

# NATIONAL Assessment Centre Services

Form 1 Jan 2005

MAH/18/29503

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 05/10/2008 17:26  | Job description                          | Date & Time Completed | Done by |
| Ref No: NGA/EA/718018/21/4 | SAS e-filing                             |                       |         |
| Veh No: SLU 3940 B         | E-mail (within 8hrs, AIG 2hrs)           |                       |         |
| D.O.A: 05/10/2008 16:30    | 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: GBA 4546L  | 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                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                      |                      |
| Auditors' Comments:-            | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| Dat 1:                          | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Dat 2/3:                        | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 7) N1: Idno DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD:   |                      |                      |
|                                 | *N5: 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: Idno Mobile \$0                         |                      |                      |
|                                 | 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 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. 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             | 05/10/2018 17:26                                 |
| Date Of Accident           | 04/10/2018 16:30                                 |
| Exact Location Of Accident | SLIP RD OF TAMPINES AVE 7 TOWARDS TAMPINES AVE 9 |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN3940B             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN THIAM JOO        |
| NRIC No                     | S1763555G            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-98336475 |
| Alternative Phone No        | OTHERS-81824230      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | NISSAN         |
| Model  | PULSAR-1.2 (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                                       | THIRD PARTY    |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMPPHQ18-002133          |
| Cover Note Number         |                          |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LEE KENG LIAN          |
| NRIC No              | S1756415C              |
| Date Of Birth        | 22/03/1966             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 27/10/1992             |
| Driving Experience   | 25 YEARS AND 11 MONTHS |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-81824230   |
| Fax Number           |                        |
| Contact Number       | OTHERS-98336475        |
| Email Address        | NOEMAIL                |



|   |                                    |
|---|------------------------------------|
| Address   | BLK 51 TAMPINES AVENUE 1<br>#12-06 |
| Postcode  | 529771                             |
| 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   | 2   |
| 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                       | BISHAN NEIGHBOURHOOD POLICE CENTRE                                |
| Police Station Address                    | ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-5529999 - FAX NO: 65561905                           |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181005/2038

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBA4546L           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | SAM CHEE LEONG     |
| NRIC/Passport Number        | G2184964U          |
| Contact Number              | 91461916           |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

|   |               |
|---|---------------|
| Name  | LEE KENG LIAN |
| Approximate Age                                     |               |
| Injuries Sustain                                    | SLIGHT INJURY |
| Injured person in which vehicle?                    | SLN3940B      |
| 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.

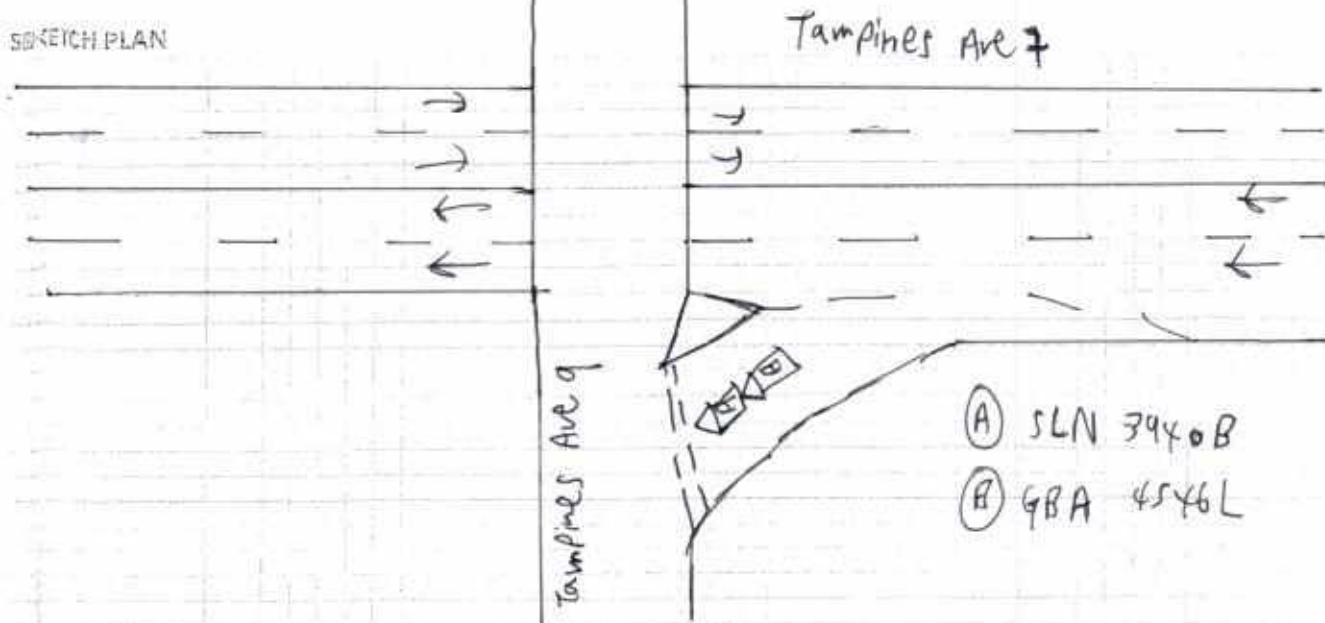
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/10/18 @ about 4.30pm, I am travelling along Tampines Ave 7 towards Tampines Ave 9. At the Slip Road of Tampines Ave 7, I stopped my vehicle to give way to oncoming traffic of Tampines Ave 9. Before the traffic could even be clear, I felt an impact on my rear and the strong impact cause me (the driver) to feel unwell on my neck, shoulder, and I felt giddy and wants to vomit after the accident.

Police Report 7/20181005/2038

## 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/ID No:



# SINGAPORE POLICE FORCE



T/20181005/2038

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20181005/2038

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>05/10/2018 11:59 | Vide Report No.: | Station Diary No.:<br>76 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>LEE KENG LIAN      |            |                              | Address:<br>BLK 51 TAMPINES AVENUE 1 #12-06 SINGAPORE 529771 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1756415C |            |                              | Contact No.:<br>Home/Office: Mobile: 81824230                |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Female                           | Age:<br>52 | Date of Birth:<br>22/03/1966 | Type of Informant:<br>Driver                                 |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>PART TIME WORKER          |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:     |  |                            |

**General Information of the Accident**

|  |                  |   |   |  |
|--|------------------|---|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>04/10/2018 16:30 | Type of Location:<br>X-Junction        |
| Location:<br>Junction of Road 1 and Road 2<br>TAMPINES AVENUE 7<br>TAMPINES AVENUE 9<br>TAMPINES AVENUE 7 & 9 X-JUNCTION |                  |   |   |  |
| Weather:<br>Sunny  |                  | Road Surface:<br>Dry                    |   | Road Speed Limit:                      |
| Traffic Flow:<br>Dual Carriage Way   |                  | Traffic Control:<br>Pedestrian Crossing |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition           | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| GBA4546L    | Van  |      |       |       |                     | 0               |
| SLN3940B    | Car  |      |       |       | Slightly<br>Damaged | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20181005/2038

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20181005/2038

**CONTINUATION OF REPORT**

|                                   |                |  |  |                                   |
|-----------------------------------|----------------|--|--|-----------------------------------|
| <b>Driver</b>                     |                |  |  |                                   |
| Name                              | SAM CHEE LEONG |  | ID No.                                 | G2184964U                         |
| Related Vehicle                   | GBA4546L (Van) |  | Contact No.                            | 91461916                          |
| 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                              | LEE KENG LIAN  |  | ID No.                                 | S1756415C                         |
| Related Vehicle                   | SLN3940B (Car) |  | Contact No.                            | 81824230                          |
| Hospital/Clinic                   | SIN MIN CLINIC |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 05/10/2018     |  | Date Discharge                         | 05/10/2018                        |
| No. of Days granted Medical Leave | 07             |  | Degree of Injury                       | Slight                            |

**Brief Details.**

On 04 October 2018, at about 4.30pm, I was driving my vehicle (SLN3940B) along Tampines Avenue 7 towards Tampines Avenue 9. While I was near the junction, I turn left into the slip road leading into Tampines Avenue 9, as there was oncoming traffic, I slowed down and checked to make sure it was clear. As I was slowing down, I felt an impact from the rear of my vehicle. I immediately applied brakes to prevent my vehicle from surging forward.

Thereafter, I alighted from my vehicle and observed that a van(GBA4546L) had collided to the rear of my vehicle. I then exchange particulars with the other parties and carried on my journey. After the accident, I felt pain at my back and neck as well as giddiness and vomiting however, it was still tolerable. However, On 05 October 2018, it began to be intolerable. As such, I seek medical treatment at Sin Min Clinic and was given 7 days of Medical Leave. The accident also resulted in dents and scratches on the rear of my vehicle.

I wish to state that I do have an in vehicle camera which captured the whole accident process. I am lodging this police report for insurance claim and in compliance to the road traffic act.





**SINGAPORE  
POLICE FORCE**



T/20181005/2038

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20181005/2038

**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:

E /

Sgt 1 CHENG XINLIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

05/10/2018 11:59

Classification Of Case:

SN 061

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Date of Accident : 04/10/18 Accident Time: 4.30 pm (24-HR-FORMAT)  
Accident Place : Slip Road of Tampines Ave 7 towards Tampines Ave 9.  
Vehicle Reg. No (Car plate No.) : SLN 39408  
Vehicle Make/Model : Nissan Pulsar 1.2 hatchback  
Insurance Company : Ez Insurance Policy No. DMP PHQ 18-002133  
Owner or Company Names /IC NO: Tan Thiam Joo / S1763555 F  
Owner or Company Contact No. : 98336475 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Lee Keng Lian / S1756450  
DRIVER'S Date of Birth : 22/03/1966 DRIVER'S License Pass Date 27 Oct 1992  
Relationship bet. Owner & Driver : Spouse Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 51 Tampines Ave 1 #12-06 (S) S29771  
DRIVER'S Contact No./ Alt No. : 1) 8182 4230 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) parttime  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins  
Number of Passengers (including Driver): 1  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: GBA 4546 L  
Vehicle Make/Model: Toyota Hiace  
Name DRIVER: Sam chee Leong  
IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC NO. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1756415C**

Name **LEE KENG LIAN**

Birth Date: **22 Mar 1966**

Issue Date: **16 Dec 2002**



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1756415C**



Name

**LEE KENG LIAN**

**李庆连**

Race  
**CHINESE**

Date of Birth  
**22-03-1966**

Sex  
**F**

Country of Birth  
**SINGAPORE**



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
**27 Oct 1992**



NP 428A



0707070



NPIC No **S1756415C**  
**TAMPINES NORTH**  
**NEIGHBOURHOOD**  
**POLICE POST**  
TEL: 70818204



Blood Group **A+** Date of issue **30-12-1992**

**BLK 51 TAMPINES AVENUE 1 #12-06**  
**SINGAPORE 529771**

NPIC No: **S1756415C**

Date: **27/03/2011**

No: **0706070**

*Driver*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1763555G



Name

TAN THIAM JOO

陳 添 裕

Race

CHINESE

Date of birth

10-06-1966

Sex

M

Country/Place of birth

SINGAPORE

5637834



NRIC No. S1763555G



Date of issue

22-08-2016

Address

51 TAMPINES AVENUE 1  
#12-06  
SINGAPORE 529771

Owner





Make it a friend

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**PRIVATE CAR**

**Comprehensive Premier**

**Certificate No. : DMPPHQ18-002133**

**1. Index Mark and Registration Number of Vehicles**

SLN3940B

**2. Name of Policyholder**

TAN THIAM JOO

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

29/04/2018

**4. Date of Expiry of Insurance**

28/04/2019

**5. Person 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 permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

Use for social, domestic and pleasure purposes and for the Policyholder's business

The policy does not cover

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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) or and Amendment Act or Acts passed in substitution thereof

Hire Purchase: MALAYAN BANKING BERHAD

A000007/Astra Assurance Agencies LLP

Date of Issue: 04/04/2018 16:23

Authorized Signatory  
EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

