

# NATIONAL Assessment Centre Services

Date In	11/11/2022	Job description	Date & Time Completed	Done by
Ref No	NA/SMO22011322/a4	SAS e-filing		
Veh No	GBK 5886 X	E-mail (within 5hrs, Aft 2hrs)		
DOA	9/11/2022	i-Motor Claim Form		
GD	Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBK 1945	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

NA2203176	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : 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		
	Invoice date:	Fee Charged	
	Invoice dated	Fee Charged	





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	11/11/2022 13:25 (SGT)
Reported by	Driver
Date of Accident	09/11/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YISHUN AVE 1 TOWARD YISHUN AVE 8
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5886X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MARKETSTALL TRADING PTE LTD
Company Reg No	2XXXXX071R
Email Address	winson.ngty@gmail.com
Mobile Phone No	(Phone) +65-96246346
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE002856

### DRIVER

Name of Driver	TAY AIK MING, DANIEL
NRIC No	SXXXX745E
Date Of Birth	07/08/1985
Occupation	Outdoor



Date Of Driving Pass	28/08/2008
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96246346
Alt. Phone Number	-
Email Address	winson.ngty@gmail.com
Address	BLKK 443C FAJAR ROAD #18-62
Address complement	-
Postcode	673443
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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	GBK194S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG5810K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2409G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBH5043C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	GZ377T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TAY AIK MING, DANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK5886X
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

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

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

11/11/2022

### Sketch Plan

YISHUN AVE 1		YISHUN AVE 8	A-GRK 5886 X B-GRK 1945 C-GBG 5810 K D-YW 2409 G E-GBH 5043 C F-GE 377 T
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Describe Circumstance of the Accident

AS PER POLICE REPORT NO. 7/20221110/2082.

A-GRK 5886 X

B-GRK 1945

C-GRG 5810 K

D-YQ 2409 G

E-GRH 5043 C

F-GZ 377 T

Declaration

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



Policyholder's Signature / Date & Time

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

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

11/11/2022



# SINGAPORE POLICE FORCE



T/20221110/2082

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20221110/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2022 17:19	Vide Report No.: L/20221109/0071	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: TAY AIK MING, DANIEL			Address: APT BLK 443C FAJAR ROAD #18-62 SINGAPORE 673443	
ID Type / ID No.: NRIC NO / S8525745E			Contact No.: Home/Office: Mobile: 96246346	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 07/08/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2022 16:00	Type of Location: Straight Road
Location:  YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5810K	Van					0
GBH5043C	Van					0
GBK194S	Van					0
GBK5886X	Lorry				Seriously Damaged	0
GZ377T	PICK UP					0





# SINGAPORE POLICE FORCE



T/20221110/2082

2 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20221110/2082

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YQ2409G	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY AIK MING, DANIEL		ID No. S8525745E
Related Vehicle	GBK5886X (Lorry)		Contact No. 96246346
Hospital/Clinic	DUXTON MEDICAL CLINIC CANBERRA		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	10/11/2022		Date Discharge 10/11/2022
No. of Days granted Medical Leave		03	Degree of Injury Slight

**Brief Details.**

On 09/11/2022 at about 1600hrs, I was driving my company's vehicle GBK5886X along Yishun Ave 1 ( Yishun Dam ). I slowed down and stopped my vehicle because vehicle GZ377T that was in front of me was not moving.

Suddenly, I felt something a hit on the rear of my vehicle 4 times. Due to the impact, my vehicle moved forward and hit onto GZ377T. I exited my vehicle and make a checked. I realized that I was involved in a chain accident with another 5 vehicles. Traffic police and ambulance was at scene. One of the drivers were conveyed to hospital.

My vehicle front and rear bumper were damaged. My vehicle was towed away and sent to my company workshop located 8 Kaki Bukit Ave 4 #07-16 Singapore 415875 Averment Auto Pte Ltd.

On 10/11/2022 at about 1000hrs, I felt pain on my right shoulder. I visited Duxton Medical Clinic Canberra to seek medical assistance. I was given 3 days medical leave by the doctor.

This is the 1st time such incident had happened. I am lodging this report for traffic police actions and insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20221110/2082

3 of 3

Report No. T/20221110/2082

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**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:

L /

SGT 3 MUHAMMAD SADLI 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:

10/11/2022 17:19

Classification Of Case:

NP168





V3

# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: L/2022/1109/0071

I, SGT T170218 Amer  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One micro SD card / unknown brand / 16GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S8525745E Tay Aik Ming Daniel  
(Name, NRIC or Passport No. / Rank and No.)

of B/ 443C Fajar road #18-02 S673443  
(Address / Police Station / NPC / NPP)

on 9/11/22 at 1715  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)  
S8525745E  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
Signature  
T170218  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO: Jofi  
Ext: 65476960

# ACCIDENT STATEMENT

## ACCIDENT DETAIL

Accident Location	ALONG YISHUN AVE 1 TOWARD YISHUN AVE 8
Accident Date / Time:	09 NOV 2022 @ 15:45HRS
Weather Conditions	Clear / Raining / Drizzling / Others ( )
Road Surface	Dry / Wet / Others ( )

## VEHICLE INFORMATION

Vehicle No.	GBK 5886 X	Transmission	Auto / Manuel
Vehicle Make / Model	TOYOTA DYNA	C.C	3.0
Insured Name	MARKETSTALL TRADING PTE LTD		
NRIC / FIN / UEN	201732071R	Contact Number	9624 6346
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / Third Party / Reporting only	Insurance Company	SOMPO	
Type of Policy: Comprehensive / Third Paty / TPTF	Policy Number	D22MTPCVE002856	

## SAME AS INSURED ( )

Name Driver	TAY AIK MING, DANIEL		
NRIC / FIN / UEN	S 8525745E		
Date of Birth	07 AUG 1985	Contact Number	9624 6346
Driving Pass Date	28 AUG 2008	Occupation	Indoor / Outdoor
Email	winson.ngty@gmail.com	Gender	Male / Female
Number of passenger include driver (Please provese name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? Yes / No	Yes / No
If No, Relationship of the Driver with the Insured	Owner / Spouse / Friend / Relative / Children / Sibling / Other ( )
Does the driver own any other vehicle? Yes / No (If Yes, Please provide veh/model: )	Yes / No
Was any Foreign vehicke involved in this Accident? Yes / No	Yes / No
Was anybody body injured in the Accident? Yes / No	Yes / No
If Yes, Injured details:	TAY AIK MING, DANIEL (M) BACK AND SHOULDER
Convey By Ambulance: Yes / No	Yes / No
Was there any video capture by Car Camera? Yes / No	Yes / No
Was there Accident Report to the Police? Yes / No (If Yes, Pls provide Police Report: T/2022/110/2082)	Yes / No

Third Party Vehicle	Thrid Party Name / NRIC	Contact Number
Vehicle B GBK 194 S	-	-
Vehicle C GBG 5810 K	-	-
Vehicle D YQ 2409 G	-	-
Vehicle E GBH 5043 C	-	-
Vehicle F GZ 377 T	-	-



**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)**

**Cert No./Policy No.** : D22MTPCVE002856  
**1. Registration No.** : GBK5886X  
**2. Insured Name** : MARKETSTALL TRADING PTE LTD  
**3. Commencement Date** : 24 SEPTEMBER 2022 00:00  
**4. Expiry Date** : 23 SEPTEMBER 2023 23:59  
**5. Coverage** : Market value at time of loss - Comprehensive  
**6. Excess** : \$500 - Section I

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

b) Any person who is driving on the Insured's order or with their 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.

**8. Limitations as to use\***

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

**9. ExcelDrive Workshops & Accident Reporting**

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

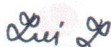
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

**I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)**

**Sompo Insurance Singapore Pte. Ltd.**



Date/Time of Issue : 23 SEPTEMBER 2022 09:01

\*Limitation 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.

**IMPORTANT NOTICE**

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, 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.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy