

HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit #08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778 Email: hdperfectautowork@gmail.com

Our Ref.: SKU2089R

Your Ref.: SMZ2217M

Date: 24.04.2023

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SKU2089R & SMZ2217M

Date of Accident: 02.03.2023 @ 16:35 HOURS

Location: PIE , TOWARDS CHANGI (BEFORE BKE EXIT 24)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 16,600.00

Loss of Use: (\$220.00 X 24 Days): \$ 5,280.00

Towing \$ 60.00

LTA Search \$ 26.75

Grand Total: \$ 21,966.75

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Irene @ 8297 9787, or email to hdperfectautowork@gmail.com

hank You,

Joanne



HD Perfect Autowork Pte. Ltd. Co. Reg No: 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778 Email: hdperfectautowork@gmail.com

Authorisation To Act

| 1, Ng Kec Lee 543 Jurong West Street 42 # 12-71 Singapore 64 | _ ("the third party claimant") of |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 543 Jurong West Street 42 # 12-71 Singapore 64 | 0543 |
| (address), owner of Sku Loggk hereby authorise HD Perfect Autowork Pte Ltd | (vehicle no.) |
| hereby authorise <u>HD Perfect Autowork Pte utd</u> | ("the workshop" |
| to act for me with respect to my claim for repair | costs and / or rental and / or |
| loss of use ("claim") for my vehicle no. | 1089K that was |
| loss of use ("claim") for my vehicle no. Sku damaged pursuant to the accident which occurred at/along PIE towards Changi (Before BKE EXIT | on02 03 12023 (date) 4) |
| (location) involving vehicle no/sSMZ シメナM | ("the accident") |
| | |
| I further hereby authorise the workshop to settle my above they deem it fit and the workshop is further authorised to re of my claim with payment cheque/s being made in favour of | ceive payment further to settlement |
| I further authorise the workshop to execute and/o vouchers/agreements regarding my/our claim/case for my/o | |
| I further acknowledge that any settlement the workshop maprejudice and without admission of liability basis in so far a me and/or the driver/owner/insurers of the other vehicle/sconcerned. | s any other claim (s) whatsoever by |
| Dated this day of 03 (more | nth) 20 (year) |
| Signed by "the third party claimant" | Signed by "the workshop" |



HD Perfect Autowork Pte. Ltd. Co. Reg No. 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778 Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

| ^ : -l - · - + | involving motor vehicles no | SKU 20 | 8ar | and SM | AZ SXIA | m on | 02/03/2023 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Accident | | | | | | 011_ | |
| at/along_ | PIE towards | Changi | (Before 1 | ske exi | + 14) | | |
| 1. | I/We, the Owner of HD Perfect Autowor | K PHE LA | 1 | ("the wor | 2089R kshop") to a | hereby ppoint an inde | instruct and authorise ependent surveyor on my/out |
| | behalf to inspect my/our motor the report of the independent | t surveyor. P | ending the ou | itcome of m | ny/our claim | against the th | |
| 2. | you the sum of \$b You are further authorised to made and instructions are give his insurers including if necess | appoint soliden by me/us | with respect t | our behalf ar to the condu | nd to instructict of my/ou | t the solicitors r claim against | t the third party driver and/or |
| 3. | You have my/our full authoristhe third party and/or his insu | sation/appro | val/consent h | ereby to in | | | |
| 4. | My/Our solicitors shall also ac party claim directly to you after | cept this as i | my/our irrevo | cable autho | | | on monies from my/our third |
| 5. | Upon resolving my/our claim professional costs and disbubalance of the settlement sun | , you are al | so hereby au curred in the | thorised to reby acting | agree with for me/us | my/our solici | |
| 6. | I/We undertake and agree to hereby consent and authorise | fully co-ope you to inst | erate with yo ruct my/our s | u and my/o olicitors to | ur solicitors commence | | |
| 7. | steps to recover the claim from I/we also hereby instruct and outstanding balances that are | d authorise | ou to deduct | directly fro | om the clain | | |
| 8. | In the event that I/we am/a instructions on the accident m | are required | to attend at | my/our so | olicitor's offi | ce for purpos | ses of giving my/our furthe |
| 9. | I/we shall render my/our full on the event that my/our claim | m against th | e third party a | and/or his in | | | |
| 10. | my/our claim procedure inclusettlement is not honoured or less than the amount claimed bill and survey fees and any costs and disbursements them. I/we shall keep you informed | r satisfied by by you for vother expense by incurred of any corr | y the third pa whatever reasonebly don my/our b espondences | rty and/or tons, I/we ag incurred ar ehalf or to p | he third par ree and und nd to also ind pay you the c | ty and/or his i ertake to pay i demnify you ir difference in ar | nsurers make an offer to par the full amount of your repain respect of my/our solicitor' mount, as the case may be. |
| | pay or receive any monies du | e to this clair | n. | | | | |
| | Dat | ed this | 9 L day o | of03 | 20 | 13 | |
| Signatur | e of vehicle owner Jell | leng | \ | | _ | | |
| Name : _ | Ng Kee Lee | | | | ١ | Witnessed by : | 10000000 |
| IC/UEN I | No:SUZII9Z9C | | | | (a - | | Joanva |
| (Compar | ny stamp, if applicable) | | | | | | |
| Address | : 543 Jurong West | Street 42 | _ | | | | |
| | 71 Singapore 640543 | | | | | | |
| Tel: | 9179 3658 | | | | | | |



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AUTHORIZATION TO ACT (AIG Asia Pacific - Express Third Party Claim)

| I,Ng kee Lee | ("the third party claimant") |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| of 543 Jurong West Street 42 #12-71 | Singapore 640543 (address), |
| owner ofSKU 2089R (veh | icle no.) hereby authorize |
| HD Perfect Autowork Pte Ltd | |
| ("the workshop") to act for me | with respect to my claim for |
| repair costs and/or rental and/or lo | oss of use ("claim") for my |
| vehicle noSku 2089Rthat | was damaged pursuant to the |
| accident which occurred on $01/03/20$ | 3 (date) along |
| PIE towards Changi (Before BKZ 3 | exit 14) (location) |
| involving vehicle no/s | 12 2×17m |
| ("the accident"). | |
| (the accidence). | |
| I further authorize the workshop to claim in a manner that they deem fit authorized to receive payment furthe with payment cheque/s being made in I further acknowledge that any settl on my behalf is on a without prejuditiability basis insofar as the drive vehicle/s is concerned. | and the workshop is further er to settlement of my claim favour of the workshop. Lement the workshop may reach ace and without admission of |
| Dated this day of 03 **Dated this day of 3 **Dated this day of 03 **Signed by "the third party claimant" | Signed by the workshop (with chop) |

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



| Date | Invoice Number | Vehicle Number |
|------------|-----------------|----------------|
| 24.04.2023 | HDP202304-00398 | SKU2089R |

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-12 AIG BUILDING SINGAPORE 079120

| Description | Am | ount (SGD) |
|-------------------------------------------------------------------------------------------------------------------------|----|------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ | 16,600.00 |
| Total | \$ | 16,600.00 |

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD
AUTO Generated - Signature Not Required

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 02 Mar 2023 / 18:11:34

Receipt Date/Time: 02 Mar 2023 / 18:11:34

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230302-003911

Previous Receipt No.:

| S/N | Item Description/ Business Transaction Reference No. | | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--------|------------------------------------------------------|--------------------------|-------------------------------|------------------------|------------------------------|
| Resu | t of Insurance Enquiry - SMZ2217M | | | | |
| As at | 02 Mar 2023/16:35:00 | | | | |
| Insura | ance Co: AIG ASIA PACIFIC INSURAN | ICE PTE. LTD. | | | |
| 1 | Insurance Enquiry - SMZ2217M | | | | |
| | Enquiry Fee 20230302181055219874 | | 24.77 | 1.98 | 26.75 |
| | | Sub-Total | 24.77 | 1.98 | 26.75 |
| | | Total Before Rounding | 24.77 | 1.98 | 26.75 |
| | | Rounding Difference | | | 0.00 |
| | | Total Amount Payable | | | 26.75 |
| | | Paid By | | | |
| | | 421808XXXXXX9928 | eNETS | Credit Card | 26.75 |
| | | Total | | | 26.75 |
| | | Cash Change | | | 0.00 |
| | | Tendered Amount | | | 26.75 |
| | | Excess Refundable Amount | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Hotline: +65 9392 4545

8 Kaki Bukit Avenue 4, #08-41 Singapore 415875 ROC: 202136139R Email: autocrew888@gmail.com

| ORDER / WORK OR | DER No. A ZIZ83 |
|------------------------|---------------------------|
| te: 2323 | Time Received: |
| ame: Not () | Time Arrived: |
| erson: | Time Completed: 1835 |
| D.: | From: DARRY STUD |
| o: >KN 50846 | TO: WR PREMIER MOB-89 |
| Model: Part Amery | Tow Truck No.: (4BB 3862A |
| | 40 |
| Acoppear | Amount: Cash, / Credit |
| ONAL CHARGES: | BODY & PAINT CONDITION: |
| olly Wheels / Flat Bed | |
| asement / Multi Storey | TA COP |
| Crane up / Bogged | |
| umpstart | |
| ow Body Kit | |
| Collection of Key | hizsatt |
| ERP / Carpark | Pr JAIL3 |
| | te: 2 3 2 3 |

Tow Diver's Name & Signature

Member's Name & Signature

PAY 202136139R

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle / asset whiles being towed.

SA1823330007 / Abwin Service Pte Ltd ENTRY DATE & TIME: 03/03/2023 17:01 (SGT) SUBMITTED BY: Claims

VERSION: 1 (03/03/2023 17:01 (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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

03/03/2023 17:01 (SGT) Both Policyholder and Actual Driver 02/03/2023 16:35 (SGT) PIE, Singapore

PIE TOWARDS CHANGI (BEFORE BKE EXIT 24)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU2089R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

NG KEE LEE SXXXX929C

SLC98@PACIFIC.NET.SG (Phone) +65-91793658

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Camry

Toyota

Private use

No - Claiming third party

Private car Auto 2494

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 22-MU007531-R05

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG KEE LEE SXXXX929C 16/03/1952 Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt, Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMZ2217M

14/10/1978

Male

#12-71

640543

Chain Collision

Raining

Wet

No

Νo

Yes

1

No

No

No

5

Yes

No

44 YEARS AND 5 MONTHS

SLC98@PACIFIC.NET.SG

543 JURONG WEST STREET 42

(Phone) +65-91793658

Private car

Accident report SA1823330007

Page 2 of 16

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 NumberSBK62PVehicle 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKW4251P

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKX9975X

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the academ to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Aduat 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>reguldate policy liability</u>.
- 4. The issue and asceptance 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 Centra established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fer a fee be made available upon application by interested perties.
- 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 aforeseid.
- 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 "Porsonal 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' lawyershaw 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' towyers/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 briagents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Folicyholder's Signature / Dale & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Oate

& Time

Witnessed by Reporting Contro Personnal (Name as in NRICNO care)

| A = SKU 2089R | A = SKW 2089

(5)

(f)

(ii)

(3)

Accident report SA1823330007

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| Declaration I/We declare the foregoing particulars | are true in every respect. | |
| | | ANGE A |
| 1 1 | | (Secretary) (m) |
| Culan | Kaleen | (Elbannes S |
| Policyholder's Signature / Date & Time | Direct's Signature (didnver rack) the patropholder) / Onte | Witnessed by Recycling Centre Personal |
| | ă Tero | (Nama as in NRICAD card) |

On 02.03.2023 at about 16:35 hours along PIE towards Changi (Before BKE Exit 24), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (E) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to propel forward and hit onto the rear portion of front vehicle (E). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages on the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 5 vehicles involved.

Vehicle (A): SKU 2089R

Vehicle (B): SMZ 2217M

Vehicle (C): SBK 62P

Vehicle (D): SKW 4251P

Vehicle (E): SKX 9975X

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD





NAME
NG KEE LEE

SKU 2089R Owner and Driver

NRIC NO. S0211929C



DATE OF BIRTH

16 MAR 1952

SEX MALE

NATIONALITY / CITIZENSHIP
SINGAPORE CITIZEN

DATE OF ISSUE

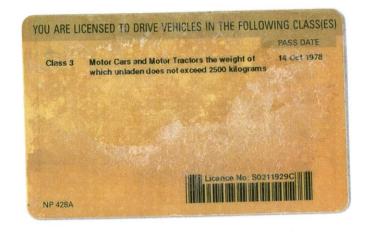
08 MAY 1994

543 JURONG WEST STREET
42
#12-71
SINGAPORE 640543





SKU2089R Owner and Driver



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

1: (65) 6221 6111 🗜 (65) 6221 4355 / (65) 6224 0895 🗈 tmis@tokiomarine.com.sg 😾 www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

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.: 22-MU007531-R05 (Private Motor Car)

1. Index Mark and Registration Number

SKU2089R

Chassis No.: MR053AK5004009310

of Vehicle

2. Name of Policyholder

MR NG KEE LEE

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

06/07/2022

4. Date of Expiry of Insurance

05/07/2023

- 5. Persons or Class of Persons entitled to drive*
 - (a) The Policyholder.
 - (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

Accoun

Account: 0817DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims Windscreen Excess SGD 1,000 SGD 100

Financial Interest:

DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 10/06/2022