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	Assessment/Survey Report		. ~.
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Owner / Driver: (Tel:	
	Period: (Cover Type: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facils 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.

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
The said of the sa	ACCIDENT STATEMENT
Date Of Report	20/03/2019 12:51
Date Of Accident	15/03/2019 11:30
Exact Location Of Accident	BOON LAY WAY TURNING RIGHT INTO JURONG EAST CENTRA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL901M
insured/Policyholder	
Name Of Registered Owner	ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN
NRIC No	S9080839G
Email Address	KEERTHIBAN30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82536282
Alternative Phone No	OTHERS-82536282
Vehicle Particulars	
Manufacturer	KTM
Model	200 DUKE-200CC
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	REPORTING ONLY

Vehicle Category

MOTORCYCLE

THIRD PARTY

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

NO

Fleet Policy Policy Number

5101670870

Cover Note Number

Driver

Name of Driver

ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN

NRIC No S9080839G Date Of Birth 30/03/1990 INDOOR Occupation Date Of Driving Pass 30/10/2018

0 YEAR AND 4 MONTH Driving Experience

Gender Mobile Number MALE (LOCAL) +65-82536282

Fax Number

Contact Number

OTHERS-82536282

EMail Address

KEERTHIBAN30@GMAIL.COM

Address

1 BUKIT BATOK STREET 25

#10-03

Postcode

658882

OWNER

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190318/7014

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

SHD5855B

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

TAXI

Name of Driver

SIM MOH LIM

NRIC/Passport Number

S0192017J

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 26

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

FBL901M

Were seat belts worn?

Was this injured conveyed to hospital by

Injured person in which vehicle?

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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
- 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)

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
- 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: 20/03/19

11.21 AM

Driver's Signature (If driver is not the policyholder)

Date & Time:

	Julions HOM Bike head collide right side of car	to the
A) FBL 901m		
B) SHO 5855B	1 - food lay	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making	a right torn with my bike based on my of on coming vehicle and then pedestrian I proceeded to make my right torn and my 19th 5010 74x1
crossing then and collid	I proceeded to make my right torn
	Pupoen 1/2019E318/7014

DECLARATION

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

Policyholder's Signature

Date & Time: 20 | e 3 | 20 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No -

11.37 AM





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

1 of 3 Report No. T/20190318/7014

	REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 18/03/2019 17:17		Nade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN			Address: 1 BUKIT BATOK STREET 25	#10-03 SINGAPORE 658882	
ID Type	/ ID No.: D / S90808:		Contact No.: Home/Office: Mobile: 82536282		
Nationality: SRI LANKAN			Email: keerthiban30@gmail.com		
Sex: Age: Date of Birth: Male 28 30/03/1990			Type of Informant: Rider		
Race: Tamil			Language: English	Institution / School Name:	
Occupation: Food science technician			Driving Licence Information: Class: 2B	Date of Expiry:	

Seneral Inform	nation of the Acci	dent				BELLEVIE SE	
Type of Accident:	Injury Others	Drink Drive No	9.7	Date/Time of Accident: 15/03/2019 17:00		Type of Location X-Junction	
	ST CENTRAL						
Weather: Sunny		Road Surface Dry	Road Surface: Dry			Road Speed Limit: 70 Km/h	
Traffic Flow: Traffic Control: Dual Carriage Way Traffic Light - Working			g	Traffi No Tr	c Volume: raffic		
Type of Collis Between Mov	ion: ing Vehicles - Head	To Side				ne conveyed by llance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL901M	Motorcycle	KTM	duke200		Slightly Damaged	0
SHD5855B	Car	TOYOTA	prius	Red	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBL901M	NTUC Income Insurance Co-Operative Limited	5101670870	23/06/2018	22/06/2019	





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

2 of 3 Report No. T/20190318/7014

CONTINUATION OF REPORT

Details of Perso	n Involved		LA04 - 325		10111	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Rider						
Name	ALAGARSAMY NAI NAIDU KEERTHIBA	DUKANDA N	ASAMY	ID No	b))	S9080839G
Related Vehicle	FBL901M (Motorcyc	de)		Conta	ct No.	82536282
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen- Expin	g	Class: 2B Date of Expiry: NIL
Date Treatment	15/03/2019 Date D			charge	17/03	3/2019
No. of Days gran	ted Medical Leave	Degree o		Slight	A Section Co.	
Passenger		I FILE				
Name	Unknown Passenger			ID No		NIL
Related Vehicle	SHD5855B (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

i was going towards jurong east central from boonlayway, i was making a right turn and on coming vehicle seemed to be at the left lane, so i checked pedestrian and mae the right turn and I collided to the side of the taxi, no injury to taxi driver or passenger, i sustained some injuries so i took a taxi to the nearest hospital, while mt friend whom i called attended to my bike and sent to the worshop.





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

3 of 3 Report No. T/20190318/7014

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plar

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2019 17:17
Officer In Charge Of Case; TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	

Claim Handling(Claim Task 002 OD-MX) 3/20/2019 Claim Handling Astrident MT/1026218 91019/199519 gat Regiminan w. Profess Am. Symmittee No. ESCHOLM Certificate No. Poscyholder harte ALAGARSANY NAIDUKANDASANY NAIDU KEERTHIRAN Policyholder NRIC \$100 AFR 793 Frohet Core HOTORCYCLE INSURANCE There French Curtain No. [Home] Contact No.(Office) Compet to (Hopie) No.7 Emilit Addinso Special Remark ecoes. o'Corte Reason NCD Emblement(%) Private Her 96 - Accident Setalls Accident Type Unitrates Accident Report William 24 his Bettert Date 18/83/2019 18:04 726 Date of Acodest Immirrora. Time of Academt Inhomin 33:55 Enurtry of Academ **Биграрите** son his Reporting Centre Grange Force Tecores . Windscreen Excess Own ramage Excess 9.00 Additional Excess Outside Singapore CO Excess Umramed Driver Excess E 99 Quitelli Singapore TP Excess These Party Excess · Senetits GST Registered Information DIST Seaminghair Date DST MALE VIPTING CST Appetration No. 10% magnicanus ingrovy - Paticyholder Mailing Address KINGAPORE STARRO Address 1 I BUST SKYDE STREET JO. Singapore address Post Corte 15882 Address Tyles Address 4 Unit No. Retained Policy Stumber *4101670070 - 01 Driver Info Origin Type Ditter hieral Sincer NOC Driver DOG Unimmed droop Name Solving Experience Driver Ade Register Date of Driver License Cornel Vo. Home Curract No (Miller) Compact No./ Difficact madress 2 Apitmis 2 Post Cook Address 4 Dret. free Diven he own a Singapore Requitered car? Driver Insurer Company Vest - Nor Deliver Stations law. montication mistory Claim DD2 OD-MX MAN BURGRASHAY RAIDUKANDASAH BRICC 940808342 DD-MX Claim Type * Compact No.(Modelet энраныя: #5L901M timel sames FBC901M / SHOSESSE ON 13 Har 2019 Claim Description Professed Limits Puly at Fight 1 Repair Preferred Wofrefund Warkstell Earlies No. Yes Finalisation Detr 20/03/2019 12:49 20/03/2019 12:49 Galle Haspitement ROOL) WASAS Report Taken By From As letter Sere Submit Attachment Claim No. Accident No. W1/3/636236 20/03/2019 14:29 Upload Date Last Doc. Received. * Yes No. Category * (Injent): 1 Description + + 110 Dies Peace Select Choose File: No No chosen * NO Y Normal Char Please Select Choose File No No tie chosen + 110 * Names ٠ Chris Page Select Chaose File No tile chosen t Normal Choose File No file chasen Chir Please Select Y NO e i Normal Clear Chause File No tile chosen • Romal + 100 Chanse File No file chasen Cless Please Select Send Hemap Marcage Real - Attachment List Description Upwaded By/Date: Category **UCEROCY** Witachstern MAC_BURLL_HERAH_BURCA) NATUDWAL ADDISSMENT CENTRE BERVICE S (BURCH HERARY) on 20 Mar 2019 14:29 TITLE 585 2019-5-20 NAC_BURIT_MERAH_BORGTAL MATIGMAN ASSESSMENT CONTRESSENCES. S.(BURIT MERAH)) on 20 Mar 2019 14 3V NRICI Driving Liberal 2019-9-20 MRICI Driving District NAC_BURST_MERAH_BEGGF6) NATIONAL ASSESSMENT CENTRE SERVICE S (BURST MERAH)] on 20 Mar 2019 12:48 Photos 2019-9-70 Prides

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Photos 2019-0-20

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9 Video List							
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	NAC BURTT MERAH BOOK 74(BATT N (BURTT MERAH))	ONAL ASSESSMENT CENTRE SERVICE IN 20 May 2019 12:49	Phytos	Nerros		Photos 2019-3-30	
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	MAC_BORIT_MERAH_BLOGFG; NATE BURIT MERAH)	DAME ASSESSMENT CENTRE MERVICE on 20 Mar 2010 12140	Flores	Nerrial		Photos 2015-3-30	
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S. Commercial Commerci	NAC BURIT MEGAN HOSESE NATI S (BURIT MERAN)	INAL ASSESSMENT CENTRE SERVICE to 25 Mer 2010 12:40	Phytou	Represalt		Pholine 2019-2-20	
	RAC_BURIT_HERAH_WOOGPEF WATE S (BURIT HERAH))	ONAL ASSESSMENT CENTRE SERVICE IN 20 Per 2029 12:48	Pretos	Months		Product 1019-1-00	
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			Claim Handling(Claim Task	UUZ UU-MX1		

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ACCIDENT STATEMENT

ACCID	ENT DATE: (15. 10 3)	2019)(DD/MM/YYYY), TIME:(: 30)(HH:MM
LOCATI	ON: Jorong East	3. Tes		NO IL CONTRACTOR OF THE STATE O
1	DETAILS OF VEHICLE	1,10		g and a second
	a) VEHICLE NUMBER:	FBLJOIM		***
	b)INSURANCE COMPAN	The state of the s		*
	CIPOLICY NUMBER:5			errore en
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD PAR	TY / THIRD PA	RTY FIRE &THEFT]
	e)MAKE & MODEL:			F-0.53 to 111 (-0.04) 0 12 0 50 0 5
	TYPE: (SALOON / COUP	E / MPV /VAN / LORRY	/ MOTORCY	CLE / OTHERS)
*	g) VEHICLE CATEGORY: (I	PRIVATE / COMMERCI	AL / MOTORC	YCLE)
	h)PURPOSE OF USING AT	ACCIDENT TIME:	ersunct from	Sport
,	ARE YOU CLAIMING UN	DER YOUR OWN INSUE	RANCE (YES/L	(0)
280 10	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM / RE	PORTING ONL	·X)
2., 1	NSURED / POLICY HOLD	R		
	AJNAME: + A. N. N			LE / FEMALE)
	NRIC/FIN/PASSPORT:_		_CONTACT:	8 22 345 85
(ADDRESS: 1 Bulcit		25 # 10-	63
· · · · · · · · · · · · · · · · · · ·	CONTINUE TO A 415 PP			
.11	CONTINUE TO 3.4 IF DRI	VER ALSO POLICY HO	LDER	· 9.
	ORIVER AS G	hove		
			(MA	LE / FEMALE)
)NRIC/FIN/PASSPORT:		_CONTACT:_	
	ADDRESS:			
	d) DATE OF BIRTH: (30	103 / 1990 MDDA	111 200001	
	OCCUPATION: (INDOO	e / OUTDOON	vw/11111)	- 1 g
f	DATE OF DRIVING P.F	SC 30/10/2	C10	141
4. V	VAS DRIVER AN EMPLO	YER OF THE INCLINE		V2 (VES / NO)
	NO, RELATIONSHIP C			11 (1037 110)
	WEATHER CONDITION:			
b	ROAD SURFACE: (DRY /	WET / OTHERS TO	the poly	
6. W	AS ANYBODY INJURED	YES / NO)		
7. a	REPORTED TO POLICE I	YES / NO)		p 190
	IF YES, PLEASE STATE WH	ICH POLICE STATION:	Closton	120160
B. Th	IRD PARTY VEHICLE			
to of passenger c) VEHICLE NUMBER:	SHDS3SSB	_MODEL:1	Privs
Including driver) E	DRIVER'S NAME:	(IM MOH LIM		
177	NRIC/FIN/PASSPORT:	501920175	_CONTACT:_	
	IRD PARTY VEHICLE			
THE THE PROPERTY OF THE PARTY O	VEHICLE NUMBER:	(4)	_MODEL:	
) DRIVER'S NAME:			
Induding-driver) 1)	NRIC/FIN/PASSPORT:_	Walled To Jan Street Control	_CONTACT:	
()				
			91 10	181
	1700			

email = Keerthiban 30@gmil.com VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9080839G



ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN



TAMIL

30-03-1990

Country/Place of Sints SRI LANKA



REPUBLIC OF SINGAPORE DRIVING LICENCE S9080839G



ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN

D-in Date: 30 Mar 1990 eme Dow: 27 Feb 2018

002777356F

9419198





SAI LANKAN 26-09-2016

1 BUKIT BATOK STREET 25 #10-03 SINGAPORE 658882

NRIC No. 390808395 Date: 28/12/2016

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

EFFECTIVE DATE

Monorceles == 200 C.C. Monorceles == 200 kg with == ? passengers, exclusive of the driver, and monor temperaturities == 2500 kg

34 Oet 2018 27 Feb 2018

59980839G

(NF:42BA)

S / No.9000319340





Certificate of Insurance

ROAD TRANSPORT ACT, 1987 (M	ALAYSIA)	
MOTOR VEHICLES (THIRD PARTY	RISKS) RULES, 1959 (MALA	AYSIA)
Certificate Number : 5101670	870	Cover : Third Party
1. Index mark and Registration	Number of Vehicle	FBL901M
Chassis Number		: VBKJUC400FC050455
Name of Policyholder		: ALAGARSAMY NAIDUKANDASAMY NAIDU KEERTHIBAN
3. Effective Date of Insurance		23 Jun 2018
 Expiry Date of Insurance 		: 22 Jun 2019
Persons or Classes of Persons	entitled to drive#	
(a) Named Driver(s) Only.	CONTRACTOR OF THE CONTRACTOR O	MITCHIC SC UTC STANDARD SPANCES WERE STREET OF THE WITCHIC SCHOOL OF THE PROPERTY OF THE
1 2 3 4 3 4 3 5 3 3 3 4 5 5 5 5 5 5 5 5 5 5		cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any
	in that behalf from driving	1450 S101 CS1456 CS15
Limitations as to Use#	in the second name and of	STORE INTO CONTRACTOR
	nd pleasure purposes and	in connection with the Policyholder's business or profession.
This Policy does not cover		nnus samuense 42:11.00/2.16ta 54:11.00/3.16ta 12:151.17t.1862-828/V03:2043-17:1600-17:11.77
(a) Use for hire or reward.		
(b) Use for racing, pace-mak	ing, reliability trial or spee	d-testing.
[네 10개의 다시장이었다. 하네네스 하고 얼마는데 얼마를 살아진	in connection with any trade or business.
(d) Use for any purpose in co	onnection with the Motor	Trade,
	the second secon	e Motor Vehicle (Third Party Risks and Compensation) Act t Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings.	the second secon	
(Chapter 189) and Section headings.	n 95 of the Road Transpor	
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	n 95 of the Road Transpor : N/A : N/A : N/A	t Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1)	n 95 of the Road Transpor N/A N/A N/A ALAGARSAN	
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2)	n 95 of the Road Transpor	t Act, 1987 (Malaysia), are not to be included under these
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