

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **NA234K0001**

Date In: 20/04/2023 11:22	Job description: SAS e-Jiling	Date & Time Completed:	Done by:
Ref No: XRA/SM028004066/Y	E-mail (include email, AIC email)		
Veh No: SC 94832	1-Motor Claim Form		
D.O.A: 09/03/2023 09:40	1-Motor W/O (w/ins: OD Ins, TP Ins)		
OD: TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vch No: **fu 3904C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, P: 31-70%, 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 repair or repeller.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

NA2801143

Insurance Particulars:	1) All Accident Paperwork (\$30)	
Owner:	2) DA: Damage Assessment (\$100)	INC (\$56)
Order No:	3) TP: Towing Fee	\$10/\$14
Assigned Person: WMC	4) PE: Follow Through Survey	\$175
	5) PE: Follow Through Survey (Emergency)	\$50
	6) TR: Assessment	\$75
	7) NI: Follow DA + Survey	\$140
	8) NIUC Additional Fee (\$10)	
Checked by (Engr-In-Charge):	9) NIUC Additional Fee (\$10)	
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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	20/04/2023 11:22 (SGT)
Reported by	Owner
Date of Accident	09/03/2023 07:40 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	JUNCTION WITH BATH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9483Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Company Reg No	1XXXXX399N
Email Address	mastura240@gmail.com
Mobile Phone No	(Phone) +65-93232171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV0101887

DRIVER

Name of Driver	MASTURA BINTE ISHAK
NRIC No	SXXXX773B
Date Of Birth	17/11/1980
Occupation	Outdoor

Date Of Driving Pass	21/02/2005
Driving experience	18 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-93232171
Alt. Phone Number	-
Email Address	mastura240@gmail.com
Address	BLK 658 WOODLANDS RING ROAD #02-114
Address complement	-
Postcode	730658
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
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/20230309/7010

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	FU3909C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN YOW KWANG
NRIC No	SXXXX608H
Contact Number	(Phone) +65-93232171
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.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

X Mas

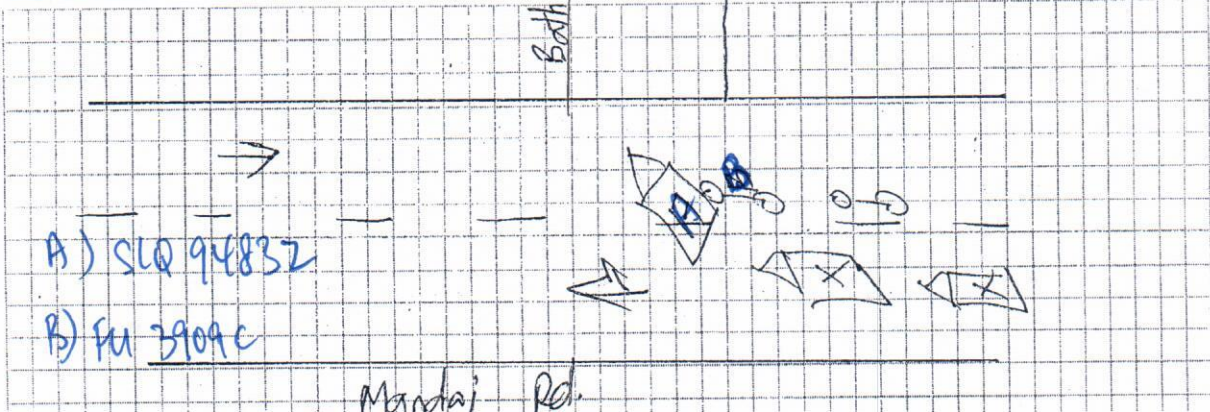
Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature Date
& Time:

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

20/04/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO : T/20230309 / 7010

DECLARATION

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

mitsubishi hc capital asia pacific pte. ltd.

Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature Date
& Time:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20230309/7010

1 of 4

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

Report No: T/20230309/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2023 10:28	Vide Report No.:	Station Diary No:
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Informant's Particulars

Name of Informant: MASTURA BINTE ISHAK			Address: 658 WOODLANDS RING ROAD #02-114 SINGAPORE 730658	
ID Type / ID No.: NRIC NO / S8036773B			Contact No.: Home/Office:	Mobile: 93232171
Nationality: SINGAPORE CITIZEN			Email: MASTURA240@GMAIL.COM	
Sex: Female	Age: 42	Date of Birth: 17/11/1980	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry: 31/12/2030

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2023 07:40	Type of Location T-Junction
Location: Junction of Mandai Road and Bath Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FU3909C	Motorcycle	YAMAHA	R15	Yellow	Slightly Damaged	0
SLQ9463Z	Car	TOYOTA	Sienta	Multi-Colored	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230309/7010

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Report No. T/20230309/7010

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	MASTURA BINTE ISHAK	ID No.	S8036773B
Related Vehicle	SLQ9483Z (Car)	Contact No.	93232171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: 31/12/2030
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Rider

Name	TAN YOW KWANG	ID No.	S7117608H
Related Vehicle	NIL	Contact No.	97331129
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/03/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling along Mandai Road towards Mandai Ave direction. I slowed down my car and signal right while travelling on Mandai Road to turn into Bath Road. I checked my rear mirror and notice there were about 3 more cars behind me. I check my ride side mirror and saw the same 3 cars. I was travelling about 30km/h and slowly step my brake to almost a stop. The road in front of me was clear. There was no car in front of me and no oncoming vehicle from opposite direction. I glanced at my right side mirror again and blind spot on my right before I make the right turn as I did not see any other vehicle. As I was turning into Bath Road, I suddenly saw a yellow motorbike on my ride side mirror travelling quite fast straight into my rear right passenger side door. The motorbike and the rider fell on the the road after the collision. Immediately I moved my car forward and parked at the side of Bath Road in front of unit number 21. I came out from my car and assist the rider to lift up his motorbike as the rider was lying on the ground with the bike toppled with him. Another rider came to help and shift the bike to the side of the road. Shortly, the said rider left. I asked the rider if he was injured. He said he felt some pain on his leg and body. I called the ambulance and waited at the scene together with the rider. The rider was conscious and was limping around. I did not see any bleeding or major injuries. He was also able to talk and we exchange particulars. When the ambulance arrived, the paramedic checked on him. Shortly, a TP bike came to the scene. The TP officer talk to the rider in the ambulance. A while later, the rider was conveyed to the hospital by the ambulance. The TP officer then talked to me. He then advice me to make a police report pertaining to this road accident. The traffic police report number



**SINGAPORE
POLICE FORCE**



T/20230309/7010

3 of 4

Report No. T/20230309/7010

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

is L/20230309/0084.



**SINGAPORE
POLICE FORCE**



T/20230309/7010

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

4 of 4

Report No. T/20230309/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PAN JIANHONG
Contact No.: 65476904

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/03/2023 10:28

Classification Of Case:

This report is lodged at Woodlands East NPC Kiosk 1
NP168

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/03/2023 (dd/mm/yy)

Time of Accident: 07:40 (24-HR-FORMAT)

Vehicle No.: SLO 9483Z

Vehicle Make & Model: TOYOTA SIENNA

Exact location of Accident:

JUNCTION OF MANDALAY ROAD & BATH ROAD

Policyholder's Name: MASTURA BINTE ISHAK

I/C / UEN: S 8036 773 B

Driver's Name / IC No.:

(As Above) ☒

Driver's Contact No.: 9323 2171

Company Contact No (Company Vch Only):

Driver's Address:

17/11/21

21/02/2005

Email address: MASTURA240@GMAIL.COM

Insurance Company: SOMPO

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle

Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 01

***Passanger Name:**

Gender: Male / Female *Passanger

Name:

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera?

☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station:

TP

The Other Party(s) Details:

1. Driver's Name / IC No:

Vehicle No: FU 3909C

Driver's Contact No:

Insurance Company:

2. Driver's Name / IC No (If Any):

Vehicle No:

Driver's Contact No:

Insurance Company:

***Independent Witness (If Any):**

Contact No:

Preferred Workshop Name:

Contact No:

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D22MTPV01010887
1. Registration No. : SLQ9483Z
2. Insured Name : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
3. Commencement Date : 27 JULY 2022 00:00
4. Expiry Date : 26 JULY 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive GOLD
6. Excess : \$1100 - Section I
7. Persons or Classes of Persons entitled to drive*
Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

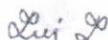
- Use for the carriage of passengers or goods in connection with the Insured's business.
- Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- Use for racing, pacemaking, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 27 JUNE 2022 15:29

*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings:

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11H13200 & MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F_LDDJDLZS4KY_MMZA