

NATIONAL Assessment Centre Services

Ref: JAN05/MNA/181366-7

Date In: 27/10/18 - 11:30	Job description	Date & Time Completed	Done by
Ref No: NA/233180/19/09/24	SAS e-filing		
Veh No: 52765483	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/9/18 - 14:50	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: Vch No: VV9161 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

NA806756 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars:- 1) AR: Accident Reporting (\$30); INC (\$80)

Driver/Owner: 2) DA: Damage Assessment (\$100); \$40/\$45

Contact No: 3) TP: Towing Fee \$120

Damaged Portion: 4) FT: Follow-Through Survey \$30

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)

Auditors' Comments:- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2 / 3: 8) NTUC Additional Services:-

9) N12: Idac Mobile

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 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	22/10/2018 11:30
Date Of Accident	30/09/2018 14:50
Exact Location Of Accident	JALAN PERSIARAN MOLEK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6548B
Insured/Policyholder	
Name Of Registered Owner	NG SENG HUAT
NRIC No	S2550375I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82238601
Alternative Phone No	OFFICE-82238601

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M 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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0000633
Cover Note Number	

Driver

Name of Driver	NG JUNJIE
NRIC No	S8911331H
Date Of Birth	08/04/1989
Occupation	INDOOR
Date Of Driving Pass	25/11/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96773108
Fax Number	
Contact Number	OFFICE-96773108
Email Address	NOEMAIL

Address	BLK 520A TAMPINES CENTRAL 8 #07-41
Postcode	521520
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VV9101 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERI ALAM, JB
Police Station Address	ROAD: JOHORE BAHRU , POSTCODE: 0 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	VV9101
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANG MING HAO BENJAMIN
NRIC/Passport Number	
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:
NRIC/FIN No.:

A: JJ6548B

B: VV9101

Jalan Persiakan Malek

Refer to Statement.

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.: _____

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 JALAN
PERSIARAN MOLEK. SUDDENLY VEHICLE B WAS TRAVELLING ALONG OPPOSITE
DIRECTION OF JALAN PERSIARAN MOLEK MAKE A RIGHT TURN. AS A RESULT,
VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 9 / 18) (DD/MM/YYYY), TIME: (14:50) (HH:MM)

LOCATION: Jalan Persiaran Molele - JB.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J6548B
 b) INSURANCE COMPANY: 333
 c) POLICY NUMBER: 218 MPC 0000633
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ng Eng Huat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52503751 CONTACT: 82238601
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Junjie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5891331H CONTACT: 96773108
 c) ADDRESS: Dik 520A Tampines Central 8 #07-41 (52520)

*d) DATE OF BIRTH: (8 / 4 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/11/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: VV9101 (Private car) MODEL:
 b) DRIVER'S NAME: Zhang Ming Hao Benjamin
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 (2)
 1 female

* No of passenger
 (including driver)
 (2)
 1 male

* No of passenger
 (including driver)
 ()

Email = ng-junjie_@hotmail.com

fax =

VIDEO =



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK SERI ALAM
Daerah : SERI ALAM
Kontinjen : JOHOR
No Repot : TRAFIK SERI ALAM/011846/18
Tarikh : 30/09/2018
Waktu : 1622 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97701

Butir-butir Penerima Repot

Nama : MOHD ZAKI IQBAL BIN HANAPI

No Personel : R161902

Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : —

No K/P (Baru) : —

No Polis/Tentera : —

No Paspot : —

Bahasa Asal : —

Alamat : —

Butir-butir Pengadu

Nama : SHANG MING HAO BENJAMIN

No K/P (Baru) : 910608016637

No Polis/Tentera : —

No Paspot : —

No Sijil Beranak : —

Jantina : Lelaki

Tarikh Lahir : 08/06/1991

Umur : 27 tahun 3 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : -

Alamat Tempat Tinggal : NO 23 JALAN KENANGA 1/3 TAMAN DESA CEMERLANG 81800 ULU TIRAM JOHOR MALAYSIA

Alamat Ibu/Bapa : —

Alamat Pejabat : —

No Tel (Rumah) : —

No Tel (Pejabat) : —

No Tel (HP) : 016-7856987

Pengadu Menyatakan:-

PADA 30/09/2018 JAM L/KURANG 1430 HRS SEMASA SAYA MEMANDU M/KAR NO PENDAFTARAN VV9101 DALAM PERJALANAN DARI JOHOR JAYA KE TMN MOLEK. SEMASA SAYA MELALUI JALAN PERSIARAN MOLEK, APABILA SAMPAI DI SIMPANG 4 JALAN PERSIARAN MOLEK/JLN MOLEK 3/12, SETELAH PASTIKAN KEADAAN SELAMAT SAYA PUNMEMBELOK KE KANAN TIBA TIBA SEBUAH M/KAR NO PENDAFTARAN SJJ6548B TELAH DATANG DARI ARAH HADAPAN SAYA LALU MELANGGAR M/KAR SAYA. DALAM KEMALANGAN TERSEBUT SAYA TIDAK MENGALAMI KECEDERAAN. MANAKALA M/KAR MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, LAMPU DEPAN KIRI, MUDGUARD KIRI DEPAN, ARM TAYAR RIM KIRI DEPAN, PINTU KIRI DEPAN DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu :

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot :

ID Pencetak | Tarikh @ Masa Cetak

: R6134796 | 21/10/2018 09:39:47 AM

PEJ. SALINAN REPOT
 TRAFIK SERI ALAM
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)

PETUA TRAFIK DAERAH SERI ALAM JOHOR.
 TIDAK BOLEH DIGUNA-KAN UNTUK TUJUAN PERBAGARAN.



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK SERI ALAM
 Daerah : SERI ALAM
 Kontinjen : JOHOR
 No Repot : TRAFIK SERI ALAM/011847/18
 Tarikh : 30/09/2018
 Waktu : 1626 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97701
 No Repot Bersangkut : TRAFIK SERI ALAM/011846/18

Butir-butir Penerima Repot

Nama : MOHD ZAKI IQBAL BIN HANAPI
 Butir-butir Jurubahasa (Jika Ada)
 Nama : —
 No Paspot : —
 Alamat : —

No Personel : R161902
 Pangkat : L/KPL
 No K/P (Baru) : —
 Bahasa Asal : —
 No Polis/Tentera : —

Butir-butir Pengadu

Nama : NG JUNJIE
 No K/P (Baru) : —
 No Sijil Beranak : —
 Jantina : Lelaki
 Keturunan : Cina
 Pekerjaan : -
 Alamat Tempat Tinggal : APT BLK 520A TAMPINES CENTRAL 8 #07-41 SINGAPORE, 521520
 Alamat Ibu/Bapa : —
 Alamat Pejabat : —
 No Tel (Rumah) : —
 No Tel (Pejabat) : —
 No Tel (HP) : 96773108

No Polis/Tentera : —
 No Paspot : E6738919L
 Tarikh Lahir : 08/04/1989
 Warganegara : Singapore
 Umur : 29 tahun 5 bulan

Pengadu Menyatakan:-

PADA 30/09/2018 JAM L/KURANG 1430 HRS SEMASA SAYA MEMANDU M/KAR NO PENDAFTARAN SJJ6548B DALAM PERJALANAN DARI TMN MOLEK KE SINGAPURA. SEMASA SAYA MELALUI JALAN PERSIARAN MOLEK, TIBA TIBA SEBUAH M/KAR NO PENDAFTARAN VV9101 YANG DATANG DARI ARAH HADAPAN SAYA TELAH MEMBELOK KE SIMPANG KIRI SAYA (JLN MOLEK 3/12 SECARA MENGEJUT, SAYA TELAH BREK DAN MENGELAK TETAPI TERLANGGAR JUGA M/KAR TERSEBUT. DALAM KEMALANGAN TERSEBUT SAYA TIDAK MENGALAMI KECEDERAAN. MANAKALA M/KAR MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, LAMPU DEPAN KIRI KANAN, MUDGUARD KIRI KANAN DEPAN, BONET DEPAN, TANGKI AIR, TANGKI AIRCOND, DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: _____
 Tandatangan Jurubahasa (Jika ada): _____
 Tandatangan Penerima Repot: _____

ID Pencetak | Tarikh @ Masa Cetak : R6134796 | 21/10/2018 09:39:44 AM

PEJ. SALINAN REPOT
 TRAFIK SERI ALAM
 SALINAN YANG DISAHKAN BENAR
 (PANYA UNTUK TUTUTAN SIVIL)

TRAFIK DAERAH SERI ALAM, JOHOR.
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN



KETUA POLIS DAERAH
IBU PEJABAT POLIS DAERAH SERI ALAM
81750 SERI ALAM
JOHOR

Tel : 073864222 Samb : 6418

No. Pengaduan : TRAFIK SERI ALAM/011846/18

Tarikh Cetak : 21/10/2018

Dicetak Oleh : R6134796

(Rajah Kasar Tidak Mengikut Skala)

TEMPAT KEJADIAN	NOMOR LAJUAN	POS KMT ZON	BARANDA TETAP (CATATAN)
Jln Persekutuan MOLEK			

NO	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR
1	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR
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71	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR
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99	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR
100	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR	NOOR

RAJAH KASAR

Jln Persekutuan MOLEK

Jln Persekutuan MOLEK

Jln Persekutuan MOLEK

RETUNJUK

A. BAHU KARI JALAN

A1. CARPETAN PERIKUTAN

A2. BAHU KARI PERIKUTAN

A - A1 - 3.5 METER

A1 - A2 - 3.5 METER

MS

U. SALINAN REPO
SERI ALAM
DIAKUTIPKAN BENAR
(UNTUK KEHUTAN SIVIL)

U. SALINAN REPO
SERI ALAM, JOHOR
(UNTUK KEHUTAN SIVIL)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8911331H**

Name
NG JUNJIE

Birth Date **08 Apr 1989**
Issue Date **25 Nov 2009**



 001807395C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8911331H**



Name
NG JUNJIE

黄俊杰

Race
CHINESE

Date of birth **08-04-1989** Sex **M**

Country of birth
SINGAPORE



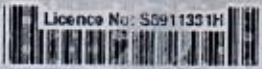




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE **25 Nov 2009**

 Licence No: S8911331H

NP 429A

4922222



NRIC No: **S8911331H**



Date of issue
08-01-2013

APT BLK 520A TAMPINES CENTRAL 8 #07-41
SINGAPORE 521520

NRIC No: **S8911331H** Date: **02/03/2015**

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MPC0000633

COVER: COMPREHENSIV

- | | | |
|--|----------|---------------------|
| 1. Index Mark and Registration Number of Vehicle | : | SJJ6548B |
| Chassis No | : | GJ11302023 |
| 2. Name of Policyholder | : | NG SENG HUAT |
| 3. Effective date of Insurance | : | 04 Jul 2018 |
| 4. Expiry date of Insurance | : | 03 Jul 2019 |
| 5. Persons 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

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial, 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.

Insured and Named Drivers Excess Sect I: SGD600.00

Unnamed Drivers Excess Sect I: SGD1,100.00

Windscreen Excess: SGD100.00

Hire Purchase Company : N/A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : Sunmex Enterprise

Date of Issue : 04/07/2018 11:24:05

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



R. Ravindra Kumar
MD & CEO

SUNMEX ENTERPRISE

8 ENGGOR STREET

#24-02

SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698