

# NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In 01/03/2023       | Job description                          | Date & Time Completed | Done by |
| Ref No NA/TM/23002193/d4 | SAS e-filing                             |                       |         |
| Veh No SDZ 9812E         | E-mail (within 8hrs, APT 2hrs)           |                       |         |
| DOA 28/02/2023 16:00     | i-Motor Claim Form                       |                       |         |
| OD/TP/Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                          | i-Photo Uploaded                         |                       |         |
| TP Insurer:              | Assessment/Survey Report                 |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

|                               |  |                       |
|-------------------------------|--|-----------------------|
| TP Particulars:               | Veh No: SNG 3963Z  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |                      |                      |
|---------------------------------|---|-------------|----------------------|----------------------|
| NA2300618                       | <b>Invoice Preparation Checklist</b>            |             | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |             |                      |                      |
| 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) N1 : Idac DA + SMRT Survey \$160             |             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |             |                      |                      |
|                                 | OD*   |             |                      |                      |
|                                 | *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                          |             |                      |                      |
| Cal 1:                          | Invoice date:                                   | Fee Charged |                      |                      |
| Cal 2/3:                        | 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              | 01/03/2023 11:59 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 28/02/2023 16:00 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | ALONG PURVIS STREET                 |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SDZ9812E |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                         |
|--------------------------|-------------------------|
| Is company?              | No                      |
| Name Of Registered Owner | WAH WENJUN, LORRAINE    |
| NRIC No                  | SXXXX428D               |
| Email Address            | lorrainewah@hotmail.com |
| Mobile Phone No          | (Phone) +65-91990915    |
| Alternative Phone No     | -                       |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mitsubishi                |
| Model  | Lancer                    |
| 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   | 1998                      |

#### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | MP003773                             |

#### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | WAH WENJUN, LORRAINE |
| NRIC No        | SXXXX428D            |
| Date Of Birth  | 25/08/1988           |
| Occupation     | Indoor               |

|  |                          |
|--|--------------------------|
| Date Of Driving Pass .....   | 14/11/2009               |
| Driving experience .....   | 13 YEARS AND 3 MONTHS    |
| Gender .....   | Female                   |
| Mobile Number .....  | (Phone) +65-91990915     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | lorrainewah@hotmail.com  |
| Address .....  | APT BLK 346 UBI AVENUE 1 |
| Address complement .....   | # 10-1067                |
| Postcode .....   | 400346                   |
| Is the driver the policyholder? .....                              | Yes                      |
| If No, Relationship of the Driver with the Insured .....           | -                        |
| Does Driver Own Other Vehicles? .....                              | No                       |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                        |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                        |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                              |
|--------------------------|------------------------------|
| Type of Accident .....   | Collided into Parked Vehicle |
| Weather Conditions ..... | Raining                      |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 ..... | SNG3963Z             |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Private car          |
| Name of Driver .....              | -                    |
| Contact Number .....              | (Phone) +65-91519163 |



|   |   |
|---|---|
| Address .....                                 | - |
| Address complement .....                      | - |
| Postcode .....                                | - |
| Insurance Company Name .....                  | - |
| Nature Of Damage .....                        | - |
| Details of property damaged in accident ..... | - |
| No. Of Passenger (Including Driver) .....     | - |

## 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.

*Purvis*

Policyholder's Signature / Date & Time

*Purvis*

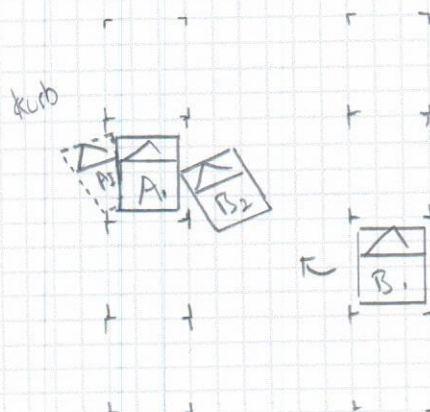
Driver's Signature (If driver is not the policyholder) / Date & Time

*gmuul 1/3/23*

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Purvis Street



A: SD29812E

B: SNG39632



### Describe Circumstances of the Accident

My vehicle was parked along Purvis street in the morning and I went off to work, During Evening timing when I went back to retrieve my car, I realised that my car got into an accident, vehicle B left a note on my windscreen stated his contact number, after verify with the driver of vehicle B, he stated that while he was turning out from the parking lot he accidentally collided onto my vehicle front left portion. the impact caused my car to swerve left and up kurb.

### 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

 1/3/23

Witnessed by Reporting Centre Personnel



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

|                            |                     |            |
|----------------------------|---------------------|------------|
| Date of accident           | 28/02/23            | (DD/MM/YY) |
| Time of accident           | 1545 - 1615         | (HH:MM)    |
| Exact location of accident | Along Purvis street |            |

## DETAILS OF VEHICLE

|  |   |  |   |
|--|---|--|---|
| Vehicle registration number                        | SDZ 9812 E                                  |  |   |
| Vehicle make and model                             | Mitsubishi Lancer                           |  |   |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/>  | MPV <input type="checkbox"/>           | CRV <input type="checkbox"/> Van <input type="checkbox"/>   |
|  | Lorry <input type="checkbox"/>              | Bus <input type="checkbox"/>           | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/>    | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      |   |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>                | No <input checked="" type="checkbox"/> | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

## INSURANCE INFORMATION

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | Tokio Marine                                      |   |                                  |
| Policy number     | MP00 3773   |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |   |                               |  |
|------------------------------|---|-------------------------------|--|
| Name                         | Wah Wen Jun, Lorraine                   | Male <input type="checkbox"/> | Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S8830428D                               |                               |  |
| Contact                      | 91990915                                |                               |  |
| Address                      | Blk 346 Ubi Ave 1 #10-1067<br>S(400346) |                               |  |

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

|                              |  |                                  |  |
|------------------------------|--|----------------------------------|--|
| Name                         | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |                                  |  |
| NRIC / Fin / Passport number |  |                                  |  |
| Contact                      |  |                                  |  |
| Address                      |  |                                  |  |
| Email address                | lorrainewah@hotmail.com  |                                  |  |
| Date of birth                | 25/08/1988   |                                  |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/>                               | Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 14/11/2009   |                                  |  |



| GENERAL INFORMATION OF THE ACCIDENT              |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If no, relationship of the driver and insured: <u>Owner</u> |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| Weather condition                                | Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____   |
| Road surface                                     | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>   |
| No of passenger                                  | <u>0</u> (Inclusive of driver)   |

| PASSENGER 1 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION          |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION |  |
|----------------------------------|--|
| Reported to police?              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name              |  |

| WITNESS 1 |  |
|-----------|--|
| Name      |  |

| WITNESS 2 |  |
|-----------|--|
| Name      |  |



**THIRD PARTY VEHICLE 1**

|                              |            |
|------------------------------|------------|
| Vehicle registration number  | 5NG 3963 Z |
| Vehicle make model           |            |
| Name                         |            |
| NRIC / Fin / Passport number |            |
| Contact                      | 9151 9163  |

**THIRD PARTY VEHICLE 2**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 3**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 4**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 5**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 6**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**THIRD PARTY VEHICLE 7**

|                              |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |



**INJURED PERSON 1**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 2**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 3**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 4**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 5**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 6**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MX1

**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, 1959 (MALAYSIA)**

**Policy No.:** MP003773 (Private Car)

- |   |  |                                       |
|---|--|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | SDZ9812E   | <b>Chassis No.:</b> JMYSTCY4A9U001829 |
| <b>2. Name of Policyholder</b>  | WAH WENJUN LORRAINE  |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 27/08/2022 (00:00:00)  |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 26/08/2023   |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              | (a) The Policyholder.<br>(b) Any other person who is driving on the Policyholder's order or with his 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.

**6. Limitations as to use\***

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

**Account No:** 2098DDA

|                                |   |              |                                |
|--------------------------------|---|--------------|--------------------------------|
| Insurance Plan:                | Comprehensive Approved Workshop Plan                  |              |                                |
| Limit for total loss or theft: | Prevailing Market Value                               |              |                                |
| Policy Excess:                 | Own Damage Claims                                     | SGD 800.00   | (Original Excess : SGD 800.00) |
|                                | Additional Excess for Unnamed Driver(s)               | SGD 500.00   |                                |
|                                | Additional Excess for Young or Inexperience Driver(s) | SGD 3,500.00 |                                |
|                                | WindScreen Excess                                     | SGD 100.00   |                                |
|                                |   |              |                                |
| Financial Interest:            | NIL   |              |                                |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature