

NATIONAL Assessment Centre Services (Print & Date) 20220320

Date In: <u>14/11/2022 17:13</u>	Job description: <u>SAS e-filing</u>	Date & Time Completed:	Done by:
Ref No: <u>NABO SMO22014911</u>	E-mail (within 2hrs, A/C 2hrs)		
Veh No: <u>86F-1D2U</u>	i-Motor Claim Form		
D.O.A: <u>13/11/2022 10:40</u>	i-Motor W/O (within 2hrs, A/C 2hrs)		
TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wkop / INC Assgn Wkop / QW: () Tel: Fax:

TP Particulars: Veh No: SPQ 8303M INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est Status (WO): N: 0-30%, 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 repair.

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

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

- Remarks: () (INC Hotline: 6788-0616)
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA2203209

<p>Insured's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>12/3</p>	<p>Invoice Preparation Checklist:</p> <table border="1"> <tr> <th>Item</th> <th>Amount</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td>INC (\$55)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$10/\$40</td> <td></td> </tr> <tr> <td>4) PF: Follow-Through Survey</td> <td>\$130</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">Establishing system INC Only (As of 15 Jan 2023)</td> </tr> <tr> <td>6) TR: Roadside</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Basic DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*ND: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*NR: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*NT: Post Repair Inspection</td> <td>\$10</td> <td></td> </tr> <tr> <td>*NV: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>*NP (N1): TP (Non-INC) against INC</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N2: 3000 Miles</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated:</td> <td>Fee Charged:</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> </tr> </table>	Item	Amount	Remarks	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100)		INC (\$55)	3) TP: Towing Fee	\$10/\$40		4) PF: Follow-Through Survey	\$130		5) PT: Follow-Through Survey (Resurvey)	\$30		Establishing system INC Only (As of 15 Jan 2023)			6) TR: Roadside	\$75		7) NI: Basic DA + SMRT Survey	\$160		8) NTUC Additional Services:			OD:			*ND: Courtesy Car / Tpt Allowance	\$5		*NR: Repair Coordination	\$10		*NT: Post Repair Inspection	\$10		*NV: DV / Collect Excess Coordination	\$5		*NP (N1): TP (Non-INC) against INC	\$10		*N2: 3000 Miles			Invoice dated:	Fee Charged:				
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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	14/11/2022 17:13 (SGT)
Reported by	Both
Date of Accident	13/11/2022 10:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS UPPER CHANGI ROAD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1722U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO HAN KWANG
NRIC No	SXXXX283A
Email Address	looshanmi@gmail.com
Mobile Phone No	(Phone) +65-98359918
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	D22MTPV01012675

DRIVER

Name of Driver	LOO HAN KWANG
NRIC No	SXXXX283A
Date Of Birth	27/01/1966
Occupation	Indoor

Date Of Driving Pass	04/10/1985
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98359918
Alt. Phone Number	-
Email Address	looshanmi@gmail.com
Address	BLK 554 PASIR RIS STREET 51 #10-129
Address complement	-
Postcode	510554
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	Collision - Change/cross lane
Weather Conditions	AFTER RAIN
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)	3
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	LOO SHAN MI
Gender	Female

PASSENGER 2

Name	TAY LEE CHAU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221113/2061

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	SFQ8303M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LOO SHAN MI
Gender	Female
Phone No	(Phone) +65-98359918
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF1722U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAY LEE CHAU
Gender	Female
Phone No	(Phone) +65-97385426
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF1722U
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 Authorised 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. The 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.

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.

[Signature]

[Signature]

[Signature] 14/4/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE Toward Uppah Chonah Road North

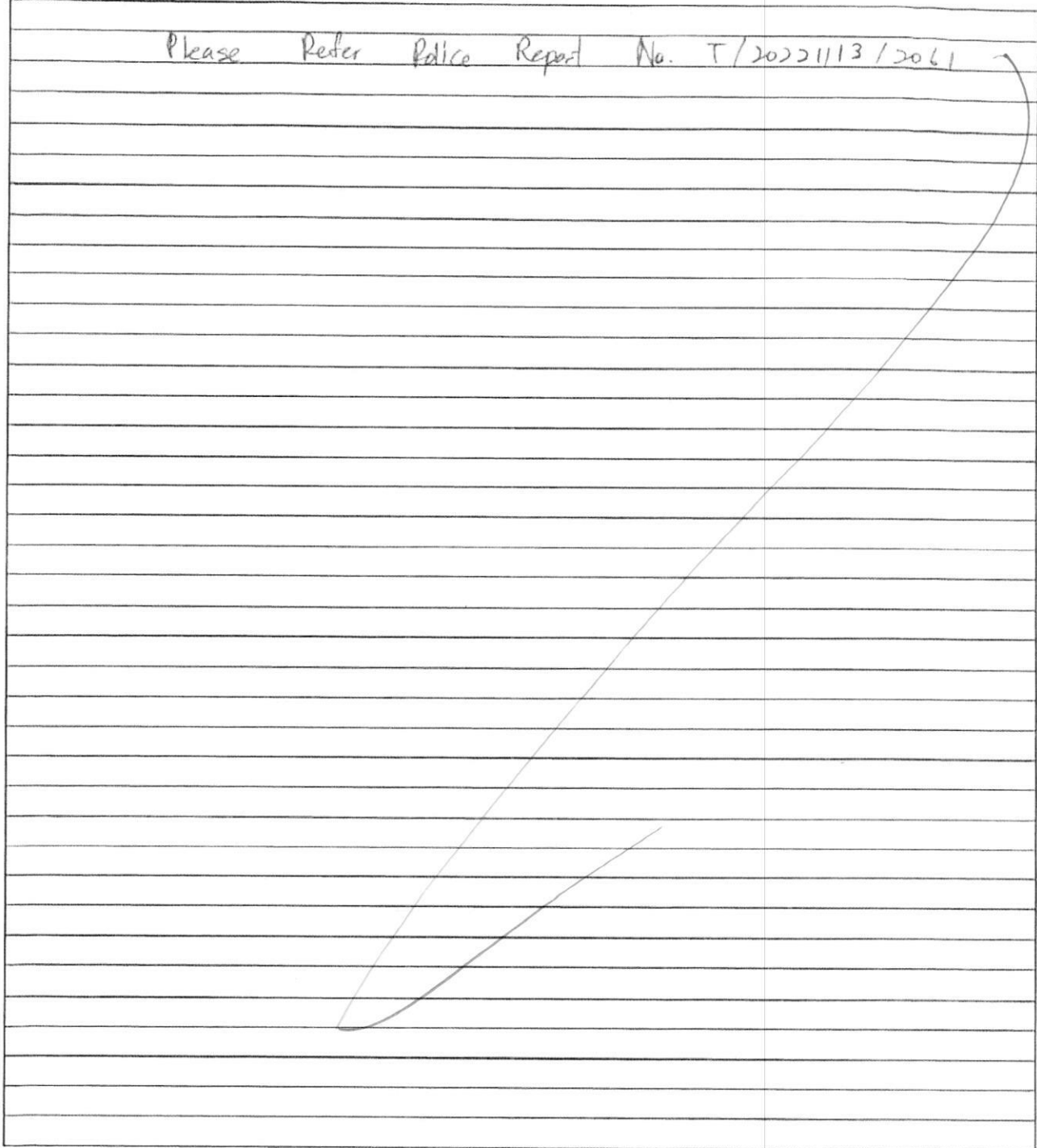
A = SLF 17224

B = SFQ 8303M

[Sketch Plan Diagram: A rectangular area divided into four quadrants by a vertical and horizontal line. The top-left quadrant contains a diamond shape with the letter 'B' inside. The top-right quadrant contains a square shape with the letter 'A' inside. The bottom-left and bottom-right quadrants are empty.]

Describe Circumstances of the Accident

Please Refer Police Report No. T/20221113/2061



Declaration


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



**SINGAPORE
POLICE FORCE**



T/20221113/2061

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20221113/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2022 23:33	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: LOO SHAN MI			Address: APT BLK 554 PASIR RIS STREET 51 #10-129 SINGAPORE 510554		
ID Type / ID No.: NRIC NO / S9836524I			Contact No.: Home/Office: Mobile: 98359918		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 29/10/1998	Type of Informant: Passenger		
Race: Chinese			Language:		Institution / School Name:
Occupation: Research officer (non-statistical)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2022 10:40	Type of Location: X-Junction
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFQ8303M	Car				Slightly Damaged	0
SLF1722U	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221113/2061

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20221113/2061

CONTINUATION OF REPORT

Passenger			
Name	LOO SHAN MI	ID No.	S9836524I
Related Vehicle	SLF1722U (Car)	Contact No.	98359918
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/11/2022	Date Discharge	13/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	TAY LEE CHAU	ID No.	S2607622F
Related Vehicle	SLF1722U (Car)	Contact No.	97385426
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/11/2022	Date Discharge	13/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 13/11/2022 at about 10.45am, my dad (SLF1722U) was driving along TPE towards Upper Changi Road North, Exit 1. At that point of time, he was on the 3rd lane. As we were approaching the traffic light, he slowed down, when suddenly a vehicle (SFQ8303M) cut into our lane from the left and collided onto the left side of my dad's car. This caused a scratch and a dent at the left rear passenger door.

Due to the impact of the accident, both me and my mum suffered some minor injuries. I had a strain neck while my mum had some strain on her shoulder, back and there is a bruise on her left elbow. My dad is not injured.

The particulars of the other driver:
Lim Yiping, Esther
HP: 97944603

We managed to exchange particulars and we agreed to do insurance claiming.



**SINGAPORE
POLICE FORCE**



T/20221113/2061

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20221113/2061

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:

G /
SGT 3 AMAL NADHIRAH BINTE
JUFRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2022 23:33

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Date of Accident : 13.11.2022 Accident Time : 1040 hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Tampines Expressway

Vehicle No (Car Plate No) : SLF 1722U Make/Model: Honda Vezel 1.5X

Insurance Company : Sompo Policy No: D22MTPV01012675

Fleet Policy : YES/NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Lou Han Kwang (S1737283A)

Owner Contact No : 98359918 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 27 Jan 1966 Driver's License Pass Date: 04 Oct 1985

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 554 Pasir Ris Street 51 #10-129 S 510554

Driver's Contact No : 1) 98359918 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : looshanmi@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 3 person (1 owner 2 driver, 2 passenger)

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes, 2 passenger have injured

Other Party Driver's Particular (if any)

VEH B : <u>SFQ 8303M</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

F: Loo Shan Mi

F: Tay Lee Chau

[Handwritten signature]

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. : D22MTPV01012675
Insured : LOO HAN KWANG
Motor Vehicle (Registration No.) : SLF1722U
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 16 AUGUST 2022 00:00
Policy Expiry Date : 15 AUGUST 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - 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

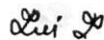
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 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 : 27 JULY 2022 17:48

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 : 11W06906 & WATERCOLOURS AUTOMOBILE CI Code: 22A FLXDSBT4RMB0BOKA