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Owner / Driver: (			Tell	1
Policy No: (, ) Period	31(	)	Cover Types (	
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Insured/Driver Liability: ( %) [No:	e-Est Status (Wi	O): N: 0.20	0%; Pi 21-79%. Pi	\$0-100%]
Year of Registration: ( ) Was	manty: YES (	)/HO(	) '-	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 ladgement 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	05/02/2018 19:11
Date Of Accident	05/02/2018 13:00
Exact Location Of Accident	JUNCTION OF PUNGGOL ROAD AND TPE
Country/State of Loss	SINGAPORE
DESCRIPTION OF DESCRI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ4153P
Insured/Policyholder	
Name Of Registered Owner	NG KIM
NRIC No	S1288676D
Email Address	KNG.CCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97362241
Alternative Phone No	OFFICE-97362241
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	MP3 300 LT-278CC
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065739250-03
Cover Note Number	
Driver	
Name of Driver	NG KIM
NRIC No	S1288676D
Date Of Birth	30/11/1958
Occupation	INDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97362241
Fax Number	

OFFICE-97362241

KNG.CCK@GMAIL.COM

BLK 411 CHOA CHU KANG AVENUE 3 Address

#12-351

NO

NO

YES

NO

4

680411 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4719999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180205/2108

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJK722Z Vehicle Registration Number HONDA Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver ZHU JIENENG

NRIC/Passport Number

81214806 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name

NG KIM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ4153P

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the ladgment 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:
  - 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:
  - 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

2/2008 /1625hm

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN TPE (to PIE) to SLE ) 44 FBJ 41538 Real impact DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect.

5/2/2018/1630/11 Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

NRIC/FIN No.:





1 of 3

Report No. T/20180205/2108

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

EPORT OF	A TRAFFIC	ACCIDENT	Vide Report No.:	Station Diary No.:
Date/Time 05/02/201	e Report Ma 18 15:51	ide:	VIGOTAGE	56
nforman Name of NG KIM	r's Particu Informant:	ars	Address: APT BLK 411 CHOA CHU KA SINGAPORE 680411	ANG AVENUE 3 #12-351
ID Type	/ ID No.: D / S128867	'AD	Contact No.: Home/Office:	Mobile: 97362241
Nationali			Email:	
Sex:	Age:	Date of Birth: 30/11/1958	Type of Informant: Rider	Institution / School Name:
Male Race:		Contra	Language: English	
Occupa	CALL CONTRACTOR OF THE PARTY OF	CUCITIVE	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

THE RESERVE OF THE PARTY OF THE	nation of the Accid	Drink Drive:	Date/Time of Accident:	5-054 5-054	Type of Location Straight Road
Type of Accident:	Others	No	05/02/2018 13:	00	
Along Road PUNGGOL F	I ROAD				
Along Pungo		Punggol Road and TPE Road Surface:		Ro	ad Speed Limit:
Along Pungg Weather: Clear	ol Road Junction of	Dry Traffic Control:		Tra	affic Volume:
Along Pungg Weather:	ol Road Junction of	Dry		Tra Lig	

Details of V	ehicle Involve	d	Jan-del	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model		Slightly	0
	Motorcycle	PIAGGIO	PIAGGIO	Grey	Damaged	
FBJ4153P	Motorcycle	M.COS-ESS	MP3 300 LT		Slightly	0
SJK722Z	Car	HONDA		Blue	Damaged	NH9

Details of Vi	ehicle Insurance	Insurance No	Effective	Expiry Date
entra No	Incurance Company		19/05/2017	18/05/2018
FBJ4153P	NTUC Income Insurance Co-Operative	5065739230-03		



T/20180205/2108

1/20180205/2108

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

2 of 3 Report No. T/20180205/2108

Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of P	edestria	n Cross	sing: NA
Rider					11 0100	only NA
Name	NG KIM			ID No	).	S1288676D
Related Vehicle	FBJ4153P (Motorcy	cle)		Conta	act No.	97362241
Hospital/Clinic	SHALOM CLINIC &	SURGER	Y	Class Drivir Licen	ig	Class: 2B,2A,3 Date of Expiry: 05/02/2018
Date Treatment	05/02/2018		Date Dis			/2018
No. of Days gran	ted Medical Leave	03	Degree o			
Driver		35.54	E PARTIE E	zi iiijui y	Oligin	AND DESCRIPTION
Name	ZHU JIENENG			ID No	4	NIL
Related Vehicle	SJK722Z (Car)			Conta	ct No.	81214806
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment			Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

On 05/02/2018 at about 1300hrs, I was riding my motorbike, registration number FBJ4153P, along Punggol Road towards TPE. I then came to a stopped at the junction of Punggol Road and TPE, at the extreme right lane, waiting for the traffic light to turn green. Suddenly, I felt and impact from the rear. Due to that, I fell to the ground. The driver alighted from his vehicle and assisted me. We then exchanged particulars. I did not have any camera installed. I went to clinic for treatment and was given 3days of MC. I suffered swelling on my lower left leg and pain on my left arm.





3 of 3

Report No. T/20180205/2108

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

# Sketch Plan

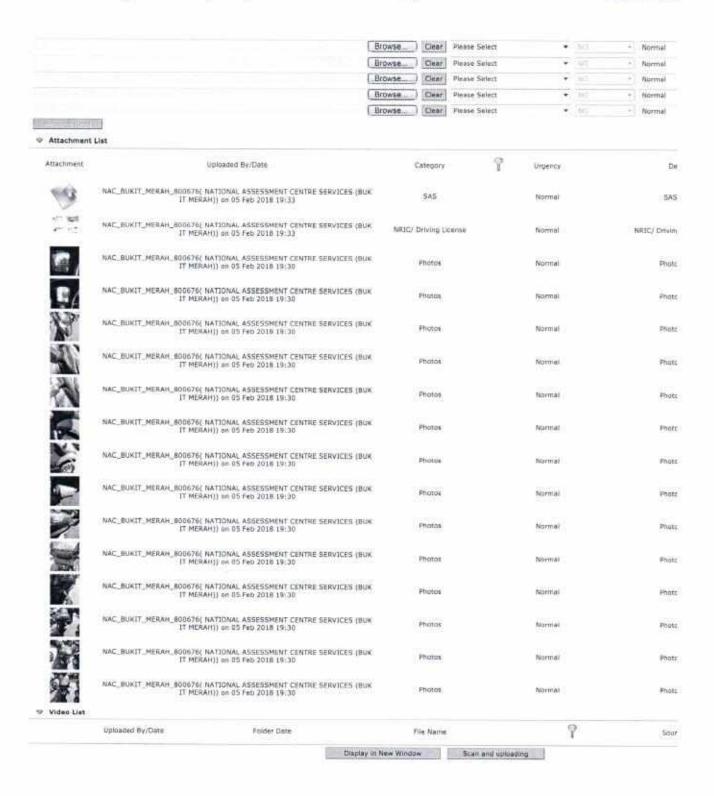
Informant is not able to provide sketch plan

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: D / Staff Sgt NOORHIDAYAT BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2018 15:51
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp	EN 46

laim Handling				
cident MT/0981070				
olice No.	5065739250-03	Vehicle No.	FB14153P	GST Registration No.
olicyholder Name	NG KIM			Policyholder NRIC
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
ontact No.(Mobile)	97362241	Contact No.(Office)		Contact No.(Home)
mail Address		Special Remark		eCode
FK :	@ No Yes	TCA	© No. Yes	eCode Reason
ICD Protection	No	NCD Entitlement(%)	29	Private Hine
Accident Details				
eport Date	05/02/2018 19:27	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	05/02/2018	Time of Accident hih min	13:00	Country of Accident
leparting Centre		Orange Furge		ICM No.
Accident Location	JUNETION OF PUNGGOL ROAD AND THE			
♥ Benefits				
♥ Excess				
Own damage Excess	500.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	= 10 = 10	Outside Singapore OD Excess		
	0.00	Outside Singapore TP Excess		
Third Party Excess		Oddade Singapore of Excess		
GST Registered Informa	Start Line - Control - Con		GST Registration Date	
SST Registered 2ST Registration No.	No		GST Status Verified	Yes
Modification History			VM90-800-00-7-00-00-00-	
desirence de la contract.				
Policyholder Mailing Ad	dress			
Address 1	BLK 411 #12-351	Address 2	CHOA CHU KANG AVENUE 3	Address 3
	200 TAX TAX 200	Address Type	Singapore address	Post Code
Address 4		Related Policy Number	5065739250-03	CARL STREET
Unit No.		HEMILEO PONCY HARMAN	200 2 20 2 3 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D OI Driver Info	Lie land	Direct Tune	Main Driver	
Driver Name	NG KIM	Onver Type Onver NRIC	\$12886760	Driver DOB
Unnamed driver Name	7. 07.100	Driver Age	59	Onling Experience
Register Date of Driver License				Contact No.(Home)
Contact No. (Mobile)	97362241	Contact No. (Office)		Address 3
Address 1	BLK 411 #12-351	Address 2	CHOA CHU KANG AVENUE 3	
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	PB34353P	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes G No	
Modification History				
Claim 001 00-MX No	M.			
Claim Type *	OD-HX •	Insured Name	NG KIM	Josured NRIC
Contact No (Mobile)	97362241	Contact No. (Home)	67647283	Contact No.(Office)
Email Address		QI Vehicle Number	FB34153P	TP Vehicle Number
Claim Description	FILM 153P / SJK722Z ON 5 Feb 2018	**************************************	110000000000000000000000000000000000000	Name of Preferred Workshop
Preferred Workshop Contact	1	Impared Liability *	Not at Fault	THE PROPERTY OF THE PARTY OF TH
No.	102	Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report
Require Finalisation	Yes. •		1. Statistics and the second second	Date Received
	05/02/2018 19:33	Claim Close Date	-	
Date Registered	provide a second	J182450005004004804041111		Total Loss but Repaired
Data Registered Report Taken By	ROSLI WAHAB	Workshop Repairer		
	provide a second	Workshop Repairer		
Report Taken By	provide a second	Workshop Repairer	Save Submit	
Report Taken By  Frint AK letter	provide a second	Workshop Repairer	Save Submit	
Report Taken By Frint AK letter  Attachment	provide a second	Workshop Repairer  Oaim No.	Save Submit 001	
Report Taken By  Print AK letter  Attachment	ROSLI WAHAB	US W		



# ACCIDENT STATEMENT

ACCIDENT DATE 05 / 05	(1 3018 1(00/WW/YYY).	1) <u>  00   61, )</u> :3MIT	H:WM)
1 LOCATION: DUMALO R	d JUNCTION WITH TP		-
1. DETAILS OF VEHICL			
a) VEHICLE NUMBE	FBJ 4153P	w	
WINSURANCE COM	PANY: INCOME		
GIPOLICY NUMBER	50651 39250 - 03 DMPREHENSIVE / THIRD PART	Y / THIRD PARTY FIRE	<del>&amp;1146F1)</del>
The state of the s	The state of the s		(Jenet
HTUDELIC ALOOMI //	COUPE TRIPY /V AN / LORRY	/MOTORCYCLE!	Lieus
g) VEHICLE CATEGO	DRY: [PRIVATE / COMMERCIANG AT ACCIDENT TIME:	molling to work	
h)PURPOSE OF USI	G UNDER YOUR OWN INSUR	ANCE (YES/NO)	
IF NO. PLEASE STA	TE (THIRD PARTY CLAIM / RE	PORTING ONLY)	570
2 INSURED / POLICY	HOLDER	(MALE / FE	MALE!
AJNAME NO	COT. S. 1.2086767	CONTACT:	METER
CIADDRESS: BIKE	II Choa Chu Kang A	103, # 12-351	
50	No CXOTII	I DER	ţŒ.
A BRIVER	HIF DRIVER ALSO POLICY HO		() 50.89524
No of passongs DRIVER NA	Kim	MALE / FE	MATE
Including driver) bINRIC/FIN/PASSS	ORT: \$1288676)	CONTACT: 973	5227L
( ) CIADDRESS: BK	411 Choa Chu Kang	Me 3 14 11	
ANDATE OF BIRTH	130/11/1958/100/	MM/YYYY)	145
* #IOCCUPATION:	(HOOOR / OUIDOOR)	127 Question (8)	8
1) DATE OF DRIVI	SMOLOVER OF THE INSUR	LED'S COMPANY? (Y	ESTIM
THE DELATION	ISHIP OF THE DRIVER WIT	TH INSUREDI	Clemen
E ALWEATHER CON	DITIONI (CLEAR / KAINTING /	OTHERS	
6. WAS ANYBODY I	ELORY / WET / OTHERS		
7. a) REPORTED TO	OLICE (YES / NOT	· chinesetims !	4Pc
IF YES, PLEASE S	TATE MHICH POOCE MINIO	NI COLLEGE IS SECTION	AT THE RESERVE
8. THIRD PARTY VEH	WAFR! 30 1- 1	MODEL!_Hondo	Y
	120 7 100 110 110 110 1	CONTACT: 812	400b
ol NRIC/FIN/P	ASSPORT: S NAME TO LA		
( ) PARTY VE	HOLE MBER:	MODEL1	
THE BUT DESCRIPTION OF DOIVERS N.	KME:	CONTACT!!	
(Including deliver) 1) NRIC = N/P	A.\$SPORT:	CORTACT	
( )	15	25 (36)	1 0
and the same of th		W	All was as

email: kng.cck@gmail-com

fax = V1060

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1288676D



NG KIM

钦

CHINESE Date of Beth

30-11-1958 SINGAPORE







S1288676D

16-10-1994

APT BLK 411 CHOA CHU KANG AVENUE 3 #12-351 SINGAPORE 2368

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 21 Mar 1985
Class 2A Motorcycles between 201 cc and 400 cc 20 Dec 1993
Class 3 Motor Care == 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A





# Certificate of Insurance

OTOR VEHICLES (THIRD PARTY RISKS) RL	ILES, 1959 (MALAYS	Cover : Comprehensive
rtificate Number : 5065739250-03		
Index mark and Registration Number of	f Vehide	: FBJ4153P
Chassis Number		: ZAPM6410200010401 : NGKIM
Name of Policyholder		: 19 May 2017
Effective Date of Insurance		: 18 May 2017
Expiry Date of Insurance	A more of the country	. 10 May 2010
Persons or Classes of Persons entitled	to drive#	
(a) Named Driver(s) Only.	itted in cocc	rdance with the licensing or other laws or regulations to drive
Provided that the person driving	nermitted and is no	of disqualified by order of a Court of Law or by reason of any
enactment or regulation in that b	ehalf from driving th	he Motor Vehide.
the standard was an too I loods		
(a) Use for social domestic and pleas	ure purposes and in	connection with the Polloyholder's business or profession.
is Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing page-making relia	ability trial or speed-	-testing.
(c) Use for the carriage of goods (ot)	ner than samples) in	connection with any trade or business.
	n with the Motor Tr	enda:
(Chapter 189) and Section 95 of	by Section 8 of the	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
state at the second language live	by Section 8 of the the Road Transport	Motor Vehicle (Third Party Risks and Compensation) Act
# Limitations rendered inoperative (Chapter 189) and Section 95 of headings.	by Section 8 of the the Road Transport : S\$500	Motor Vehicle (Third Party Risks and Compensation) Act
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	by Section 8 of the the Road Transport : S\$500 : N/A	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of headings. XCESS (SECTION 1) XCESS (SECTION 2) XCESS (THEFT OUTSIDE SINGAPORE)	by Section 8 of the the Road Transport : S\$500 : N/A : PLEASE REFE	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	by Section 8 of the the Road Transport : S\$500 : N/A : PLEASE REFE : YES	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	by Section 8 of the the Road Transport : S\$500 : N/A : PLEASE REFE : YES : NGKIM	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	by Section 8 of the the Road Transport  S\$500 N/A PLEASE REFE NG KIM N/A	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	by Section 8 of the the Road Transport  S\$500 N/A PLEASE REFE NG KIM N/A N/A N/A MARKET VA	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these