

# NATIONAL Assessment Centre Services (wef 1 Jan 2015) MMA 118082300

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 26/6/18 13:44                                   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/1118011587/64                                 | SAS e-filing                             |                       |         |
| Veh No: SKW 2544H  | E-mail (within 3hrs, A/C 2hrs)           |                       |         |
| D.O.A: 25/6/18 09:25                                     | i-Motor Claim Form                       |                       |         |
| OD <input checked="" type="checkbox"/> 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: SLX 2023C        | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| MA1804020                       | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               | 30.00                 |                       |
| 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): | 9) Q1:  |                       |                       |
|                                 | *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         |                       |                       |
| at 1:                           | 9) N12: Idac Mobile \$0                         |                       |                       |
| at 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             | 26/06/2018 13:44      |
| Date Of Accident           | 25/06/2018 09:25      |
| Exact Location Of Accident | BKE BEFORE PIE GANTRY |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW2544H             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | FARIDAH BTE JANTAN   |
| NRIC No                     | S1247750C            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-93868640 |
| Alternative Phone No        | OFFICE-93868640      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | VEZEL 1.5S CVT |
| 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   | PRIVATE CAR    |

### Insurance Company

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                         |
| Fleet Policy              | NO                                    |
| Policy Number             | M494047                               |
| Cover Note Number         | -                                     |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | DINAH DIYANAH BINTE KAMSAIM |
| NRIC No              | S8923621E                   |
| Date Of Birth        | 18/07/1989                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 27/05/2008                  |
| Driving Experience   | 10 YEARS AND 0 MONTHS       |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-93860553        |
| Fax Number           |                             |
| Contact Number       |                             |
| Email Address        | NOEMAIL                     |



|   |                                |
|---|--------------------------------|
| Address   | BLK 124 MARSILING RISE #06-114 |
| Postcode  | 730124                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | CHILDREN                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                              |
|   | -                              |
| Insurance Company of Driver's Own Vehicle           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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)   | 3  |
| Passenger 1   | NAME: : FARIDAH BTE JANTAN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : DANIAL KAMSAIM<br>GENDER: : MALE       |

#### 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                                    |
| 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

#### 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 | SLX2023C        |
| Vehicle Make/Model/Colour   |                 |
| Details Of Properties       |                 |
| Vehicle Category            | PRIVATE CAR     |
| Name of Driver              | ARIFIN BIN AZIZ |
| NRIC/Passport Number        |                 |

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJB5280X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHIA KOON TECK  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name DINAH DIYANAH BINTE KAMSAIM  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SKW2544H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name FARIDAH BTE JANTAN  
Approximate Age  
Injuries Sustain NECK AND BRUISES ON HAND AND FACE  
Injured person in which vehicle? SKW2544H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DANIAL KAMSAIM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKW2544H  
Were seat belts worn? YES  
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**.
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:

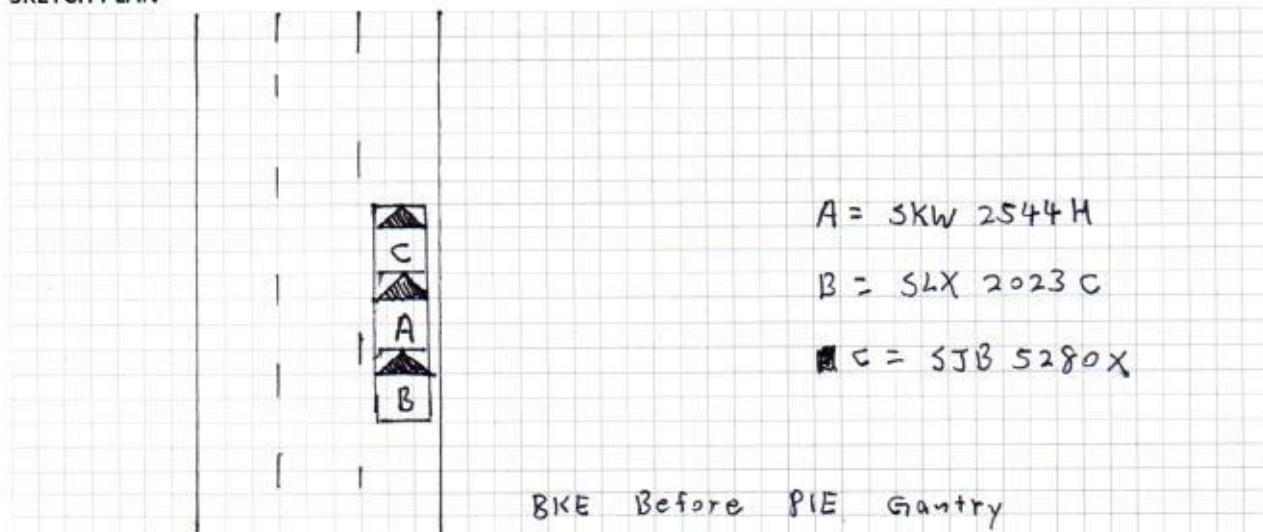
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

# SKETCH PLAN



A = SKW 2544H

B = SLX 2023C

C = SJB 5280X

BKE Before PIE Gantry

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20180625/7025

1 of 4

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

Report No. T/20180625/7025

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |  |                    |                            |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>25/06/2018 23:13        |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                    |            |                              |  |                    |                            |
| Name of Informant:<br>DINAH DIYANAH BINTE KAMSAIM |            |                              | Address:<br>APT BLK 124 MARSILING RISE #06-114 SINGAPORE<br>730124 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8923621E          |            |                              | Contact No.:<br>Home/Office: Mobile: 93860553                      |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                 |            |                              | Email:<br>dinahsaim@gmail.com                                      |                    |                            |
| Sex:<br>Female                                    | Age:<br>28 | Date of Birth:<br>18/07/1989 | Type of Informant:<br>Driver                                       |                    |                            |
| Race:<br>Javanese                                 |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Shipping clerk                     |            |                              | Driving Licence Information:<br>Class: 3A Date of Expiry:          |                    |                            |

**General Information of the Accident**

|   |                  |                                    |  |                                     |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>25/06/2018 09:25 | Type of Location:<br>Straight Road  |
| Location:<br><br>BUKIT TIMAH EXPRESSWAY<br><br>In BKE before BKE/PIE Gantry |                  |                                    |  |                                     |
| Weather:<br>Drizzling   |                  | Road Surface:<br>Wet               |  | Road Speed Limit:<br>90 Km/h        |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model       | Color | Condition | No of Passenger |
|-------------|------|------|-------------|-------|-----------|-----------------|
| SJB5280X    | Car  |      | Honda Civic | White |           | 0               |
| SKW2544H    | Car  |      |             |       |           | 0               |
| SLX2023C    | Car  |      | Kia Cerrato | Gold  |           | 0               |



**SINGAPORE  
POLICE FORCE**



T/20180625/7025

2 of 4

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

Report No. T/20180625/7025

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                             |  |                                   |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                             |  |                                   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | Chia Koon Teck              | ID No.                                 | S6900967J                         |
| Related Vehicle                   | SJB5280X (Car)              | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | DINAH DIYANAH BINTE KAMSAIM | ID No.                                 | S8923621E                         |
| Related Vehicle                   | SKW2544H (Car)              | Contact No.                            | 93860553                          |
| Hospital/Clinic                   | BANYAN CLINIC PTE LTD.      | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL  |
| Date Treatment                    | 25/06/2018                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 02                          | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | Arifin Bin Aziz             | ID No.                                 | S7809419B                         |
| Related Vehicle                   | SLX2023C (Car)              | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |

**Brief Details.**

I was driving the car to work on 25 Jun/AM. The traffic was slow as it was raining and during peak hours. It was stop and move kind of traffic in BKE.

As i just tapped on my accelerator to move forward, the car in front of me, Honda Civic SJB5280X jam break (sudden break) and I immediately hit my brake and managed to stop my car from hitting the car in front. After a few seconds later, the car behind, KIA Cerato SLX2023C hit the rear of my car and caused my car to hit the car in front of me. My foot was on my brake and the brake assist of my car was alerady activated.





**SINGAPORE  
POLICE FORCE**



T/20180625/7025

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

3 of 4

Report No. T/20180625/7025

**CONTINUATION OF REPORT**

I would like to express that i feel that the Kia Cerato was driving at relatively high speed for a slow moving traffic as the impact of the damages was very bad.

When we were communicating with the other drivers and exchanging details, the driver of the Honda Civic said that the traffic was normal and didnt jam break, however, i strongly suspected it was a jam break incident as i noticed the car in front of him suddenly signaled left to change lane. That might have cause the sudden break.

I had my brother and my mother in the car with me. My brother was in the front passenger seat and did not suffer any injuries. My mum and I, however, are feeling major discomfort on our necks and my mum suffered bruises on her hand and her face. We have visited the doctor earlier today and was given medication and 2 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180625/7025

4 of 4

Report No. T/20180625/7025

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/06/2018 23:13

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8923621E



Name

DINAH DIYANAH BINTE  
KAMSAIM

Race

JAVANESE

Date of birth

18-07-1989

Sex

F

Country of birth  
SINGAPORE

S8923621E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8923621E

Name

DINAH DIYANAH BINTE  
KAMSAIM

Birth Date: 18 Jul 1989

Issue Date: 27 May 2008



001606858B



3605899

NRIC No. S8923621E



Date of issue

28-08-2004

Address

APT BLK 124 MARSILING RISE  
#06-114  
SINGAPORE 730124

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

Class 5A Motor cars without clutch pedals (Auto) =< 3000kg  
with =< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg

PASS DATE

27 May 2008

NP 423A



Licence No: S8923621E

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

|   |   |
|---|---|
| Agency Code: <b>20383SE</b>   | Insured/ Named Drivers Excess: <b>\$600/- Sect 1</b>  |
| <b>Comprehensive</b>  | Unnamed Drivers Excess: <b>\$1100/- Sect. 1 &amp; additional \$2500/- Sect. 1 for age &lt; 21 years or &gt;65 years &amp;/or S'pore D.L. &lt; 2 years</b> |
|   | Windscreen Excess: <b>\$100/-</b>   |
| <b>CERTIFICATE NO.</b>  | <b>M494047</b>  |
| 1. Index Mark and Registration Number of Vehicle  | <b>SKW 2544 H</b>   |
| 2. Name of Policy Holder  | <b>Faridah Bte Jantan</b>   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act  | <b>23 October 2017</b>  |
| 4. Date of Expiry of Insurance  | <b>22 October 2018</b>  |
| 5. Person or Classes of Persons entitled to drive*  |   |
| (a) The Policyholder  |   |
| The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.   |   |
| (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, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the 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.   |   |

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue **IS 17/10/2017**

for India International Insurance Pte. Ltd.  
(APPROVED INSURERS)

**M X 1 (PRIVATE CAR)**  
**INDIVIDUAL OWNERSHIP**

*Authorized Signatory*

### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Excel**

Hire Purchase Company: **OCBC Bank Ltd**