

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MLA11901908**

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In: 11/1/19-13:42 | Job description | Date & Time Completed | Done by |
| Ref No: NA/ALA1900245124 | SAS e-filing | | |
| Veh No: PC93967 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 11/1/19-13:35 | 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: **5226420** 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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

NA 190090 Invoice Preparation Checklist Amt (\$)

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

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80) Inc Bill Add Bill

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)

2at 1: 6) TR: Re-inspection \$75

2at 2/3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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 | 11/02/2019 17:47 |
| Date Of Accident | 01/02/2019 17:35 |
| Exact Location Of Accident | CTE (AYE) AFTER AMK AVE 5 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | PC9396T |
| Insured/Policyholder | |
| Name Of Registered Owner | BABY HOLIDAY EVENTS PTE LTD |
| Co Reg No | 201120631Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98562843 |
| Alternative Phone No | OFFICE-98562843 |

Vehicle Particulars

| | |
|--|----------------------------|
| Manufacturer | TOYOTA |
| Model | HIACE COMMUTER 3.0 GL AUTO |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | BUS |

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | ALLIED WORLD ASSURANCE COMPANY, LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | BVBPSB0005821800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | CHANDRASEKARAN S/O ARUMUGAM |
| NRIC No | S7643133G |
| Date Of Birth | 28/12/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/12/2012 |
| Driving Experience | 6 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86574827 |
| Fax Number | |
| Contact Number | OFFICE-86574827 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 640A YISHUN STREET 61 #01-182 |
| Postcode | 761640 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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? | 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 | ROCHOR NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2949999 - FAX NO: 63918583 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190202/2063.

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 | SJZ2642D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAY KAY POH |
| NRIC/Passport Number | S0029633C |
| Contact Number | 96557787 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

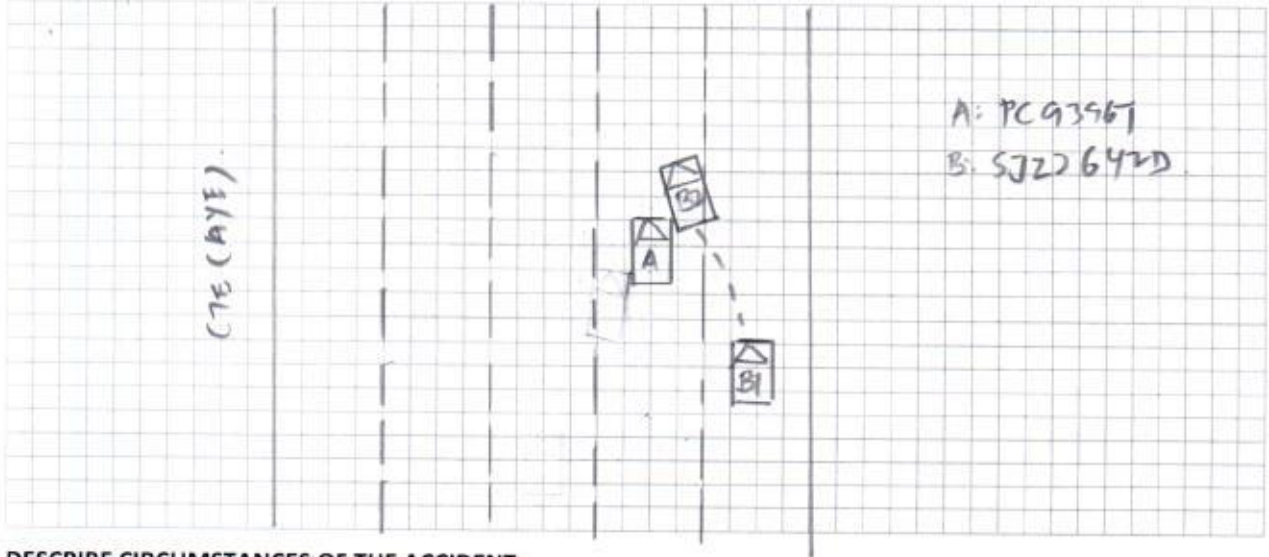


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190202/2063.

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:

02/02/2014.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 19) (DD/MM/YYYY), TIME: (17:35) (HH:MM)

LOCATION: C7C (A/E) after Amk ave S exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC9396T
b) INSURANCE COMPANY: AWA
c) POLICY NUMBER: _____
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: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98562843
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chandrasekaran a/s Arumugam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S76431536 CONTACT: 86574827
c) ADDRESS: 11K 640 A Jalan Sekef 61 401-182 (761640)

*d) DATE OF BIRTH: (28 / 12 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/12/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Wife

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: 922642D MODEL: _____
b) DRIVER'S NAME: Tay Kay Poh
c) NRIC/FIN/PASSPORT: S0029633C CONTACT: 96557787

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
(1)

Email = Setaran177169@mail.com

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20190202/2063

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190202/2063

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 02/02/2019 11:16 | | Vide Report No.: | | Station Diary No.: 52 |
| Informant's Particulars | | | | |
| Name of Informant: CHANDRASEKARAN S/O ARUMUGAM | | Address: APT BLK 640A YISHUN STREET 61 #01-182 SINGAPORE 761640 | | |
| ID Type / ID No.: NRIC NO / S7643133G | | Contact No.: Home/Office: Mobile: 86574827 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 28/12/1976 | Type of Informant: Driver | |
| Race: Indian | | Language: English | Institution / School Name: | |
| Occupation: LIMOUSINE DRIVER | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------|------------------------------------|--|---------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 01/02/2019 17:35 | Type of Location: Expressway |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE, after Ang Mo Kio Ave 5 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|------|-------|-------|----------------------|-----------------|
| PC9396T | Bus/Coach/Mi nibus | | | | Seriously Damaged | 0 |
| SJZ2642D | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190202/2063

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190202/2063

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-----------------------------|--|--|-----------------------------------|
| Driver | | | | |
| Name | CHANDRASEKARAN S/O ARUMUGAM | | ID No. | S7643133G |
| Related Vehicle | PC9396T (Bus/Coach/Minibus) | | Contact No. | 86574827 |
| 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 |
| | | | | |
| Name | TAN KAY POH | | ID No. | S0029633C |
| Related Vehicle | SJZ2642D (Car) | | Contact No. | 96557787 |
| 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 |

Brief Details.

I am the driver of PC9396T.

On 01/02/2019 at about 1735hrs, I was driving my vehicle bearing registration number PC9396T along CTE towards AYE, just after Ang Mo Kio Ave 5. I was driving my vehicle along lane 2. There is one vehicle bearing registration number SJZ2642D along Lane 1. After a while, the said vehicle suddenly drove and cut into my lane, causing his rear left bumper swiped onto my front right bumper. The accident caused both our vehicle to skid, almost hitting to other cars.

Fortunately, no one was injured during the accident. Both of us alighted at the side and exchanged particulars. My vehicle suffered damages to the front right bumper whereas the other party suffered damages on the rear left bumper.

I am lodging this report for my own record purposes and to submit to IDAC for damage assessment.



**SINGAPORE
POLICE FORCE**



T/20190202/2063

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190202/2063

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:
A /
Sgt 3 MUHAMMAD FIRDAUS BIN ABDUL
RASHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

02/02/2019.

Date/Time:
02/02/2019 11:16

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7643133G



Name
CHANDRASEKARAN S/O ARUMUGAM
சந்திரசேகரன்
Race
INDIAN
Date of birth
28-12-1976
Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7643133G**

Name
CHANDRASEKARAN S/O ARUMUGAM

Birth Date **28 Dec 1976**
Issue Date **06 Dec 2010**




001917743B

Land Transport Authority


VOCATIONAL LICENCE

Licence No: S7643133G

Name: CHANDRASEKARAN S/O ARUMUGAM

Issue Date: 14/12/2012

Please visit www.lta.gov.sg to check the status of this vocational licence



4240148



NRIC No: S7643133G



Date of issue
27-06-2008


APT BLK 640A YISHUN STREET 61 #01-182
SINGAPORE 781640

NRIC No: S7643133G Date: 26/08/2009 No: 6268614

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 06 Dec 2010




Licence No: S7643133G

NP 42RA

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------|------------|
| 03 | BUS VL | 14/12/2012 |
| 04 | BUS ATTENDANT | 14/12/2012 |



CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

BVBPSB0005821800

ChaNo: KDH2230033343

1. Index Mark and Registration
Number of Vehicle

PC 9396 T

2. Name of Policyholder

BABY HOLIDAY EVENTS PTE LTD

3. Effective Date of Commencement of Insurance
for the purposes of the Ordinance

07 February 2018
(11:25 Hours)

06 February 2019

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

PERSON OR CLASSES OF PERSON ENTITLED TO DRIVE (AUTHORISED DRIVER)

- 1) NAMED DRIVER STATED IN THE POLICY SCHEDULE
- 2) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND/OR IS DRIVING ON THEIR ORDER OR WITH THE PERMISSION WHO:
 - A) IS BETWEEN 27 TO 65 YEARS OLD (BOTH AGE INCLUSIVE)
 - B) HAS MORE THAN 2 YEARS OF DRIVING EXPERIENCE, AND
 - C) IS HOLDING A VALID RELEVANT CLASS OF DRIVING LICENCE

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE FOR THE CARRIAGE OF PASSENGERS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS FOR FERRYING TOURISTS ONLY.

THE POLICY DOES NOT COVER :

1. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

DEFINITION OF FAMILY MEMBERS : SPOUSE / CHILDREN / PARENTS / PARENTS-IN-LAW OF THE NAMED DRIVER(S) STATED IN THE POLICY SCHEDULE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : UNITED OVERSEAS BANK LIMITED

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

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



Approved Insurers

Examined By