

NATIONAL Assessment Centre Services (Ref: JAN09) MUA418012884																																																				
Date In: 05/06/2018 14:18	Job description:	Date & Time Completed	Done by																																																	
Ref No: NBA/LPC/80/0221/Y	SAS e-filing																																																			
Veh No: SGG 2741L	E-mail (within 8hrs, AIC 2hrs)																																																			
D.O.A: 04/05/2018 11:40	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: FBC 2457L	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																																																			
Claimant's Particulars :-		Invoice Preparation Checklist																																																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Amt (\$) 1st Bill</th> <th>Amt (\$) Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR: Accident Reporting (\$30),</td><td></td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100); INC (\$80)</td><td></td><td></td></tr> <tr><td>3) TF: Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT: Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) FT: Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td></tr> <tr><td>6) TR: Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) N1: Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td>OD*</td><td></td><td></td></tr> <tr><td>*N3: Courtesy Car / Tpt Allowance \$5</td><td></td><td></td></tr> <tr><td>*N6: Repair Co-ordination \$10</td><td></td><td></td></tr> <tr><td>*N7: Post Repair Inspection \$25</td><td></td><td></td></tr> <tr><td>*N8: DV / Collect Excess Coordination \$5</td><td></td><td></td></tr> <tr><td>TP (N11): TP (Non INC) against INC \$20</td><td></td><td></td></tr> <tr><td>9) N12: Idac Mobile 30</td><td></td><td></td></tr> </tbody> </table>			Amt (\$) 1st Bill	Amt (\$) Add Bill	1) AR: Accident Reporting (\$30),			2) DA: Damage Assessment (\$100); INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: 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:-			OD*			*N3: 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
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Driver/Owner:																																																				
Contact No:																																																				
Damaged Portion:																																																				
QC Checked by (Engr-In-Charge):																																																				
Auditors' Comments :-																																																				
Cat. 1:																																																				
Cat. 2 / 3:																																																				
Invoice dated		Fee Charged																																																		
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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 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	05/06/2018 14:16
Date Of Accident	04/06/2018 11:40
Exact Location Of Accident	HILLVIEW RD ROUNDABOUT NEAR TO HILLVIEW V2 S/M
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG2741L
Insured/Policyholder	
Name Of Registered Owner	SOH BENG TECK
NRIC No	S1216539J
Email Address	MICHAL_SOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97820525
Alternative Phone No	OTHERS-97820525

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX-1.7 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VP05018134
Cover Note Number	

Driver

Name of Driver	SOH BENG TECK
NRIC No	S1216539J
Date Of Birth	08/11/1955
Occupation	INDOOR
Date Of Driving Pass	08/08/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97820525
Fax Number	
Contact Number	OTHERS-97820525
Email Address	MICHAL_SOH@YAHOO.COM.SG

Address	BLK 201 BUKIT BATOK STREET 21 #15-162
Postcode	650201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180605/2066

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	FBC2957L
Vehicle Make/Model/Colour	HONDA ANF125 MSS
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC2957L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

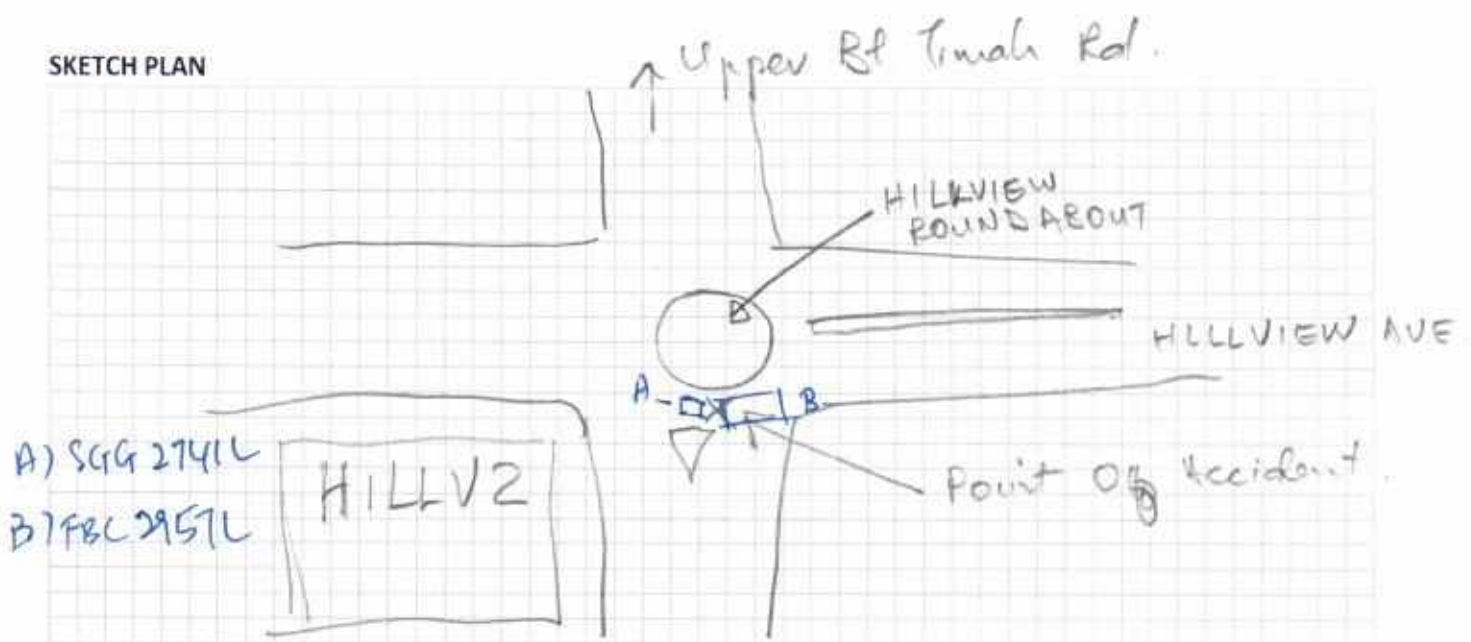
PL 5/6/18

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

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

05/06/2018
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS refer to police report
17080805/7066*

DECLARATION

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

PL 5/6/18.

Policyholder's Signature
Date & Time:

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

05/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180605/2066

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

1 of 3

Report No. T/20180605/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 13:52		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: SOH BENG TECK			Address: APT BLK 201 BUKIT BATOK STREET 21 #15-162 SINGAPORE 650201		
ID Type / ID No.: NRIC NO / S1216539J			Contact No.: Home/Office: Mobile: 97820525		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 08/11/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2018 11:40	Type of Location: Roundabout
Location: Along Road 1 HILLVIEW ROAD Hillview Rd roundabout near to Hillview V2 Shopping Mall.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2957L	Motorcycle	HONDA	ANF 125MSS A	Red	Slightly Damaged	0
SGG2741L	Car	HONDA	EDIX 1.7 A	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG2741L	LONPAC INSURANCE BHD.	Z18VP05018134	08/05/2018	07/05/2019



SINGAPORE POLICE FORCE



T/20180605/2066

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

2 of 3

Report No. T/20180605/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH BENG TECK	ID No.	S1216539J
Related Vehicle	SGG2741L (Car)	Contact No.	97820525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/06/2018 at about 1140hrs, I driving along Hillview Rd roundabout and out of sudden a motorbike (FBC2957L) cut into roundabout which led into soft collision. The motorbike lose balance and fell on the right side. Immediately I alight from my car(SGG2741L) to render assistance to the Malay rider. I noticed the Malay rider had bruises and slight bleeding on his palm. I pushed his motorbike to the side. He informed that he need to do delivery (Food Panda) and I drove him the delivery locations. Both of us went back to the scene and the rider need to collect his personal belongings. While the rider taking his personal belongings, an ambulance came to the scene. Paramedic check on the rider and subsequently conveyed to the nearest hospital. The rider gave me his motorbike keys. I have gave him my contact number and till now the rider have yet to call me.



**SINGAPORE
POLICE FORCE**



T/20180605/2066

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

3 of 3

Report No. T/20180605/2066

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:

D /

Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/06/2018 13:52

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 09/06/17 (DD/MM/YYYY), TIME: 11:40 (HH:MM)

LOCATION: Hillview Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 366 2741 L
 b) INSURANCE COMPANY: Longac Ins. Ltd
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA EDIX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: SOH BEWG TECK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1216539J CONTACT: 97820324
 c) ADDRESS: 112-162, Bukit Batok St 31
#12-162 (650201)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

* d) DATE OF BIRTH: 08/11/55 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RETIRED

f) DATE OF DRIVING PASS: 3

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG6 2741 L MODEL: HONDA
 b) DRIVER'S NAME: YBC 7857 L
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL: michel_soh@yahoo.com.sg

2) VIDEO: NIL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1216539J



Name
SOH BENG TECK
苏孟德
Race
CHINESE
Date of Birth
08-11-1955 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1216539J
Name
SOH BENG TECK
Birth Date: 08 Nov 1955
Issue Date: 06 Feb 2017




2435262



NRIC No. S1216539J



Blood Group: A+ Date of issue: 30-09-1994

APT. BLK 201 BUKIT BATOK STREET 21 #15-162
SINGAPORE 650201 Date: No: 7312271

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

EFFECTIVE DATE:

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 08 Aug 1977



NP 428A



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 005, Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z18VP05018134

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

HONDA EDIX 1.7
- SGGZ741L

2. Name of Policy Holder

SOH BENG TECK

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

08/05/2018

4. Date of Expiry of the Insurance

07/05/2019

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: ABLIM4

Date Issued: 03/04/2018