





## 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   | 08/01/2018 18:09                      |
| Date Of Accident   | 05/01/2018 10:30                      |
| Exact Location Of Accident   | SENGKANG EAST RD NEXT TO SENGKANG NPP |
| Country/State of Loss  | SINGAPORE                             |
| DETAILS OF OWN VEHICLE   |                                       |
| Vehicle Registration Number  | FBL4199Y                              |
| Insured/Policyholder   |                                       |
| Name Of Registered Owner   | MOHD SHAM BIN PUTEH                   |
| NRIC No  | S1820347B                             |
| Email Address  | P67MDSHAM@GMAIL.COM                   |
| Mobile Phone No  | (LOCAL) +65-97889294                  |
| Alternative Phone No   | OTHERS-97889294                       |
| Vehicle Particulars  |                                       |
| Manufacturer   | BMW                                   |
| Model  | R1200RT-1.2                           |
| Exact Purpose for which vehicle was being used at time of accident           | ON THE WAY BACK HOME                  |
| 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  | ALLIED WORLD ASSURANCE COMPANY, LTD   |
| Type Of Coverage   | COMPREHENSIVE                         |
| Fleet Policy   | NO                                    |
| Policy Number  | AVMCSB0026151701                      |
| Cover Note Number  |                                       |
| Driver   |                                       |
| Name of Driver   | MOHD SHAM BIN PUTEH                   |
| NRIC No  | S1820347B                             |
| Date Of Birth  | 16/02/1967                            |
| Occupation   | INDOOR                                |
| Date Of Driving Pass   | 17/08/2016                            |
| Driving Experience   | 1 YEAR AND 4 MONTHS                   |
| Gender   | MALE                                  |
| Mobile Number  | (LOCAL) +65-97889294                  |
| Fax Number   |                                       |
| Contact Number   | OTHERS-97889294                       |
| EMail Address  | P67MDSHAM@GMAIL.COM                   |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 920 HOUGANG STREET 91<br>#04-11 |
| Postcode  | 530920                              |
| 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   | COLLISION - U-TURN |
| Weather Conditions | CLEAR              |
| Road Surface       | DRY                |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE                        |
| Police Station Address                    | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8529999 - FAX NO: 68522299                         |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180106/2123

#### 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 | SJF2577P                 |
| Vehicle Make/Model/Colour   | MAZDA                    |
| Details Of Properties       |                          |
| Vehicle Category            | PRIVATE CAR              |
| Name of Driver              | MUHAMMAD AKIF BIN SANUSI |
| NRIC/Passport Number        | S9205979J                |
| Contact Number              | 87421323                 |
| Address                     |                          |
| Postcode                    |                          |
| Insurance Company Name      |                          |
| Nature Of Damage            |                          |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                     |
|---|---------------------|
| Name  | MOHD SHAM BIN PUTEH |
| Approximate Age                                     |                     |
| Injuries Sustain                                    | SLIGHT INJURY       |
| Injured person in which vehicle?                    | FBL4199Y            |
| Were seat belts worn?                               |                     |
| Was this injured conveyed to hospital by ambulance? | NO                  |
| Address   |                     |
| Postcode  |                     |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 8.1.2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



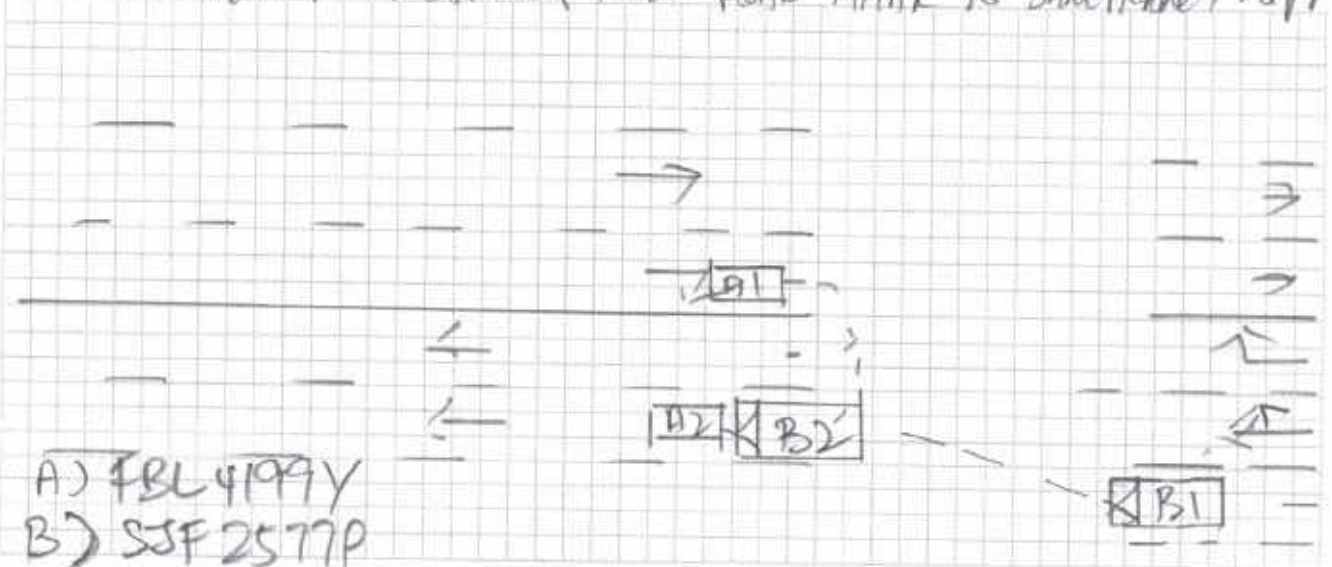
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG SINGAPORE ROAD NEAR TO SINGAPORE NPP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MS REFER TO POLICE REPORT  
1/20/80106/2123

DECLARATION

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

Policyholder's Signature  
Date & Time: 8.1.2018

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

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





# SINGAPORE POLICE FORCE



T/20180106/2123

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4

Report No. T/20180106/2123

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>06/01/2018 18:58 |            | Vide Report No.:             |  | Station Diary No.:<br>95 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>MOHD SHAM BIN PUTEH  |            |                              | Address:<br>APT BLK 920 HOUGANG STREET 91 #04-11 SINGAPORE<br>530920 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S1820347B   |            |                              | Contact No.:<br>Home/Office: Mobile: 97889294                        |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>50 | Date of Birth:<br>16/02/1967 | Type of Informant:<br>Rider  |                          |                            |
| Race:<br>Malay                             |            |                              | Language:<br>English   |                          | Institution / School Name: |
| Occupation:<br>Technician                  |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:     |                          |                            |

**General Information of the Accident**

|   |                              |                                    |   |                                    |
|---|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident:   | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>05/01/2018 10:30 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>SENGKANG EAST ROAD<br><br>next to Sengkang Neighbourhood Police Centre |                              |                                    |   |                                    |
| Weather:<br>Clear   |                              | Road Surface:<br>Dry               | Road Speed Limit:                             |                                    |
| Traffic Flow:<br>Two Way  |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side  |                              |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model                   | Color | Condition            | No of Passenger |
|-------------|------------|-------|-------------------------|-------|----------------------|-----------------|
| FBL4199Y    | Motorcycle | BMW   | R1200R<br>ABS<br>MANUAL | White | Seriously<br>Damaged | 0               |
| SJF2577P    | Car        | MAZDA |                         | Black | Slightly<br>Damaged  | 4               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

**CONTINUATION OF REPORT**

| <b>Details of Vehicle Insurance</b> |  |                   |            |             |
|-------------------------------------|--|-------------------|------------|-------------|
| Vehicle No.                         | Insurance Company                                      | Insurance No      | Effective  | Expiry Date |
| FBL4199Y                            | ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH) | AVMCSB00261517 01 | 11/10/2017 | 10/10/2018  |

| <b>Details of Person Involved</b> |                          |  |   |
|-----------------------------------|--------------------------|--|---|
| Any Pedestrian Involved: No       |                          |  |   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |   |
| <b>Rider</b>                      |                          |  |   |
| Name                              | MOHD SHAM BIN PUTEH      | ID No.                                 | S1820347B                               |
| Related Vehicle                   | FBL4199Y (Motorcycle)    | Contact No.                            | 97889294                                |
| Hospital/Clinic                   | KHOO TECK PUAT HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 05/01/2018               | Date Discharge                         | 06/01/2018                              |
| No. of Days granted Medical Leave | 09                       | Degree of Injury                       | Slight                                  |
| <b>Driver</b>                     |                          |  |   |
| Name                              | Muhammad Akif Bin Sanusi | ID No.                                 | S9205979J                               |
| Related Vehicle                   | NIL                      | Contact No.                            | 87421323                                |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                                     |

**Brief Details.**

On 05.01.2018 at 10.30am, I was riding my motorcycle of registration no. FBL4199Y (white BMW1200R) along Sengkang East Road (next to Sengkang Police Centre). I was making a U-TURN at the junction and there is a saloon car in front of me. The traffic light was amber when the vehicle makes a U-TURN.

As I was making a U-TURN, I do not notice if there is green arrow indicator as there is a bus, move forward and stop at the yellow box, on the left side of the road (5-lane road) to make a right turn (blocking the view of the opposite vehicle on lane 1). All of a sudden, there is a saloon car of registration no. SJF2577P (Black/Mazda) swerve from the bus and collided on the left side of my motorcycle.

Due to the accident, I fell off to the ground (left side). I wish to state that traffic police attended. Damage to my motorcycle is on the left side.

Later at 11.00am, I decided to seek treatment at Khoo Teck Puat Hospital. I suffer the following injuries:





**SINGAPORE  
POLICE FORCE**



T/20180106/2123

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180106/2123

**CONTINUATION OF REPORT**

left shoulder and arm abrasion, spine area and left leg. I was admitted for one day and subsequently being given 9 days of hospitalization leave by the doctor.

A handwritten signature in black ink, appearing to read "M. P. H.", enclosed within a rectangular box.



**SINGAPORE  
POLICE FORCE**



T/20180106/2123

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

4 of 4

Report No. T/20180106/2123

**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:

F /  
Sr Staff Sgt SAIFUDIN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

06/01/2018 18:58

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: 15/01/2018 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: SENGKANG EAST ROAD (NEXT TO SENGKANG POLICE CENTRA)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 4199Y  
 b) INSURANCE COMPANY: ALLIED WORLD  
 c) POLICY NUMBER: AVMCSB 0526157101  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way back home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MOHD SHAM BIN PUTEH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1820347B CONTACT: 97889294  
 c) ADDRESS: BLK 920 KAYANG ST-91 #04-11 (530920)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: 16/02/1967 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 17 AUG 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

- b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: PISHUN NTH

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(4)

- a) VEHICLE NUMBER: SJF 2577P MODEL: MAZDA

- b) DRIVER'S NAME: MUHAMMAD AKIF BIN SANUSI

- c) NRIC/FIN/PASSPORT: S9205979J CONTACT: 87421323

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

- e) DRIVER'S NAME: \_\_\_\_\_

- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = P67 MP SHAM@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1820347B



Name

MOHD SHAM BIN PUTEH

Race

MALAY

Date of birth

16-02-1967

Sex

M

Country of birth

SINGAPORE



NRIC No. S1820347B



Date of issue

23-09-2010

Address

APT BLK 920 HOUGANG STREET 91  
#04-11  
SINGAPORE 530920

4838239

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1820347B

MOHD SHAM BIN PUTEH

Birth Date: 16 Feb 1967

Issue Date: 17 Aug 2016



002600084E

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

|          |  | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc  | 06 Aug 2009    |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 01 Mar 2011    |
| Class 2  | Motorcycles > 400 cc   | 17 Aug 2016    |
| Class 3  | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 29 Aug 1998    |

NP 428A



Licence No-S1820347B



# CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE  
 THE ROAD TRANSPORT ACT 1987 OF MALAYSIA  
 THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975  
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 12 JANUARY 1968  
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVMCSB0026151701

Chassis: KB10A040802280180

1. Index Mark and Registration Number of Vehicle: FBL 4199 Y
2. Name of Policyholder: MOHD SHAM BIN PUTEH
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance: 11 October 2017
4. Date of Expiry of Insurance: 10 October 2018
5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 and MX4, see overleaf)
  - A. THE POLICYHOLDER.
  - B. RAYMER BIN PUTEH

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\* (For certificate reference MX1, see overleaf)

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND BY THE POLICYHOLDER IN PERSON IN CONNECTION WITH HIS BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER :-

1. USE FOR HIRE OR REWARD.
2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRANS.

Estimated Value : MARKET VALUE WITH COB/PART  
 Hire Purchase Owner : SPEEDWAY MOTOR PTK LTD  
 Type of Cover : Comprehensive

\* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

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

**ALLIED**

*mu*