

NATIONAL Assessment Centre Services (Ref: 1 Jan 2005)

Date In: 18/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/18001085/13	SAS e-filing		
Veh No: GBB9442P	E-mail (within 8hrs, AIC 2hrs)		
DOA: 17/01/18 1850	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SBV33117	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

NA1800418	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments:-	TP (N11): TP (Non INC) against INC	\$20	
	TP (N11): TP (Non INC) against INC	\$30	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 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	18/01/2018 11:18
Date Of Accident	17/01/2018 18:50
Exact Location Of Accident	KPE TWDS TAMPINES EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9442P
Insured/Policyholder	
Name Of Registered Owner	STARHUB CABLE VISION LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98620124

Vehicle Particulars

Manufacturer	FIAT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494788
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IMRAN BIN SAAD
NRIC No	S8131229Z
Date Of Birth	25/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98620124
Fax Number	
Contact Number	
Email Address	RADEC24@HOTMAIL.COM

Address	BLK 471B UPPER SERANGOON CRESCENT #07-368
Postcode	532471
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180118/2018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBV3311T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YEW LEE KEVIN
NRIC/Passport Number	S1480961I
Contact Number	96962126
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD IMRAN BIN SAAD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB9442P
Were seat belts worn?	YES
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.
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:



GIA/REC SketchPlanForm_V3

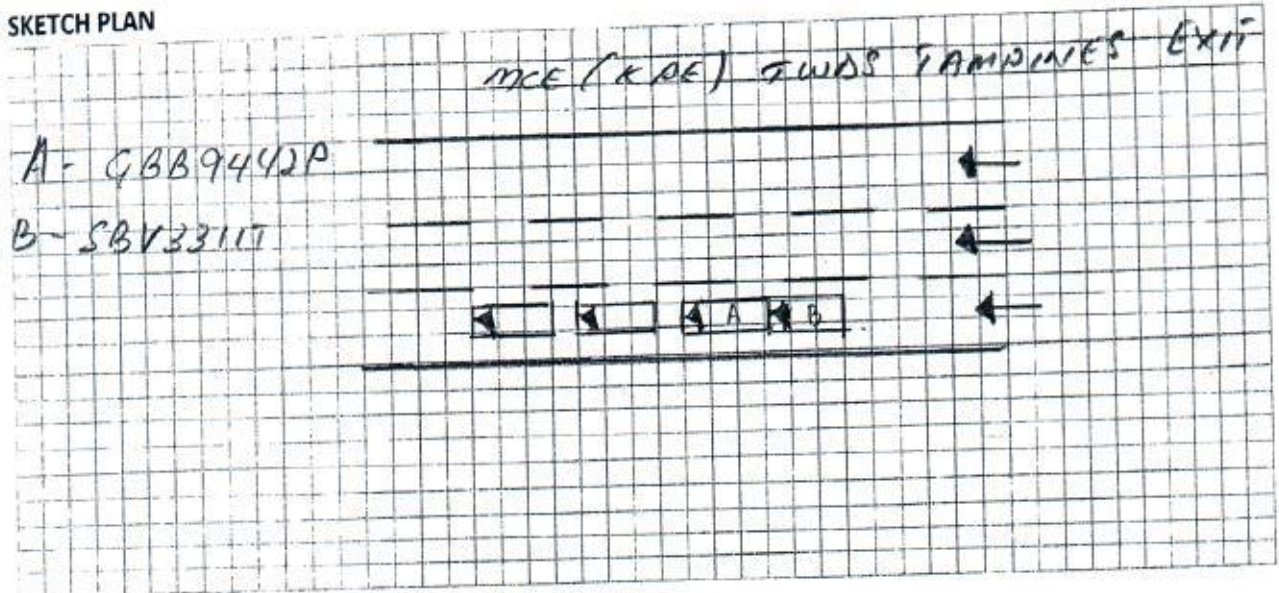
Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/01/18
11:10 am

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s rep to the police report: 7/20180118/2018

DECLARATION

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

*
Policyholder's Signature
Date & Time: 18/1/18
GIAEMC SketchPlanForm



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/01/18
11:10am

Reporting Centre Personnel's Signature
Name: 18/01/18
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180118/2018

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180118/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 09:17	Vide Report No.:	Station Diary No.: 30
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD IMRAN BIN SAAD			Address: APT BLK 471B UPPER SERANGOON CRESCENT #07-368 SINGAPORE 532471	
ID Type / ID No.: NRIC NO / S8131229Z			Contact No.: Home/Office: Mobile: 98620124	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 25/09/1981	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: FIELD ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE TOWARDS TAMPINESS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9442P	Van	FIAT	FIORINO	Green	Slightly Damaged	0
SBV3311T	Car	HYUNDAI		Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180118/2018

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180118/2018

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IMRAN BIN SAAD	ID No.	S8131229Z
Related Vehicle	GBB9442P (Van)	Contact No.	98620124
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/01/2018	Date Discharge	17/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN YEW LEE KEVIN	ID No.	S1480961I
Related Vehicle	NIL	Contact No.	96962126
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 17/1/18 at about 1849hrs, while I (GBB9442P) was travelling at along KPE (just entered via MCE) at lane 3, a vehicle SBV3311T collided onto the rear portion of my vehicle.

The traffic was heavy at the point of time and all the cars were moving slowly.

SBV3311T front portion of the vehicle collided onto my rear portion of my company's van. After the collision, we both alighted the vehicle and exchange details.

My vehicle rear door was dented.

On the same day at about 2100hrs, I was feeling unwell as such I went to CGH's A&E and was given 3 days of MC. I am suffering from neck and musculoskeletal pain.

I've in built front car camera.



SINGAPORE POLICE FORCE



T/20180118/2018

3 of 3

Report No. T/20180118/2018

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

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 /

Staff Sgt TEY LI TING, FION

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

Authentication Stamp

NP168

Signature

Singapore Police Force

Signature Of Informant:

Date/Time:
18/01/2018 09:17

Classification Of Case:



ORIGINAL RECEIPT

CAENAA

IST Registration No.: M2-0088821-9

Bill To

MD IMRAN BIN SAAD
471B UPPER SERANGOON CRESCENT
#07-368 SINGAPORE 532471

MRN/NRIC : S8131229Z
CASE NUMBER : 69183074751
CUSTOMER : 3022840388
A&E VISIT : 17.01.2018 21:04

Name of Patient MD IMRAN BIN SAAD

Service Description

X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

MD IMRAN BIN SAAD

AMOUNT DUE

MD IMRAN BIN SAAD

FOR INFORMATION:

ST: P SN: S8131229Z

PAYMENT DETAILS

NAME
IMRAN SAAD

DATE
17.01.2018

AMOUNT
120.00

PAYMENT TYPE
NETS

Amount (S\$)

Total Charges Before
Govt Grant

51.00
5.55
250.00

306.55
186.55-

Total Amt Payable
After Govt Grant

0.00
0.00
120.00

120.00
8.40

128.40
8.40-

120.00

120.00-

0.00

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at www.cpf.gov.sg). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan." Payment may be made by DBS iBanking, ANS or NETS station, via Visa MasterCard at <https://epay.cgh.com.sg> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003

Visit www.myparmacy.com.sg
your health and homecare is

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed : \$

Cheque No./Bank :

S8131229Z MD IMRAN BIN SAAD

17.01.2018

22:10 hrs

MRN/NRIC : S8131229Z
CASE NUMBER : 69183074751
ADMISSION DATE : 17.01.2018

17.01.2018 22:10 hrs

ORIGINAL RECEIPT

CAENAA

M2-0088821-9

MD IMRAN BIN SAAD
471B UPPER SERANGOON CRESCENT
#07-368 SINGAPORE 532471

MRN/NRIC : S8131229Z
CASE NUMBER : 69183074751
CUSTOMER : 3022840388
A&E VISIT : 17.01.2018 21:04

Name of Patient MD IMRAN BIN SAAD

Service Description

Amount (S\$)

THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$120.00 RECEIVED ON 17.01.2018.

TYPE OF SUPPLY: CASH/CREDIT

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at www.cpf.gov.sg). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan." Payment may be made by DBS (Banking, AXS or NETS station, via Visa MasterCard at <https://epay.cgh.com.sg> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.

Visit www.mypharmacy.com.sg
your health and homecare

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed : \$

Cheque No./Bank :

S8131229Z MD IMRAN BIN SAAD

CGH S8131229Z

69183074751

17.01.2018

22:10 hrs

BALANCE DUE : S\$ 0.00
MRN/NRIC : S8131229Z
CASE NUMBER : 69183074751
ADMISSION DATE : 17.01.2018

0000000000000000

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 01 / 2018 (DD/MM/YYYY), TIME: 18 : 49 (HH:MM)

LOCATION: MCE KPE TOWARDS TAMPINES

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 9442P
b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE PTE LTD
c) POLICY NUMBER: M494788
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FIAT FIORINO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: STARHUB CABLE VISION LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98620124
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD IMRAN BIN SAAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S813122912 CONTACT: 98620124
c) ADDRESS: BLK 471B UPPER SERANGGON CRESCENT
#07368 S(532471)

*d) DATE OF BIRTH: 25 / 09 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 SEP 2013

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

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: SENGKANG NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBV3311T MODEL: HYUNDAI
b) DRIVER'S NAME: TAN YEW LEE KEVIN
c) NRIC/FIN/PASSPORT: S1480961I CONTACT: 96962126

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

camera: front

email = radec24@hotmail.com

fax =

18/01/18

working sketch plan
with company stamp
by email.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S8131229Z

Name: MUHAMMAD IMRAN BIN SAAD

Birth Date: 25 Sep 1981

Issue Date: 14 Dec 2006

001465501J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8131229Z

Name: MUHAMMAD IMRAN BIN SAAD

محمد عمران بن سعد

Race: JAVANESE

Date of birth: 25-09-1981

Sex: M

Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	14 Dec 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 Sep 2013

S8131229Z

S/No. 9000183613

NP 428A

License No: S8131229Z

4775696

NRIC No: S8131229Z

Date of issue: 26-09-2011

APT BLK 471B UPPER SERANGOON CRESCENT #07-368
SINGAPORE 532471

NRIC No: S8131229Z

Date: 23/11/2014

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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate 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 legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 10827SE Comprehensive	Excess: SS500/- Sect. 1 & SS1000/- Sect. 1 for age <21 years or > 65 years &/or D.E. < 1 year Windscreen: SS100.00
CERTIFICATE NO.	M494788
1. Index Mark and Registration Number of Vehicle	GBB9442P
2. Name of Policy Holder	StarHub Cable Vision Ltd
3. Effective date of the commencement of Insurance for the purposes of the Act	01 January 2018
4. Date of Expiry of Insurance	31 December 2018
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder'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.
6. Limitations as to use*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic and pleasure purposes. The Policy does not cover (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*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.

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).

Date of Issue: RL/08.12.2017

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.Z. 300C (GOODS CARRYING)
PRIVATE TYPE

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or in cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle 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 unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: ComfortDelgro Ins Brokers