

Date In: 25/01/2018 16:46	Job description	Date & Time Completed	Done by
Ref No: NA/GAI18001557/KY	SAS e-filing		
Veh No: FBF2635A	E-mail (w/thin 8hrs, A/C 2hrs)		
DOA: 11/01/2018 14:35	i-Motor Claim Form		
OD TP 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: SHD 9863B	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

NA1800585	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt 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 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat 1:				
Cat 2/3:				

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	25/01/2018 16:46
Date Of Accident	11/01/2018 14:35
Exact Location Of Accident	CLAYMORE HILL (CONTROLLED ZEBRA CROSSING)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2635A
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURITY PTE LTD
Co Reg No	-
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(FOREIGN) 601-27665044
Alternative Phone No	OFFICE-67472888

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001676-00-000
Cover Note Number	

Driver

Name of Driver	VELA PALANI
Passport No/FIN	G8517584Q
Date Of Birth	10/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(FOREIGN) 601-27665044
Fax Number	
Contact Number	OFFICE-67472888
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address C/O 20 JALAN AFIFI CISCO CENTRE SINGAPORE 409179

Postcode

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions DRIZZLING

Road Surface WET

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 ORCHARD

Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , 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/20180111/2166

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: REVERT

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9863B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG HAN BOON

NRIC/Passport Number S176159C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VELA PALANI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBF2635A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:



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

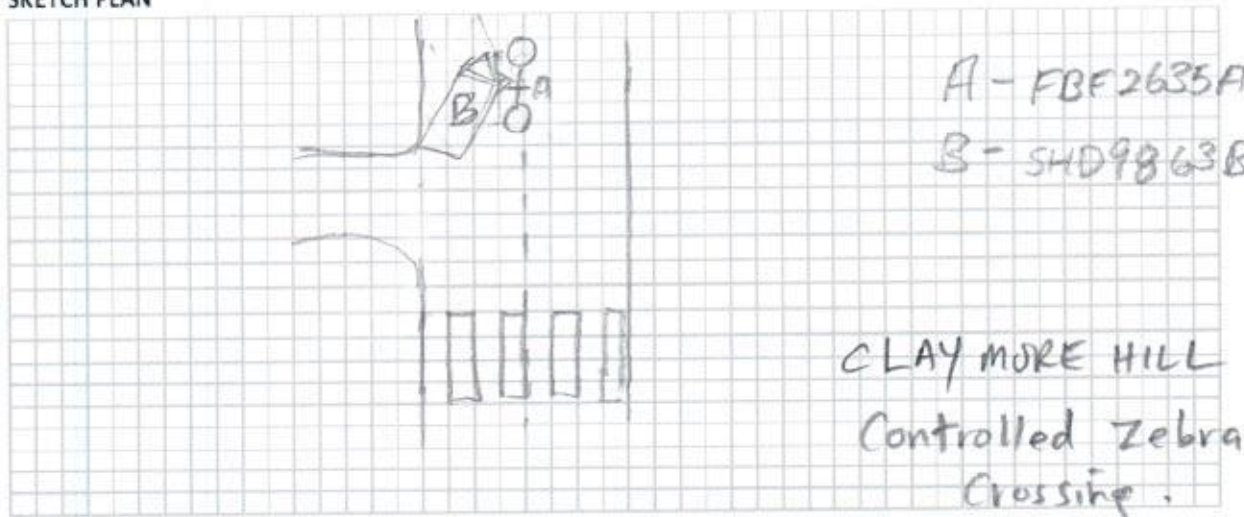
[Signature]

25/1/18 1451

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

[Signature]
25/1/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. T/20180111/2166

DECLARATION

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

Policyholder's Signature

Date & Time:

QIATMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/1/18 1451

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180111/2166

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180111/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 17:23	Vide Report No.:	Station Diary No.: 162
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Informant's Particulars

Name of Informant: VELA PALANI			Address: C/O 20 Jalan Afifi Cisco Centre SINGAPORE 409179		
ID Type / ID No.: FIN NO / G8517584Q			Contact No.: Home/Office: 67472888 Mobile: 60127665044		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 22	Date of Birth: 10/02/1995	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: COMPLIANCE OFFICER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2018 14:35	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE HILL				
Controlled Zebra Crossing				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2635A	Motorcycle				Slightly Damaged	0
SHD9863B	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180111/2166

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

2 of 4

Report No. T/20180111/2166

CONTINUATION OF REPORT

Rider			
Name	VELA PALANI	ID No.	G8517584Q
Related Vehicle	FBF2635A (Motorcycle)	Contact No.	67472888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG HAN BOON	ID No.	S1176159C
Related Vehicle	SHD9863B (Car)	Contact No.	SHD9863B
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 11/01/2018 at about 1435hrs, while I was doing my LTA enforcement rounds on my LTA motorcycle (Reg. Plate No.: FBF2635A) at the vicinity of Claymore Hill towards the junction of Claymore Road, I spotted a red Transcab taxi (Reg. Plate No. :SHD9863B) parked after the zebra crossing in a controlled zebra crossing area. The taxi's hazard light was not switched on.

While approaching the taxi from the rear on the driver's side, the driver drove off. I could not stop my motorcycle in time and the taxi's front right bumper hit the left side of my motorcycle. I lost my control and balance as such, I fell on my right side. The taxi driver, a male Chinese in his 50s immediately stop his taxi and alighted. He helped me to get up and brought me to the side of the road.

I then called my supervisor and he instructed me to lodge a Traffic Accident Report. After which, my colleague came to assist me. The taxi driver and I then exchanged our contact details and he left. There were no visible injuries on the taxi driver. There were some scratches on the taxi's front right bumper. I then waited for the towing truck to come to tow away my motorcycle. I consulted my supervisor again and he told me to inform the taxi driver that he too has to lodge a Traffic Accident Report.

My motorcycle's headlight cover is broken and there are scratches on the brake lever. I do feel some pain on my right shoulder and right leg and will get myself checked at a clinic later. I have an on board camera on my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20180111/2166

Police Station Of Origin:

Orchard N.P.C

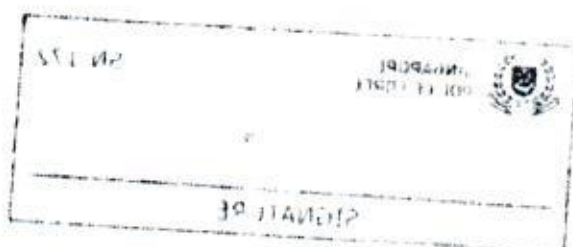
51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

3 of 4

Report No. T/20180111/2166

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20180111/2166

4 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180111/2166

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:

E /

Staff Sgt KAMISAH BINTE HANAFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2018 17:23

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

SN 172

Authentication Stamp
NP168



Reported on 25/1/2018
@ 1600hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (11/01/2018) (DD/MM/YYYY), TIME: (14:35) (HH:MM)

LOCATION: Claymore Hill Controlled Zebra Crossing.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 2635A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/2/2017

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 Partially)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Slight

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 9863B MODEL: _____
b) DRIVER'S NAME: Ong Han Boon
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Yong-Kai-Keat @ certisecurity.com

Email =

fax =

Email:

Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

Section 1: DRIVER DECLARATION

a) Driver Particulars

Name: VELA PALANI
 NRIC/ FIN/ Passport: G8517584Q
 Date of Birth: 10-02-1995

Contact number: 1 6012-7665044
 Driving Pass Date: _____

b) Vehicle Details - Certis

Vehicle Number: FBF 2635 A
 Vehicle brand: _____
 Vehicle Model: _____

Vehicle Category: Commercial / Motorcycle / Car
 Number of passengers (Include driver): 1

c) Accident Details

Date: 11/01/2018
 Time: 14.35
 Location: CLAYMORE HILL
 Type of Collision: Rear-End / Side-impact / Sideswipe
 (Please Circle) Head-on / Single Car / Chain Collision
Hit-and-Run / Rollover / Self-Skidded
 Weather Condition: Clear / Rainy / Groomy
 Road Surface: Wet / Dry
 Any Fatality/Major Injury? No / Yes
 Did you violate any Traffic Rules? No / Yes
 Traffic Police Activated? No / Yes

Are you on more than 3 days medical leave (MC)? No / Yes
 Any personnel taken to hospital? No / Yes
 Damaged to Government Property or Material? No / Yes
 Foreign Vehicle(s) Involved? No / Yes

**If any above questions consist of a "Yes", proceed to make police report*

Police report required? No / Yes
 If Yes, police station name? Orchard NPC
 Any Other Vehicle Involved? No / Yes
**If above question consist of "Yes", proceed to part (d)*
 Any Prosecution Given by TP? No / Yes

d) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:	<u>SHD983B</u>				
Vehicle brand:					
Vehicle Model:					
Name:	<u>ONG HAN BOON</u>				
NRIC/ FIN/ Passport:	<u>5117654C</u>				
Contact Number:					

e) Witness Details (if any)

Name: _____ Contact number: _____

f) Accident Statement

Please proceed to write Description of Accident. See Page 4.

g) Acknowledgement

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

Driver Signature: [Signature]
 Date: 25/1/18
 Time: 14.51

Supervisor Signature: _____
 Date: _____
 Time: _____

Section 2: FOR FMU STAFF ONLY**a) Insurance Information**

Claim purposes:	Own Damage / 3rd Party / Reporting Only	Is Driver employee of	No / <u>Yes</u>
Insurance Company:	See Attached	Company?:	
Policy Number:	Comprehensive / 3rd Party/ Fire & Theft	Is driver the owner of the	<u>No</u> / Yes
		vehicle?	

b) Certis Demerit Point RecommendationAt-Fault Accident? No / Yes

BOLA Reference Number:

Accident Type: Minor / Major

Demerit points allocated:

Driver Acknowledgement:

Head of FMS

Acknowledgement:

Date and Time:

25/1/16 14:51

Date and Time:



Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CERTIS CISCO AUXILIARY POLICE FORCE PTE. LTD.

Sector: SERVICE



Name
VELA PALANI
Occupation
COMPLIANCE OFFICER

Work Permit No.
4 06142523
Date of Application
27-09-2017
Date of Issue
04-10-2017
Date of Expiry
03-10-2019



L836110



LESEN MEMANDU
DRIVING LICENCE



MALAYSIA

VELA A/L PALANI



Warganegara / Nationality No. Pengenal / Identity No.
MALAYSIA 950210105281

Kelas / Class
B2 D

Tarikh / Validity
15/02/2017 - 10/02/2022

Alamat / Address:
**NO 17 BLOK 5 TINGKAT 1
PANGSAPURI SRI MELEWAR
JLN JURUWANG AU1/A SEKSYEN U1
40150 SHAH ALAM
SELANGOR**



VISIT PASS
Immigration Regulations

Name
VELA PALANI



Date of Birth Sex Nationality
10-02-1995 M MALAYSIAN
FIN Date of Issue Date of Expiry
08517584Q 04-10-2017 03-10-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



JPJL6

- | | | | |
|----|--|---|---|
| A | Kenderaan Orang Cacat (Motorsikal) BTM tidak melebihi 450 kg | F | Traktor/Jentres Berseker Ringan (Beroda) BTM tidak melebihi 5000 kg |
| A1 | Kenderaan Orang Cacat (Motor Cycle) uraian weight not exceeding 450 kg | F | Tractor/Motor Machinery Light (Riderless) uraian weight exceeding 5000 kg |
| B | Motorsikal melebihi 500 kg | G | Traktor/Jentres Berseker Ringan (Beroda) BTM tidak melebihi 5000 kg |
| B1 | Motor Cycle exceeding 500 kg | G | Tractor/Motor Machinery Light (Tracked) uraian weight exceeding 5000 kg |
| B2 | Motorsikal tidak melebihi 250 kg | H | Traktor/Jentres Berseker Berat (Beroda) BTM melebihi 5000 kg |
| B2 | Motor Cycle not exceeding 250 kg | I | Traktor/Motor Machinery Heavy (Beroda) uraian weight 5000 kg |
| C | Motorsikal Tiga Roda | I | Traktor/Jentres Berseker Berat (Beroda) BTM melebihi 5000 kg |
| C | Three Wheel Motor Cycle | I | Tractor/Motor Machinery Heavy (Tracked) uraian weight exceeding 5000 kg |
| D | Motorsikal BTM tidak melebihi 3500 kg | J | Petrol/Jentres Mekanikal |
| D | Motor Car uraian weight not exceeding 3500 kg | J | Car/Jentres |
| D1 | Motorsikal Tanpa Pedal Kiri BTM tidak melebihi 2500 kg | | |
| D1 | Motor Car Without Clutch Pedal uraian weight not exceeding 2500 kg | | |
| E | Motorsikal Berat BTM melebihi 7500 kg | | |
| E | Heavy Motor Car uraian weight exceeding 7500 kg | | |
| E1 | Motorsikal Berat BTM tidak melebihi 7500 kg | | |
| E1 | Heavy Motor Car uraian weight not exceeding 7500 kg | | |
| E2 | Motorsikal Berat BTM tidak melebihi 5000 kg | | |
| E2 | Heavy Motor Car uraian weight not exceeding 5000 kg | | |

0110011 OursHBES



Ketua Pengarah Pengangkutan Jalan

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1980
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001676-00-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Certis Cisco Security Pte Ltd	Chassis Number	: LBPKE1289A0052901
NCD Entitlement	: 20% Fleet Discount	Engine Number	: E3D6E004346
Hire Purchase	: N/A	Registration Number	: FBF2635A
Period of Insurance	: From 30/10/2017 (00:00) To 31/07/2018 (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 of 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) : SGD 750.00 - including Fire & Theft outside Singapore

Excess (Section 2) : N/A

Driver Details

Primary Rider : Any persons who is driving on the policyholder's order or with their permission

Named Rider 1 : N/A

Named Rider 2 : N/A

Name of Intermediary : Jardine Lloyd Thompson Private Limited

Date of Issue : 17/10/2017

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

mlaw