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### 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 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.

- This report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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.

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	26/03/2018 19:24
Date Of Accident	24/03/2018 21:40
Exact Location Of Accident	ALONG RAFFLES AVENUE (NEXT TO ESPLANADE)
Country/State of Loss	SINGAPORE
· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF121D
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	GOH,GUAN,LIN@HOTMAIL,COM
Mobile Phone No	(LOCAL) +65-91798172
Alternative Phone No	OFFICE-91798172
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC VXR 200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5085645204-01

Cover Note Number

### Driver

 Name of Driver
 GOH GUAN LIN

 NRIC No
 \$9871711J

 Date Of Birth
 31/05/1998

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/01/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91798172

Fax Number

Contact Number OTHERS-91798172

EMail Address GOH, GUAN, LIN@HOTMAIL.COM

Address

BLK 30 BALAM ROAD #02-34

Postcode #0

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

370030

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Insurance Company of Driver's Own Vehicle

.

.

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?

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

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180327/2124

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

SGV5591D

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HENG KIA HO

NRIC/Passport Number

S7630955H

Contact Number

98734243

Address

Postcode

Insurance Company Name

Nature Of Damage

# Name Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 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
- 7. 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)

l 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.

Palicyhalder's Signature Date & Time

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

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infront of me	sav ss e and my 1	91 D Ch   got eff side.	anged hit on	· lane my	into u	ny lan	le light, cousing	me

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time: 26 / 03 / 18

Besorting Centre Personnel's Agnature
Name
NRIC/FIN No.: Refall highman,





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3 Report No. T/20180327/2124

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M )18 16:41	Made:	Vide Report No.:	Station Diary No.: 91			
Informa	nt's Partice	ulars					
	f Informant: JAN LIN		Address: APT BLK 30 BALAM ROAD #02-34 SINGAPORE 37				
ID Type / ID No.: NRIC NO / S9871711J			Contact No.: Home/Office: Mobile: 91798172				
National MALAYS	CANTON A TITLE		Email:				
Sex: Male	Age: 19	Date of Birth: 31/05/1998	Type of Informant: Rider				
Race: Chinese		And the state of t	Language:	Institution / School Name:			
Occupation: PART TIME DELIVERY			Driving Licence Information: Class: 2B,3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2018 21:30	Type of Location Straight Road
CHARLES IN THE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis	sion:	*A-C		Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF121D	Motorcycle				Seriously Damaged	
SGV5591D	Car				Slightly Damaged	0

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





T/20180327/2124

2 of 3

Report No. T/20180327/2124

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Rider		- 4		Sec.		
Name	GOH GUAN LIN	GOH GUAN LIN			18	S9871711J
Related Vehicle	FBF121D (Motorcycle)			Conta	ct No.	91798172
Hospital/Clinic	TAN TOCK SENG HOSPITAL			AND SECTION AND SE		Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/03/2018		Date Disc	harge	25/03	3/2018
No. of Days gran	ted Medical Leave	09	Degree of	e of Injury NIL		
Driver						
Name	HENG KIA HO			ID No	Ť	S7630955H
Related Vehicle	SGV5591D (Car)			Conta	ct No.	98734243
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class; NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	Medical Leave NIL			NIL	

### Brief Details.

On the above mentioned date time and place, I was riding my motorcycle bearing registration number FBF121D along Raffles Avenue. I was riding on the most left lane of the road as I intend to turn left at the filter lane.

I have signaled my intention even before my vehicle is at the filter lane.

Before entering the filter lane, I check my blind spot once again for safety reasons.

Out of a sudden, another vehicle bearing registration number SGV5591D coming from the third lane cut into my lane abruptly. The vehicle then hit onto the right side of my motorcycle and I felt onto the left side of the road. I do not have time to react as it happened too fast.

The police and ambulance came to my scene. I went to the hospital the next day accompanied by the other driver.

I was given a total of 9 days medical certificate.

I wish to further inform that I rented the motorcycle.





3 of 3

Report No. T/20180327/2124

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

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: G / Sgt 2 GNOH JUN XIAN, FREDERICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2018 16:41
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65470000	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FOR	

Accident No.

Last Doc. Received

MT/0987955

\* Yes No

### Claim Handling The premium on this policy has not been collected. Accident MT/0987955 Policy No. 5085645204-01 Vehicle No. FBF121D GST Registration No. Policyholder Name ALORIDE PTE, LTD. Policyholder NRIC Product Eade FLEET INSURANCE Cover Type Third Party Loading Contact No. (Mobile) 91798172 Contact No. (Office) Contact No.(Home) Email Address Special Remark eCoop. KEK . No. Yes TCA - No Yes eCode Reason NCD Protection No NCD Entitlement(%) D Private Hire Accident Details Report Date 27/03/2018 18:08 Accident Report Within 24 hrs Yes Accident Type Date of Accident 24/03/2018 Time of Accident hhimm 21:46 Country of Accident Reporting Centre Orange Force ICM No. Accident Location ALONG RAFFLES AVENUE (NEXT TO ESPLANADE) → Benefits T Excess Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Oriver Excess Outside Singapore OD Excess Third Party Excess 1.500.00 Outside Singapore TP Excess GST Registered Information **GST Registered** GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address 66 ZION ROAD Address 2 #06-02 ZENITH Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 04-08 5085645204-01 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name GOH GUAN LIN Driver NRJC 598717117 Driver DOS Register Date of Driver Ucense 31/01/2018 Driver Age 19 Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) BLK 30 #02-34 Address 2 BALAM ROAD Address 3 Address 4 51NGAPORE 370030 Address Type Foreign address Post Code Unit No. 02:34 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. FBF1210 Driver Insurer Company Breathalyser or Blood Test 0 mg Any injury? Reading? Yes . No Modification History Claim 001 0D-MX Claim Type \* OD-MX Insured Name ALDRIDE PTE: LTD. Insured NRIC Contact No.(Mobile) Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number FBF121D TP Vehicle Number Claim Description FBF121D / SGV5591D ON 24 Mar 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability \* Require Finalisation Yes Preferend Repair Option Preferred Workshop, Name unknown GIA report Date Registered 27/03/2018 18:36 Claim Close Date Date Received Report Taken By ROSLI WAHAB Workshop Repairer Total Loss but Repaired Print AK letter Save Submit Attachment

http://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=186646334&caseId=2448020&objectId=null&taskId=501&actionType=do

Claim No.

Upload Date

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27/03/2018 18:43

Choose File No file chosen Choose File No file chosen

Path \*

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Message Read

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ttachment		Uploaded By/Date	Category	3	Urgency	
1	NAC_BUKIT_MERAH_800676 UKIT ME	( NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 18:43	SAS		Normal	5
20 MIN	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Mar 2018 18:32		NRIC/ Driving License		Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676 UKIT ME	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 10:29	Photos		Normal	Ph
	NAC_BURIT_MERAH_800676 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 18:29	Photos		Normal	Ph
T.	NAC_BUKIT_MERAH_800676 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2019 18:29	Priotos		Normal	₽ħ
	NAC_BUKIT_MERAH_600676 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2016 18:29	Photos		Normal	Ph
6	NAC_BUKIT_MERAH_B006760 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (8 AN)) on 27 Mar 2016 18:29	Photos		Normal	Pho
6	NAC_BUKIT_MERAH_B006761 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 18:29	Photos		Normat	Pho
1	NAC_BUKIT_MERAH_B00676( UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 18:29	Photos		Normal	Pho
	NAC_BUKIT_MERAH_800676( UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B RH)) on 27 Mar 2018 18:29	Photos		Normal	Pho
	NAC_BUKIT_MERAH_800676( UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 27 Mar 2018 18:17	Photos		Normal	Pho
S	NAC_BUKIT_MERAH_800575( UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (8 HH)) on 27 Mar 2018 18: E7	Photos		Normal	Pho
0	NAC_BUKIT_MERAH_800676L UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B. AH)) on 27 Mar 2018 18:17	Photos		Normal	Pho
	NAC_BUKIT_MERAH_B006760 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (8 HI)) on 27 Mar 2018 18:17	Photos		Normal	Pho
/	NAC_BUKIT_MERAH_800676( UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B. NH.)) on 27 May 2016 18:17	Photos		Normal	Pho
1	NAC_BUKIT_MERAH_800576( UKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (B H)) on 27 Mar 2018 18:17	Photos		Normal	Pho
E	NAC_BUKIT_MERAH_800676( UKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (8 H)) on 27 Mar 2018 18:13	Photos		Normal	Pho
	NAC_BUKIT_MERAH_800676( UKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (B. H)) on 27 Mar 2018 18:13	Priotos		Normal	Pho
2	NAC_BURIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (B URIT MERAH)) on 27 Mar 2018 18:13		Photos		Normal	Phot
gr.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B- UKIT_MERAH)) on 27 Mar 2018 18:13		Photos		Normal	Pho
t,	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B: UKIT MERAH)) on 27 Mar 2018 18:13		Photos		Normal	Pho
	NAC_BUKIT_MERAH_BD0676( UKIT MERA	(ATIONAL ASSESSMENT CENTRE SERVICES (B H)) on 27 Mar 2018 18:13	Photos		Normal	Prior
feo List	/ploaded By/Date	Folder Date				

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A'@C	DEN	17,21	ATEM	ENT.
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ACCIDENT DATE : 24 / 03 / 2018 1(00/MM/744), TIME!	1. 38 (HH:MM) -
LOCATION: 18 Raffles Avenue (next to Esplonade)	T
A SATATIO ON VEHICLE	. 11
OVEHICLE NUMBER: FOF 121 D	<b>₩</b>
DIPOLICY NUMBER! DIPOLICY THE PARTY / THIRD	PARTY FIRE &THEFT)
MANUELLE ALLOCAL / COLIFE / MAPV /V AN / LORRY / MOTO	110 000
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOT	ORCYCLE)
MARE VOIL OF AUGUNDER YOUR OWN INSURANCE (	YES/(O)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING	_(MALE / FEMALE)
A LA LA LA GOLDANIA CONTRACTOR CO	TACT!
c) AODRESS:	1 1
SHOULD PRIVER DRIVER ALSO POLICY HOLDER	TMALE) / FEMALEL
(Including driver) a)NAME: Goh Guan: EIN  CON	11ACT: 91798172
(1) CIADDRESS! 30 Salam Reson Trees	
ODATE OF BIRTHI 3/ 1 25 1918 HODOMM/YY	YY) 1
IDATE OF DRIVING PINSURED'S C	OMPANY? (YES / NO)
TO NO, RECATIONS TO LES / RAINING / OTHERS	JR8D1
DIROAD SURFACEI (ORY MEI / OTTO	1 1 1
7. a) REPORTED TO POLICE (153 / 8)	4
A No of Descaped Of VEHICLE NUMBER! SAV 5591 D MC	DELI TOYOTA VIOS
(Induding dylver) b) DRIVER'S NAME: HPT ST6309 55H CO	ONTACT: 9873 4243
9. THIRD, P'ARTY VEHICLE	OOELI
	ONTACT:
NO.	3

email: goh-guar lin@hotmail.com

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9,871711J





Name

### GOH GUAN LIN

雅 冠

CHINESE 31-05-1998

Country of litter MALAYSIA





9196631



S9871711J



MALAYSIAN

02-04-2013

APT BLK 30 BALAM ROAD #02-34 SINGAPOHE 370030

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

EFFECTIVE DATE

Class 2B Class 2

Matorcycles == 200 CC Mouse case == 3000 kg =int == 7 passengers, exclusive of the devise; and meter trackou/subjuly == 2500 kg

13 Jan 2018 47 Dec 2017

S / No.9000305296

\$98717113

Licence No:59671711J



# Certificate of Insurance

NOTOR VEHICLES (THIRD PARTY RISKS) F	ULES, 1959 (MAL	
ertificate Number : 5085645204-01		Cover : Third Party
Index mark and Registration Number	of Vehicle	FBF121D
Chassis Number		: ZAPM4640000001507
Name of Policyholder		: ALORIDE PTE, LTD.
Effective Date of Insurance		: 02 Nov 2017
Expiry Date of Insurance		: 01 Nov 2018
Persons or Classes of Persons entitle	d to drive#	
(a) The Policyholder.		
(b) Any other person who is driving	on the Policyhold	er's order or with his/her permission.
the Motor Vehicle or has been s enactment or regulation in that	o permitted and is	cordance with the licensing or other laws or regulations to drive a not disqualified by order of a Court of Law or by reason of any g the Motor Vehicle.
Limitations as to Use#		
	sure purposes and	d in connection with the Palicyholder's or Hirer's business.
his Policy does not cover		OMESSES
(a) Use for racing, pace-making, reli		
		) in connection with any trade or business.
(c) Use for any purpose in connecti	****************	5. 10 *** *******
headings.	: N/A	
VESS ISSETION 1)	100	
	551 500	
XCESS (SECTION 2)	: \$\$1,500 : N/A	
XCESS (SECTION 2) NSURE WITH COE	: N/A	
XCESS (SECTION 2) NSURE WITH COE IAMED DRIVER (1)	: N/A : N/A	
XCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2)	: N/A : N/A : N/A	
XCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY	: N/A : N/A : N/A : N/A	
EXCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	: N/A : N/A : N/A : N/A : N/A	
XCESS (SECTION 2) NSURE WITH COE HAMED DRIVER (1) HAMED DRIVER (2) HIRE PURCHASE COMPANY HUM INSURED  /We hereby Certify that the Policy to w	: N/A : N/A : N/A : N/A : N/A	te relates is issued in accordance with the provisions of the Moto er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
XCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED /We hereby Certify that the Policy to w /ehicles (Third Party Risks and Compen	: N/A : N/A : N/A : N/A : N/A : N/A chich this Certifical	er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
XCESS (SECTION 2)  NSURE WITH COE  NAMED DRIVER (1)  NAMED DRIVER (2)  HIRE PURCHASE COMPANY  SUM INSURED  /We hereby Certify that the Policy to w /ehicles (Third Party Risks and Compen	: N/A : N/A : N/A : N/A : N/A : N/A hich this Certifical sation) Act (Chapt	te relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia) PTE LTD (00000614933)
EXCESS (SECTION 2)  NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED  /We hereby Certify that the Policy to w Vehicles (Third Party Risks and Compen	: N/A : N/A : N/A : N/A : N/A : N/A hich this Certifical sation) Act (Chapt	er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
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XCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED  /We hereby Certify that the Policy to w /ehicles (Third Party Risks and Compen Agency : WTT INSUR Date of Issue : 09 Oct 201	: N/A : N/A : N/A : N/A : N/A : N/A hich this Certifical sation) Act (Chapt	