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| Drive-In ( ) / Towed-In ( ); Invoice  (entiational AUNG holling 10788 (6016)  1) Apply for Transport Allowance ( ) / ( 2) QC Check / Post Repair Inspection  3) Uptood Resurvey Photo [Repair Cost > 8  Injury :  Onto Tural Actions  Injury :  Injury | c: YES( )   |  | Proparation Chester Control Chester Control Co | Chist Self   | (15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(15.5)<br>(1  | T. Valencia  |

SN09231R0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/01/2023 14:18 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/01/2023 14:18 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate

- 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 27/01/2023 14:18 (SGT) Reported by Both Date of Accident 19/01/2023 03:30 (SGT) **Exact Location of Accident** SLE, Singapore Additional Location Information TOWARDS CITY Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMN5095R

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner QUEK SOO CHENG NRIC No SXXXX907F **Email Address** gbc\_1961@hotmail.com Mobile Phone No (Phone) +65-98174240 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Corolla Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1598

### INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MP003484

### DRIVER

Name of Driver QUEK SOO CHENG NRIC No SXXXX907F Date Of Birth 10/01/1958 Occupation Outdoor

Date Of Driving Pass 44 YEARS AND 9 MONTHS Driving experience Gender Mobile Number (Phone) +65-98174240 Alt. Phone Number gbc\_1961@hotmail.com **Email Address** BLK 260 BOONLAY DRIVE #03-525 Address Address complement 640260 Postcode 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 Collision - Head to Rear Type of Accident 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name GRAB PASSANGER Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police (Phone) +65-65470000 Police Station Phone No Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230120/7015 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             | SJA1618M    |
|---|-------------|
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | .a.r        |
| 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | QUEK SOO CHENG Male (Phone) +65-98174240 SLIGHT INJURY SMN5095R Yes No |
|---|--|
| INJURED 2   |  |
| Name of injured person Gender   | GRAB PASSANGER<br>Male   |

| Name of injured person<br>Gender  | GRAB PASSANGER<br>Male |
|---|------------------------|
| Phone No  | ( <del>-</del> )       |
| Address   | -                      |
| Address Complement  | =                      |
| Post Code   | -                      |
| Approximate Age Years Old   | -                      |
| Injuries Sustained  | SLIGHT INJURY          |
| Injured person in which vehicle?  | SMN5095R               |
| Were seat belts worn?   | Yes                    |
| Was this injured conveyed to hospital by ambulance?   | No                     |
| processing the state of the contract of the state of the |                        |

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, 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
- $\hbox{(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.}\\$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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 (It driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in Nric/ID card)

# Sketch Plan

|       |        | A-SMN 5095R |
|-------|--------|-------------|
| 8     | TOWARO | B-SJA 1618M |
| 7 7 7 | SUIS   |             |

| Describe Circumstances of the Accident |  |
|--|--|
|  |  |
| Refer to Police Report!                |  |
|  |  |
| 7/20230120/7015                        |  |
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# Declaration

WWe 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





1 of 3

Report No. T/20230120/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| Date/Time<br>20/01/2023    |  | ade:                      | Vide Report No.:                       |             |                      |
|----------------------------|--|---------------------------|--|-------------|----------------------|
| Informant                  | 's Particu   | lars                      |  |             | Land William Control |
|                            | lame of Informant:  QUEK SOO CHENG  Address: 260 BOON LAY DRIVE #03-525 SINGAP |                           |  |             | ORE 640260           |
| ID Type / I<br>NRIC NO     |  | )7F                       | Contact No.:<br>Home/Office:           | 98174240    |                      |
| Nationality<br>SINGAPO     |  | EN                        | Email:<br>soochengq@gmail.com          |             |                      |
| Sex:<br>Male               | Age:<br>65   | Date of Birth: 10/01/1958 | Type of Informant:<br>Driver           |             |                      |
| Race:<br>Chinese           |  |                           | Language:<br>English                   | Institution | / School Name:       |
| Occupation:<br>Grab Driver |  |                           | Driving Licence Information:<br>Class: | Date of Ex  | piry:                |

| Seneral Infor                | mation of the Acci            | dent                  |   |                                   |
|------------------------------|-------------------------------|-----------------------|---|-----------------------------------|
| Type of<br>Accident:         | Injury<br>Others              | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>19/01/2023 03:15 | Type of Location<br>Straight Road |
| Location:                    |                               |                       |   |                                   |
| WOODLAND Weather:            | S DRIVE 17                    | Road Surface:         |   | Road Speed Limit:                 |
| Traffic Flow:                |                               | Traffic Control:      |   | Traffic Volume:                   |
| One Way                      |                               | Not Controlled        |   | Light                             |
| Type of Collis<br>Between Mo | sion:<br>ving Vehicles - Head | d To Rear             |   | Anyone conveyed by ambulance:     |

| Details of Vo | ehicle Invo | lved   |  |        |          | ,     |
|---------------|-------------|--------|--|--------|----------|-------|
| Vehicle No.   | Туре        | Make   | Model                                      | Color  | Conditio | No of |
| SJA1618M      | Car         |        |  |        |          | 0     |
| SMN5095R      | Car         | ТОУОТА | COROLLA<br>ALTIS 1.6<br>STANDARD<br>(AUTO) | Silver |          | 0     |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230120/7015

# CONTINUATION OF REPORT

| Sketch Plan  |     |      |    |         |        |
|--------------|-----|------|----|---------|--------|
| Informant is | not | able | to | provide | sketch |

| Signature Of Officer Recording The Report:<br>Not applicable   | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 20/01/2023 11:10   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MUHAMMAD NOOR BIN ABDUL RAHMAN<br>Contact No.: 65476219 | Classification Of Case:   |
| NP168  |   |



| Send/Fax to:                             |  | Submitte                            | ed:                                      |
|--|--|-------------------------------------|--|
|  |  | CCIDENT STATEMENT                   | 4  |
|  | BASIC  | INFORMATION                         |  |
| Date of Accident:                        | 19-Jan-2023  | Time of Accident:                   | 0330                                     |
| Exact Location:                          | SLE Towards City   |                                     |  |
|  | N  |                                     |  |
| Vahiala Danistastian Na                  |  | OF OWN VEHICLE                      | In the second                            |
| Vehicle Registration No.                 | SMN 5095 R   | NRIC / FIN / Passport no:           | S1289907F                                |
| Name of Registered Owner: Owner's Email: | Quek Soo Cheng   |                                     |  |
| Owner's Address:                         | gbc_1961@hotmail.com  Apt Blk 260 Boon Lay Drive                             | #03 525 \$640260                    |  |
| Vehicle Make:                            |  |                                     | TOOROU A ALTIC                           |
| Engine Capacitty (cc):                   | Toyota [   | Vehicle Model: Transmission:        | COROLLA ALTIS                            |
| Type of Claim:                           | Own Damage Third Party   |                                     | (Auto Manual                             |
| Vehicle Category:                        | Private / Commercial / Moto  |                                     |  |
| Name of Insurance Co:                    | Tokyo Marine   | orcycle / Livate Tille              |  |
| Type of Policy:                          |  | Party / Third Party, Fire & Theft   |  |
| Policy Number:                           | Gomprenensive / Trille 1   | arty / Trilled Farty, Fire & Trient |  |
| i oney itamber.                          |  |                                     |  |
|  |  | DRIVER                              |  |
| Name of Driver:                          | Quek Soo Cheng   |                                     | same as Owne                             |
| NRIC / FIN / Passport no:                | S1289901F  | Date of Birth:                      | 11-05-1991                               |
| Occupation:                              | Indoor Outdoor   | Driving Pass Date:                  | 16/12/2010                               |
| Contact Number:                          | 98174240   | Gender:                             | Male / Demale                            |
| Address:                                 | Apt Blk 260 Boon Lay Drive   |                                     |  |
| Relationship with Owner:                 | Owner Employee / Spou  | se / Child / Hirer / Others:        |  |
| Translater Name:                         |  | Translater NRIC:                    |  |
| Translater Contact No:                   |  | Translater email:                   |  |
|  | GENERAL INFORM   | MATION OF THE ACCIDENT              |  |
| Type of Collision:                       | Chain collision / Side Swipe /   | Front to Reary Others:              |  |
| Weather Condition:                       | Clear) Raining / Others:   | Road Surface:                       | (Dry Wet                                 |
| Video availiable:                        | Yes / No   | 1                                   |  |
| Was anybody injured?                     | Yes / No   | Police Report Made?                 | Yes /No                                  |
| No. of passenger onboard (in             | cluding driver):   | 02                                  | 3  |
|  |  |                                     |  |
|  | DETAILS C  | F OTHER VEHICLE                     |  |
|  | Vehicle 1  | Vehicle 2                           | Vehicle 3                                |
| Vehicle Registration No:                 | SJA 1618 M   |                                     |  |
| Vehicle Make / Model:                    |  |                                     |  |
| Name of Driver:                          | e Pt   |                                     |  |
| NRIC / FIN / Passport no:                | 76.  |                                     |  |
| Contact Number:                          |  |                                     |  |
| Name of Insurance Co:                    |  |                                     |  |
|  |  |                                     |  |
|  | DETAI  | LS OF WITNESS                       |  |
| Name:                                    |  | Contact Info:                       |  |
|  |  |                                     |  |
|  |  | FINJURED PERSON                     |  |
|  | Person 1   | Person 2                            | Person 3                                 |
| Name / in which vehicle?:                |  |                                     |  |
| consequences arising from incomplete of  | formation given in this report are truer innaccurate information that are su |                                     | n and I bear full responsibility for any |
| Signature of Driver                      |  | Date and time                       |  |

# Tokio Marino Insurance Singapore Ltd.

Company Sept 565, 19 January 600 in a Thompso, 542 (12 a Nazala) 20 McCallum Street #09-01 Tokio Manne Centre Sinjupere 069046 1 (65)-6221-6111 F (65)-6221-4355 / (65)-6224-0895 F time-effolianisative control W www.tokjortewiee.com

A Thermoney of this TORAL BANDERS SHOWE



# Certificate of Insurance

FORM WITH

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES. 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

Policy No.: MP003484 (Private Car)

Index Mark and Registration Number of Vehicle

SMN5095R

Chassis No.: MR053REH604599204

2. Name of Policyholder

3. Effective date of the Commencement of insurence for the purposes of the Act

QUEK SOO CHENG

15/08/2022 (00.00-00)

Date of Explry of Insurance

14/08/2023

5. Persons or Class of Persons entitled to drive.

The Policyholder Any person who is driving on the Policyholder's order or with the Policyholder's permission,

Provided task the Prescot driving a preceding in security in security and the feature of the layer of regulations to drive the Model Values or has been securities and is not disquestion by order of the control of any repulsions or magnitudes or has been described by order or the feature of the regulation of the security of the feature of the security of the security of the feature of the security of the securit

# Limitations as to use"

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whist drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
3) Use for the camage of passengers for hire or reward by any person except for private hire services.
4) Use for hire or reward except for (3) and rental by the Policyholder.

sons niestened expensive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 15 of the Road Transport Act, 1987 (Motoysta), are not to be

We havely aren't see the Poky to which this Certificate relates is assed if eccertaince and the provision of the Mode Vehicles (Thep-Party Risks and Companisons) Act (Chapter 169) and Plan of of the

Please refer to the Policy Schedule for Adi cetals, terms and conditions of the meuriance

### SEPOSITANT NOTICE

The Contribute has been lost descripted, you must return our Contribute to Tolico Marine treatment of the return of the Contribute has been lost descripted, you must return our Contribute to Tolico Marine treatment of the return of the Contribute has been lost descripted, you must return our Contribute to Tolico Marine treatment of the contribute treatment of the con

| Uspuriones Plan               | Contornieneres   |  | Account No.  | 1023COA |  |
|-------------------------------|--|--|--|---------|--|
| Limit for total loss or theft | Previating Market Value  |  |  |         |  |
| Policy Excess                 | Over Dremaga Dauma<br>Admicrati Estance for Veneral Dream(a)<br>Admicrati Estance for Young or brestperional   | SGD 2,000.00<br>SGD 500.00                 | (Original Excess SGD 2,000,00)   |         |  |
|                               | Orthogol<br>Worldschung Exclud<br>Entroschhing Ranty (Sect 10)   | 800 1,500.00                               |  |         |  |
|                               |  | SGD 100.00<br>SGD 2.000.00                 | NO SECURE OF THE PARTY OF THE P |         |  |
| Foruncial Interest:           | HONG LECHIG FINANCE LTO  | B G C 2,000,00                             |  |         |  |
| Additional Terms              | Private Hate Unago Vehicle End washed is in 2. Unitarised Driver-Estreat street impactable.     Carl is leasted for private hate pirit by LTA.     Only PH Septical National Drivers con use rail is no sented by unitarised Drivers con use rail is No sented by unitarised driver.     Additional YTO excess replicable on Section 1.2. Approved workshop pain only.     National Septical Sections on the Contrary in the | for PH in Ginguisions of<br>& 2 separately |  |         |  |

TORIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature