repair period but only up to a maximum of 7 days in any one period of insurance.
6. The use of the rental vehicle is restricted to use as permitted under the relevant policy save that the rental vehicle must only be used in Singapore.
7. Any extension of the rental period beyond the period specified in paragraph 5 above will be chargeable by the Rental Vehicle Company on a per day basis and the cost of the additional rental will be borne by you.
8. Upgrade of the rental vehicle is available upon request and availability, and subject to additional charges by the Rental Vehicle Company which will be borne to you.
9. A refundable security deposit is payable to Rental Vehicle Company upon collection of the rental vehicle.

Rental Vehicle Company: ETHOZ Group Ltd

Activation Hotline: 66547777

30 Bukit Batok Crescent, Singapore 658075

Monday to Friday: 8.30am to 6pm Saturday (Half Day): 8.30am to 12.30pm

*The Rental Vehicle Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc)

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they 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 (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.