

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NA11900349**

Date In: 11/1/19 - 11:10	Job description	Date & Time Completed	Done by
Ref No: NA 16A219000672/24	SAS e-filing		
Veh No: 5CK 4368M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 6/1/19 - 18:30	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD85371C	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:	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

NA 1900349	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR : Re-inspection \$75			
Dat. 2 / 3:	7) N1 : Idac 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: Idac 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 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	11/01/2019 11:10
Date Of Accident	10/01/2019 18:30
Exact Location Of Accident	JUNC SUNGEI KADUT DR & KRANJI WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK4368M
Insured/Policyholder	
Name Of Registered Owner	ANG ENG KIAT
NRIC No	S7506737B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86863494
Alternative Phone No	OFFICE-86863494
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003699-00-000
Cover Note Number	
Driver	
Name of Driver	ANG ENG KIAT
NRIC No	S7506737B
Date Of Birth	20/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86863494
Fax Number	
Contact Number	OFFICE-86863494
EMail Address	NOEMAIL

Address	BLK 306 ANG MO KIO AVENUE 1 #11-1163
Postcode	560306
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190110/2156.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8537K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

11/1/19 10:33 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

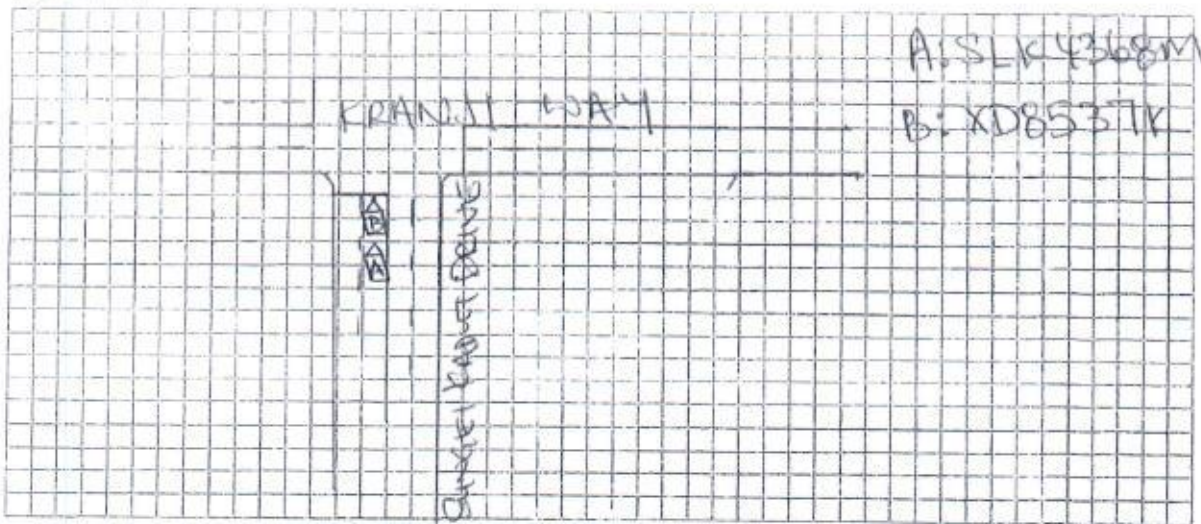


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT BUT IT'S ACTUALLY AT
SUNGAI KADUT DRIVE & KRANJI WAY INSTEAD
OF SUNGAI KADUT WAY & KRANJI ROAD.

DECLARATION

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

Policyholder's Signature

Date & Time: 11.1.19

10.11 AM

GIARMIC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

NT NOTICE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	10 JAN 2019	(DD/MM/YY)
Time of accident	1830	(HH:MM)
Exact location of accident	BUNGEI RADUT DRIVE AND KRANJI WAY TRAFFIC JUNCTION	

DETAILS OF VEHICLE

Vehicle registration number	SLK4368M		
Vehicle make and model	TOYOTA WISH		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	MEETING FRIEND		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	GREAT AMERICAN
Policy number	MOMVP00000369-00-000
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	ANG ENG KIAT	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S150673TB	
Contact	86863494	
Address	BLK 306 ANG MO KIO AVE 1 #11-1163 S560306	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	ja15aek@gmail.com	
Date of birth	20 FEB 1975	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>
Driving date pass	03 MAR 2006	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	ONE (1) (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	TECR GHEE KPP

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	XDQ537K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

1 of 3

Report No. T/20190110/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2019 22:13		Vide Report No.:	Station Diary No.: 116
Informant's Particulars			
Name of Informant: ANG ENG KIAT		Address: APT BLK 306 ANG MO KIO AVENUE 1 #11-1163 SINGAPORE 560306	
ID Type / ID No.: NRIC NO / S75067373		Contact No.: Home/Office: Mobile: 86863494	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 20/02/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retail/Shop sales manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/01/2019 18:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 SUNGEI KADUT WAY KRANJI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK4368M	Car	TOYOTA	WISH 1.8 CVT	White	Slightly Damaged	0
XD8537K	Cement Truck				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK4368M	GREAT AMERICAN INSURANCE COMPANY	MT20180485	25/04/2018	24/04/2019



SINGAPORE
POLICE FORCE



T/20190110/2153

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 3

Report No. T/20190110/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG ENG KIAT	ID No.	S7506737B
Related Vehicle	SLK4368M (Car)	Contact No.	86863494
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 10.1.2019 at about 6.30pm, I was on a stationary position along Sungei Kadut Way heading towards Kranji Road; when a cement truck in front of me bearing plate number XD8537K was observed to be rolling backward. I tried to horn to alert the driver but to no avail. The said truck subsequently hit the front side of my vehicle. As the traffic light turned green, the said cement truck drove off. I then made a check on my vehicle and I discovered a slight dent at the front of my vehicle. As the traffic was heavy, I did not make any attempt to stop the said driver. I have a footage of the incident captured in my vehicle's camera. I am not injured. No government property damaged.

 SN 085
Signature: _____
Singapore Police Force



SINGAPORE
POLICE FORCE



T/20190110/2156

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No. T/20190110/2156

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:

F /

Staff Sgt NOOR RAMDAN BIN JOBRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/01/2019 22:13

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S7506737B



Name

ANG ENG KIAT

洪英傑

Race

CHINESE

Date of birth

20-02-1975

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No S7506737B

ANG ENG KIAT
(HONG YINGJIE)

Birth Date 20 Feb 1975

Valid Date 26 Apr 2011



001964323K



Identity Card No S7506737B



Date of issue

15-03-2012

Address

APT BLK 306 ANG MO KIO AVENUE 1
#11-1163
SINGAPORE 560305

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 03 Mar 2006

NP 428A



Licence No: S7506737B

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, 1958 (Malaysia)

Policy Details

Certificate Number	: MOMVP000003699-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Ang Eng Kiat	Chassis Number	: JTDGG20W90J006819
NCD Entitlement	: 50% No Claim Discount	Engine Number	: 2ZR1947316
Hire Purchase	: N/A	Registration Number	: SLK4368M
Period of Insurance	: From 25/04/2018 (00:00) To 24/04/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- The Policyholder
 - Any person who is driving on the Policyholder's order or with their permission
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business
 This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with 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

Excess (Section 1)	: N/A	Workshop	: Dealer Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Ang Eng Kiat
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: OKI
Date of Issue	:

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

gaw