

# NATIONAL Assessment Centre Services

Date In: 26/09/2018 12:37	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18017502/k4	SAS e-filing		
Veh No: FBE 489 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/09/2018 20:30	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: SLK 9950Z. 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%. P: 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

NA1806129

Invoice Preparation Checklist

Amc (\$) In Bill

Amc (\$) Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$30)	
3) TP: 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 2005)	
6) TR: Re-inspection \$75	
7) N1: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
OD*	
*N5: Courtesy Car / Tpf Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TE (N11): TP (Non INC) against INC \$20	
9) N12: Idao Mobile \$30	

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	26/09/2018 12:37
Date Of Accident	18/09/2018 20:30
Exact Location Of Accident	SLE TWDS CTE AFTER LENTOR AVE ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBE489Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG, LI LI
NRIC No	S8416248E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088520
Alternative Phone No	OTHERS-90088520
<b>Vehicle Particulars</b>	
Manufacturer	PIAGGIO
Model	VESPA GTS 300 SUPER
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
<b>Insurance Company</b>	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00412418/01
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN SAN CHUAN ( CHEN SHANQUAN )
NRIC No	S8104763D
Date Of Birth	11/02/1981
Occupation	INDOOR
Date Of Driving Pass	14/03/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98390866
Fax Number	
Contact Number	OTHERS-98390866
Email Address	NOEMAIL

Address	57 UPPER SERANGOON VIEW #11-15
Postcode	534017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLEAR
Road Surface	DRY

#### 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)	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
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

PLS REFER TO THE POLICE REPORT : T/20180923/7001

#### 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	SLK9950Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN SAN CHUAN ( CHEN SHANQUAN )
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBE489Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



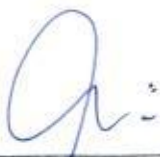
## SKETCH PLAN

### 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:

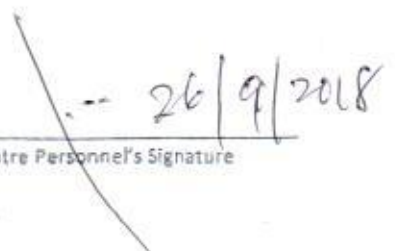
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "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:



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



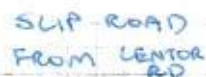
26/9/2018

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

### SKETCH PLAN

VENICUS A - FB# 4892

VIETNAM B-SLK 99902



Снагоу

4 →

3 →

$$2 \rightarrow 7$$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

CASE NUMBER

: T/20180923/7001

VEHICLE A - FBE 4892

WÄRMELIEB B - SLK 9950 Z

## DECLARATION

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

Q.

Policyholder's Signature  
Date & Time:

*[Signature]*

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

... 26/9/2018

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





# SINGAPORE POLICE FORCE



T/20180923/7001

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

1 of 4

Report No. T/20180923/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2018 11:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN SAN CHUAN			Address: 57 UPPER SERANGOON VIEW #11-15 SINGAPORE 534017		
ID Type / ID No.: NRIC NO / S8104763D			Contact No.: Home/Office: Mobile: 98390866		
Nationality: SINGAPORE CITIZEN			Email: donavon11@yahoo.com		
Sex: Male	Age: 37	Date of Birth: 11/02/1981	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2018 20:30	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE489Z	Motorcycle	VESPA	GTS-300	Red	Slightly Damaged	0
SLK 9950 Z	Car	HONDA	Honda Vezel	Grey	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE489Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00412418		



**SINGAPORE  
POLICE FORCE**



T/20180923/7001

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

2 of 4

Report No. T/20180923/7001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN SAN CHUAN	ID No.	S8104763D
Related Vehicle	FBE489Z (Motorcycle)	Contact No.	98390866
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/09/2018	Date Discharge	18/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious
<b>Passenger</b>			
Name	Jasmine	ID No.	NIL
Related Vehicle	SLK 9950 Z (Car)	Contact No.	91862288
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
<b>Driver</b>			
Name	Wan Kan Tuck	ID No.	NIL
Related Vehicle	SLK 9950 Z (Car)	Contact No.	81180268
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 18 Sep 2018, I was travelling on motorcycle on SLE/CTE towards TPE at around 8:30pm. I am travelling on 3rd lane within speed limit about 75-80 KM/H. A car from LENTOR AVE joining into SLE/CTE crash into my motorcycle from the left rear end. I fell and sustain many abrasion and suspected sprain or blood clots. The Car stopped and I confronted the driver.  
Police came after awhile and took statement. Police took the camera/ memory card from the car for investigation. I was sent to Khoo Teck Puat hospital by ambulance.  
Pictures and sketches are attached. I am submitting the report as the IO have yet to contact me. Attempts to contact the IO to no avail.





TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	: T/20180923/7001	Name	: Tan San Chuan
Accident Date/Time	: 18/09/2018 @ 2030hrs	Address	: 57 Upper serangoon view #11-15
Vehicle(s) Involved	: FBE489Z	NRIC No	: S8104763D
	: SLK9950Z	Tel No	: 98390866
		Date	: 26/09/2018

Dear Sir / Madam

Accident involving A motorcycle and a car  
along SLE/CTE towards TPE on 18/09/2018 at 2030 hours

With reference to the above, I have on 23/09/2018 (date) 1146 hours (time) make a  
police report Online by EPC (Police Station/NPP/NPC)  
In NP 168 – T/20180923/7001

On 26/09/2018 (date), 1115 hours (time) at Hougang NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;

On 18 Sep 2018, I was travelling on motorcycle on SLE/CTE towards TPE at around 8:30PM. I am travelling on 4<sup>th</sup> lane within speed limit about 75-80KM/H. A car from LENTOR AVE joining into SLE/TPE crash into my motorcycle from the left rear end. I fell and sustain many abrasion and suspected sprain or blood clots. The car stopped and I confronted the driver.

Police came after awhile and took statement. Police took the camera/ memory card from the car for investigation. I was sent to Khoo Teck Puat hospital by ambulance.

Pictures and sketches are attached. I am submitting the report as the IO have yet to Contact me.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: <u>Sgt (2) Lim Jia He</u>
Date and Time	: <u>26/9/18 @ 1115hrs</u>
Station Dairy No	: <u>19</u>
Signature	:



<b>Vehicle No.</b>	FBE 489Z	<b>Model / Make</b>	VESPA GTS 300
<b>Date of Accident</b>	18/09/2018		
<b>Time of Accident</b>	2030	HRS	
<b>Location of Accident</b>	SLE TOWARDS CTR AFTER LENTOR AVE ENTRANCE		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	NH LI LI		
<b>Telephone No.</b>	H/P: 90088520	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S8416248E		
<b>Address</b>	57 UPPER SERANGOON VIEW #11-16 S(534017)		
<b>Claim type</b>	OD	THIRD PARTY REPORTING ONLY	
<b>Insurance Company</b>	DIRECT ASIA		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	MC/00412418/01		
<b>Name of Driver</b>	As Above If <u>No</u> , TAN SAN CHUAN		
<b>NRIC</b>	S8104763D	<b>Any Passengers :</b>	
<b>Date of birth</b>	11/02/1981		
<b>Occupation</b>	Outdoor	/ Indoor	
<b>Driving License Pass Date</b>	22 JAN 2003 (CLASS 2)		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P: 98390866	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	57 UPPER SERANGOON VIEW #11-15 S(534017)		
<b>Driver have any own vehicle</b>	<u>No</u> If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state	SPOUSE
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	No, If <u>Yes</u> Who?		
<b>Name And Contact No.</b>	MR TAN SAN CHUAN, 98390866		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If <u>Yes</u> Where? SPF WEB SITE T/2018 0923/7001		
<b>Vehicle B No.</b>	SLK 9950Z	<b>Any Passengers :</b>	
<b>Name of Driver</b>	<b>Contact No. :</b>		
<b>Vehicle C No.</b>	<b>Any Passengers :</b>		
<b>Vehicle D No.</b>	<b>Any Passengers :</b>		
<b>Vehicle E no.</b>	<b>Any Passengers :</b>		
<b>Vehicle F No.</b>	<b>Any Passengers :</b>		
<b>Vehicle G No.</b>	<b>Any Passengers :</b>		
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	REAR LEFT FALL ON THE RIGHT		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	MOTO SI PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



Owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8416248E



Name

NG LI LI  
(HUANG LILI)  
黄莉莉

Race

CHINESE

Date of birth

05-06-1984

Sex

F

S8416248E



Country/Place of birth  
SINGAPORE

5323158



NRIC No. S8416248E



Date of issue

30-06-2014

57 UPPER SERANGOON VIEW #11-16  
SINGAPORE 534017

NRIC No: S8416248E

Date: 16/09/2015

Online

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8104763D**  
Name: **TAN SAN CHUAN (CHEN SHANQUAN)**  
Birth Date: **11 Feb 1981**  
Issue Date: **22 Jan 2003**

000150109H

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8104763D**



Name: **TAN SAN CHUAN (CHEN SHANQUAN)**  
**陈山泉**  
Race: **CHINESE**  
Date of birth: **11-02-1981** Sex: **M**  
Country of birth: **SINGAPORE**

S8104763D

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	14 Mar 2008
Class 2A	Motorcycles between 201 CC and 400 CC	20 Nov 2001
Class 2	Motorcycles > 400 CC	22 Jan 2003
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	15 Jan 2006


S / No. 9000043183

S8104763D


NP 428A

License No: S8104763D

4722827



NRIC No. **S8104763D**



Date of issue: **13-05-2011**

**57 UPPER SERANGOON VIEW #11-15**  
**SINGAPORE 534017**

NRIC No: **S8104763D** Date: **26/01/2016**



## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MC/00412418/01
<b>Type of Coverage</b>	:	Comprehensive Cover
<b>1) Vehicle Registration No.</b>	:	FBE489Z
<b>Chassis No.</b>	:	ZAPM4520000070968
<b>2) Name of Policy Holder</b>	:	Ng, Li Li
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	08/09/2018
<b>4) Date of Expiry of Insurance</b>	:	07/09/2019
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
<b>Sum Insured</b>	:	Market Value
<b>Policy Excess</b>	:	S\$ 600.00
<b>Main driver</b>	:	Ng, Li Li
<b>Important Note:</b> The policy only cover the main driver and the following named driver:		
<b>Ref</b>	<b>Named Driver</b>	<b>Date of Birth</b>
1	Tan San Chuan (Chen Shanquan)	11/02/1981
<b>Finance Company / Hire Purchase</b>		

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 09/08/2018

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**