

NATIONAL Assessment Centre Services

(Ref: 1 Jan 02)

1944418075833

Date In: 11/06/2018 17:37	Job description:	Date & Time Completed	Done by:
Ref No: NPA/LPC/180/06687	SAS e-filing		
Veh No: SGY 8781 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/06/2018 09:30	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: SGY 7368 D 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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/06/2018 17:37
Date Of Accident	08/06/2018 09:30
Exact Location Of Accident	SERANGOON ROAD TOWARDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8781R
Insured/Policyholder	
Name Of Registered Owner	LIM CHUQIANG
NRIC No	S9124418G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81337057
Alternative Phone No	OTHERS-81337057

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	Z17VP05016593
Cover Note Number	

Driver

Name of Driver	LIM CHUQIANG
NRIC No	S9124418G
Date Of Birth	15/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81337057
Fax Number	
Contact Number	OTHERS-81337057
EMail Address	NOEMAIL

Address	50 SELETAR HILLS DRIVE
Postcode	807065
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180608/2087 AND T/20180611/2098

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	SGY7368D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG SOO JIA, HAZEL
NRIC/Passport Number	S8324623E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

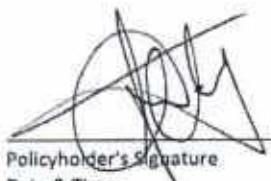
SKETCH PLAN


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:


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


Reporting Centre Personnel's Signature
Name: 2021 WATAS
NRIC/FIN No.:

Vehicle A: SF J8 781
Vehicle B: SF Y1368D

Vehicle A: SJ8781R
Vehicle B: SJY1368D

Refer to police report. T/20180608/2017 & T/20180611/2018

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

GLPH02: SignificanceForm_V02

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature: *[Signature]* 11/06/2018
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
100 Lido Avenue 3 SINGAPORE 408665
Tel No: 65470000

T201806082067

1 of 4

Report No: T201806082067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/06/2018 14:50

Video Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
LIM CHUQIANG

Address:
APT BLK 50 SELETAR HILLS DR SELETAR HILLS ESTATE
SINGAPORE 807065

ID Type / ID No.:
NRIC NO / S9124418G

Contact No.:

Home/Office:

Mobile: 81337057

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 26
Date of Birth: 15/07/1991

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Interior designer

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2018 09:30	Type of Location: Straight Road
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Location:
Along Road 1

UPPER SERANGOON ROAD ←

TOWARDS POTONG PASIR

Weather:
Raining

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8781R	Car	HONDA	CIVIC 1.8L A	Silver	Seriously Damaged	0
SGY7368D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ8781R	LONPAC INSURANCE BHD.	Z17VP05016593	15/12/2017	14/12/2018

**SINGAPORE
POLICE FORCE**

Station Of Origin:
Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



Report No. 7201806082087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LIM CHUQIANG	ID No.	S9124418G
Related Vehicle	NIL	Contact No.	81337057
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
Details of Person Involved (Continued)			
Name	CHONG SOO JIA, HAZEL	ID No.	S8324623E
Related Vehicle	NIL	Contact No.	NIL
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 ABOVE MENTIONED DATE AND LOCATION AT ABOUT 0930HRS,

I WAS DRIVING MY CAR (SGJ8781R) ALONG ~~UPP~~ SERANGOON RD, THE ROAD CONSIST OF 4 LANES AND I WAS DRIVING AT THE THIRD LANE FROM THE RIGHT. IT WAS RAINING HEAVILY AND THE VISION WASNT CLEAR ENOUGH
I WAS GOING STRAIGHT, THERE WAS A WHITE CAR INFRONT OF ME, THE DRIVER JAM BRAKEDE SUDDENLY AND STOPPED. I NEVER EXPECT IT, AND IT WAS TO FAST TO REACT. I TRIED TO BRAKE BUT I COULDNT. SO UNFORTUANATLY I HIT INTO THE CAR. THAT JAM BRAKE WAS DUE TO A TAXI IN THE FRONT OF THE WHITE CAR. THE LANE THAT THE TAXI DRIVER WAS DRIVING IS TO GO STRAIGHT BUT THE DRIVER TURNED WRONGLY TO THE LEFT. SO IT WAS A RECKLESS TURN

THE LADY DRIVER CALLED THE AMBULLANCE
AFTER THAT, I DIRECTED THE LADY DRIVER TO A PLACE WHERE THERE WASNT MUCH CARS. WE TALKED AND EXCHANGED CONTACT DETAILS.
AMBULLANCE AND TP OFFICERS ARRIVED AT SCENE. THE DRIVER AND PESSANGER WAS BROUGHT OVER TO HOSPITAL

THATS ALL

**SINGAPORE
POLICE FORCE**

Location Of Origin:
Police Division HQ
110 Avenue 3 SINGAPORE 408965
Ref: 65470000



T/20180606/2067

3 of 4

Report No. T/20180606/2067

CONTINUATION OF REPORT

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



Report No. 1001866020

CONTINUATION OF REPORT

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.

TP/
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp

14.50

Date/Time: 08/06/2018 14:50

Classification Of Case:



SINGAPORE
POLICE FORCE



T/20180611/2096

1 of 3

Report No. T/20180611/2096

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180608/2087

Report Number T/20180611/2096

Vide Report Number

Date/Time of Report Made 11/06/2018 15:53

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant LIM CHUQIANG

ID Type / ID No. NRIC NO / S9124416G

Home Office

Mobile 81337057

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 08/06/2018 09:30

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGJ8781R	Car	HONDA	CIVIC 1.8L A	Silver	Seriously Damaged	0
SGY7368D	Car	HONDA	JAZZ 1.4A		Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20180611/2098

Report No. T/20180611/2

Continuation of CSF For NP168

Sketch
Int

Driver Name	LIM CHUQIANG	ID No.	S9124418G
Related Vehicle	SGJ8781R (Car)	Contact No.	81337057
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
Driver Name	CHONG SOO JIA HAZEL	ID No.	S8324623E
Related Vehicle	SGY7368D (Car)	Contact No.	NIL
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 Facts.

I would like to amend the location as Serangoon Road as opposed to Upper Serangoon Road in the previous report.

Would also like to make clear that it was because of a taxi in front making an illegal left turn on a straight lane that caused the accident.



3 of 3

Report No. T/20180611/2018 3 of 3

Continuation of CSF For NP168

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.

Case Sensitivity	No.
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Officer-In-Charge of Case TP / GIT /
NORASHIKIN BINTE DAUD

Classification of Case 1) INJURY / CONVEYED BY AMBULANCE

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08 / 06 / 2018 (dd/mm/yy) Time of Accident: 09 : 30 (24-HR-FORMAT)
Vehicle No.: SGY78781R Vehicle Make & Model: Honda Civic
Exact location of Accident: Sengkang Rd tuols Pteay Park
Policyholder's Name / IC No.: Lim Chu Aun / S91244186
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 8133 7057 Company Contact No.: _____
Driver's Address: 50 Seletar Hills Dr S(807065)
Insurance Company: Lompac Email address (if any): _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: SGY7368D

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police Division HQ

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SGY7368D ^②

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9124418G



Name
LIM CHUQIANG

林楚强

Race
CHINESE

Date of birth
15-07-1991

Sex
M

Country of birth
SINGAPORE

4718882

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number: S9124418G

Name: LIM CHUQIANG

Date of Birth: 15 Jul 1991

Issue Date: 01 Oct 2013

00223015aC

4718882



NRIC No. S9124418G



Date of issue
20-04-2011

Address
50 SELETAR HILLS DRIVE
SINGAPORE 807065


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

EFFECTIVE DATE:

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Dec 2010

NP 429A

Licence No: S9124418G



**LONPAC INSURANCE BHD** (S88FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, 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. : Z17VP05016593

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

HONDA CIVIC 1.8
- SGJ8781R

2. Name of Policy Holder

LIM CHUQIANG

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

15/12/2017

4. Date of Expiry of the Insurance

14/12/2018

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: VINCENTLEOW
Date Issued: 15/12/2017