


NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 117164601

Date In: 14/12/17 15:28	Job description	Date & Time Completed	Done by
Ref No: MA1 GAZ 170237631h4	SAS e-filing		
Veh No: F2 64665	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 11/12/17 17:15	i-Motor Claim Form		
OD  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: SKM 8282B	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	20.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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 \$0		
	Invoice dated	Fee Charged	
	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 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 ability.
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 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 Report	14/12/2017 15:28
Date Of Accident	11/12/2017 17:15
Exact Location Of Accident	210 GEYLANG RD AT LOR 9 GEYLANG JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6466S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NURHAIRIL BIN AZMAN
NRIC No	S9310194D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92371135
Alternative Phone No	OFFICE-92371135

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001366-00-000
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD NURHAIRIL BIN AZMAN
NRIC No	S9310194D
Date Of Birth	30/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92371135
Fax Number	
Contact Number	OFFICE-92371135
Email Address	NOEMAIL

Address	BLK 109A DEPOT RD #02-83
Postcode	101109
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM8282B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	DARREN LIM SING TONG
NRIC/Passport Number	S8222480G
Contact Number	93382889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NURHAIRIL BIN AZMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FZ6466S
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MASLINDA BINTE SENIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FZ6466S
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

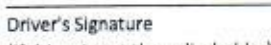
IMPORTANT NOTICE

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 lodgment 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:

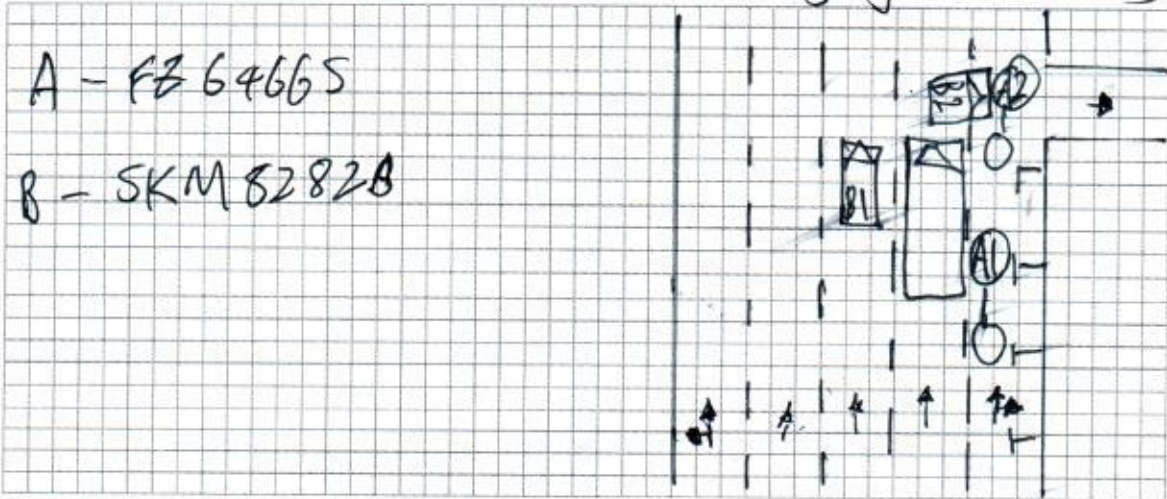
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/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:

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 12 / 2017 (dd/mm/yy) Time of Accident: 17 : 15 (24-HR-FORMAT)

Vehicle No.: FZ64665 Vehicle Make & Model: Honda CB400SF

Exact location of Accident: 210 Geylang Road at Lorong 9 Geylang Junction

Policyholder's Name / IC No.: Muhammad Nurheiril Bin Azman / S9310194D

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 92371135 Company Contact No.: _____

Driver's Address: Blk 1094 Depot Road #02-83 HDB Telok Blangah S(101109)

Insurance Company: Great American Email address (if any): _____

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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 2

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: As above

Injuries Sustain: Bodily injury Injured Person in Which Vehicle: FZ64665

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

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SKM 8282B

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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



SINGAPORE POLICE FORCE



T/20171212/2095

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

1 of 4

Report No. T/20171212/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 14:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD NURHAIRIL BIN AZMAN		Address: APT BLK 109A DEPOT RD #02-83 HDB TELOK BLANGAH SINGAPORE 101109		
ID Type / ID No.: NRIC NO / S9310194D		Contact No.: Home/Office: Mobile: 92371135		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 24	Date of Birth: 30/03/1993	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2017 17:15	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD 210 GEYLANG ROAD AT LORONG 9 GEYLANG JUNCTION.				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6466S	Motorcycle	HONDA	CB400SF	Yellow		1
SKM8282B	Car	MERCEDES BENZ	GLA180 (R18 BI)	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6466S	GREAT AMERICAN INSURANCE COMPANY	MT2017TR00755	06/06/2017	05/06/2018



Police Station Of Origin:
Traffic Police Division HQ
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	
Pillion			
Name	MASLINDA BINTE SENIN	ID No.	S9322817J
Related Vehicle	FZ6466S (Motorcycle)	Contact No.	91992097
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MUHAMMAD NURHAIRIL BIN AZMAN	ID No.	S9310194D
Related Vehicle	FZ6466S (Motorcycle)	Contact No.	92371135
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DARREN LIM SING TONG	ID No.	S8222480G
Related Vehicle	SKM8282B (Car)	Contact No.	93382889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,
I WAS TRAVELLING ON THE MIDDLE OF LANE ONE AND TWO. THERE WAS A TRAILER
TRAVELLING ON THE SECOND LANE, WHICH IS BESIDE ME. I PROCEEDED STRIAIGHT, WHEN
SUDDENLY A VEHICLE FROM THE THIRD LANE MADE A RIGHT TURN AND COLLIDED ONTO ME.



**SINGAPORE
POLICE FORCE**



T/20171212/2095

3 of 4

Report No. T/20171212/2095

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

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171212/2095

4 of 4

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

Report No. T/20171212/2095

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /
NICHOLAS YEO HAO QUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2017 14:15

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____



T/20171212/2096

1 of 3

Report No. T/20171212/2096

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20171212/02095

Report Number T/20171212/2096

Vide Report Number

Date/Time of Report Made 12/12/2017 14:24

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant MUHAMMAD NURHAIRIL BIN AZMAN

ID Type / ID No. NRIC NO / S9310194D

Home/Office

Mobile 92371135

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 11/12/2017 17:15

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6466S	Motorcycle	HONDA	CB400SF	Yellow		1
SKM8282B	Car	MERCEDES BENZ	GLA180 (R18 BI)	White		0

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



T/20171212/2096

2 of 3

Report No. T/20171212/2096

Continuation of CSF For NP168

Pillion			
Name	MASLINDA BINTE SENIN	ID No.	S9322817J
Related Vehicle	FZ6466S (Motorcycle)	Contact No.	91992097
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Rider			
Name	MUHAMMAD NURHAIRIL BIN AZMAN	ID No.	S9310194D
Related Vehicle	FZ6466S (Motorcycle)	Contact No.	92371135
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	DARREN LIM SING TONG	ID No.	S8222480G
Related Vehicle	SKM8282B (Car)	Contact No.	93382889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

CHANGES DONE TO THE MEDICAL LEAVE.



T/20171212/2096

3 of 3

Report No. T/20171212/2096

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT /
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9310194D





Name
MUHAMMAD NURHAIRIL BIN AZMAN

Race
MALAY

Date of birth
30-03-1993

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9310194D

Name:
MUHAMMAD NURHAIRIL BIN AZMAN

Birth Date: 30 Mar 1993

Issue Date: 06 Jan 2015



002383137E




4197471



NRIC No. S9310194D



Date of issue
31-03-2008

Address
**APT BLK 109A DEPOT ROAD
#02-83
SINGAPORE 101109**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


EFFECTIVE DATE
06 Jan 2015
16 Mar 2017

Class 2B	Motorcycles up to 200 CC
Class 2A	Motorcycles between 201 CC and 400 CC

S9310194D

S / No. 9000267279

Licence No: S9310194D



NP 428A

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 Details

Certificate Number	: MOMVM000001366-00-000	Cover	: Motor Cycle (Third Party Only)
Policyholder Name	: Muhammad Nurhairil Bin Azman	Chassis Number	: JH2NC399X4M020245
NCD Entitlement	: Nil	Engine Number	: NC23E2066992
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FZ6466S
Period of Insurance	: From 06/06/2017 (00:00) To 05/06/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
 - b) Any Named Rider as stated in the policy
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

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

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with 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

Excess (Section 1)	: N/A
Excess (Section 2)	: N/A

Driver Details

Primary Rider	: Muhammad Nurhairil Bin Azman
Named Rider 1	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 08/08/2017

I/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)

Signed for and on behalf of
Great American Insurance Company



Authorised Signatory
jgoh