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	I-Motor W/O (Within: OD 2)	WALLES STORY	16:18 .
OD TTY Reporting Only	I-Photo Uploaded	1	12.04-
	Assessment/Survey Report		·
TP Insurer:	Ass't Report by Pax / Hand	to Owner/Wksp	
Proforred Witep / INC Assign Wksp / QW: (MATERIAL DESIGNATION OF THE PERSON NAMED IN COLUMN	Fax:
TP Raidicularsi Veh Nor SL	2/6FX . INC)/Non-INC().	I Company of the
Owner / Driver: (150/	Tel:)
Policy No: () Per	lod: (Cover Type: ().
Confirmed by ; (· Datei,	Timer)
Insured/Driver Liability: (%) [N	Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
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1) Apply for Transport Allowance ()/C	ourtesy Car ()	Per municipal number dimension	S. W. C. A.
2) QC Check / Post Repair Inspection	(· ·)	500 MILLION STREET, 1200 TO 12	, , ,
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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 consent to the archiving of this report at the centre and to copies of the report being made available.
- aforesaid.

CARL CARL CALL CALL CALL	ACCIDENT STATEMENT
Date Of Report	04/04/2019 15:51
Date Of Accident	24/03/2019 13:30
Exact Location Of Accident	PETIR ROAD TOWARDS JELEBU ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC9427D
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83321201
Alternative Phone No	OFFICE-83321201
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	
Driver	
Name of Driver	THAVAMANI PRASATH
Passport No/FIN	G2725827T
Date Of Birth	26/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83321201
Fax Number	
Contact Number	OTHERS-83321201
EMail Address	NACHAIL

NOEMAIL

Address

BLK 456 CHOA CHU KANG AVENUE 4

#05-91

Postcode

680456

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 - U-TURN

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 POLICE REPORT T/20190403/2092

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 Vehicle Make/Model/Colour

SLZ168X

Details Of Properties

BMW

Vehicle Category

PRIVATE CAR

Name of Driver

MARCUS LOY JINWEI

NRIC/Passport Number

S9050992F

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

THAVAMANI PRASATH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC9427D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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
- 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.
- 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.
- 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.
- 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)

l 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:
 - 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.

Dans-K

- (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

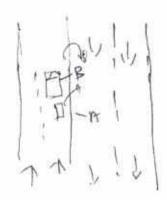
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



A) FBC 94270. B) SY 168X

DESCRIBE	CIRCUMSTANCES OF THE ACCIDENT
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CLARATION	

the foregoing particulars are true in every respect.

Policyholder Sebaru

Date & Time:

a. pous H Driver's Signature

(if driver is not the policyholder)

Date & Time:

NRIC/FIN No.





T/20190403/2092

1 of 3

Report No. T/20190403/2092

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

			The second secon
DEDORT	OF A	TRAFFIC	ACCIDENT

	Date/Time Report Made: 03/04/2019 13:08		Vide Report No.:	Station Diary No.:
Informa	nt's Partici	ulars		
	f Informant: MANI PRAS		Address: APT BLK 456 CHOA CHU KANG AVENUE 4 #05-9 SINGAPORE 680456	
CONTRACTOR CONTRACTORS	/ ID No.: / G2725827	·T	Contact No.: Home/Office: Mobile: 83321201	
National INDIAN	ity:		Email:	*
Sex: Male			Type of Informant: Rider	<u> </u>
Race: Indian			Language:	Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class:	Date of Expiry:

General Inform	nation of the Accident	August College Co.		MARKET AND STREET
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2019 13:30	Type of Location:
Location: Along Road 1 PETIR ROAD TOWARDS JI		4 4440		
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collis	ion:		a	Inyone conveyed by mbulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9427D	Motorcycle	YAMAHA	X-1R		Slightly Damaged	0
SLZ168X	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV			0





T/20190403/2092

2 of 3

Report No. T/20190403/2092

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

CONTINUATION OF REPORT

Details of Perso					
Any Pedestrian I					
No. of Pedestrians Injured: NIL		Use of Per	destria	n Cross	sing: NA
Rider		UE COMP		0100	oning. 14/A
Name	THAVAMANI PRASATH		ID No).	G2725827T
Related Vehicle	FBC9427D (Motorcycle)		Conta	act No.	83321201
Hospital/Clinic	NIL		Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment NIL Date D		Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver		Dog.co or	injury	INIT	
Name	MARCUS LOY JINWEI		ID No		S9050992F
Related Vehicle	SLZ168X (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
do of Dave great	ed Medical Leave NIL	Degree of I		NIL	

Brief Details.

ON STATED TIME, DATE AND LOCATION,

I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE OF 2 LANES WANTED TO GO STRAIGHT. OUT OF A SUDDDEN, THIS SAID M/CAR MADE A SUDDEN BRAKE (EMERGENCY BRAKE) AND MADE A U TURN WITHOUT TURN ON HIS RIGHT SIGNAL LIGHT. I HAD NO TIME TO REACT. I SWERVED MY VEHICLE TO THE RIGHT AND FALL DOWN. NO VEHICLE WAS INVOLVE AND I DID NOT COLLIDE ONTO ANY OTHER VEHICLES. I SUFFERED SOME CUTS ON MY HAND AND LEG. WE DECIDED TO SETTLE PRIVATELY BUT THE DRIVER WANTED TO CLAIM INSURANCE AGAINST ME CLAIMING THAT I HAD DAMAGED HIS VEHICLE. I AWARE THAT WHEN THE ACCIDENT HAPPENED, I DID NOT HIT OR COLLIDED ONTO ANY OTHER VEHICLE INCLUDING THE VEHICLE INFRONT ME. THE INCIDENT WAS ATTENDED BY TRAFFIC POLICE BUT HE SAID " NO PROBLEM" THATS WHY I CAME BACK HOME.





T/20190403/2092

3 of 3

Report No. T/20190403/2092

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

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:	Signature Of Informant:
AHMAD JALALUDDIN BIN AHMAD	T. Parts
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2019 13:08
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
authentication Stamp	



J/20190402/2039

1 of 2

Report No. J/20190402/2039

POLICE REPORT (NP299)

Police Station Of Origin Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

Date/Time Report Made 02/04/2019 11:14	Vide Rep	ort No:		Station Diary No. 42
Name Of Informant THAVAMANI PRASATH	Address APT BLK 456 CHOA CHU KANG AVENUE 4 #05-91 PR LODGE 1B SINGAPORE 680456			ENUE 4 #05-91 PPT
ID Type / ID No. FIN NO / G2725827T	Contact No. Home/Office Mobile 83321201			T. 10
Nationality INDIAN	Email Address			
Occupation GRAB RIDER	Sex Age Date of Birth Race Male 26 26/05/1992 Indian			
Institution/School Name	Language English			F 20
Date/Time Of Incident 24/03/2019 13:30	Location Of Incident PETIR ROAD SINGAPORE Towards Jelebu Road			

Brief details.

On the 24/03/2019, at around 1330hrs, I was riding my motorbike namely V1) FBC9427D along Petir Road towards Jelebu Road behind a car namely V2) SLZ168X when V2 came to an abrupt stop. In order to avoid collision, I swerved to the right of V2 and did not collide with the vehicle. However, I was informed by my company that the owner of V2 had made an insurance claim against me, claiming that I had damaged his vehicle. The incident was attended by Traffic Police vide incident number ref; J/20190324/0069.

Signature Of Officer Recording The Report:	Signature Of Informant:
J / YAP WEI XUAN	T. Bast 9
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2019 11:14
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 BALJIT SINGH GREWAL Contact No.: 67910000	Classification Of Case:

SN 114





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190402/2039

I wish to state that I am making this report by request of my company for record purposes.

				1000
Signature	Of Officer	Recording	The	Report.

J / YAP WEI XUAN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 BALJIT SINGH GREWAL Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Dogath

Date/Time: 02/04/2019 11:14

Classification Of Case:

SN 114

Accident MT/103753	A STANSON AND SERVICE									
Relicy No.	5585645204-02	Vehicle tro.	70094379		GST Rey	pstration No.				
Certificate No.										
Policyholder Name	ALORIDE PTE, LTD.				Policyho	ider MILIC		3000	EEMW :	
Product Code Contact No.(Mobile)	FLEET INVARIANCE	Circle Type	Third Party		Leading					
Email Address	NA.	Contact No. (Office)				No.(Home)				
101k	+ 910 Yex:	Special Remark	30 MW. Cress		eCode eCode M	200000		No.*		
NCD Protection	No.	NCD Intitlement(%)	0.					AND PLAN		
- Accident Detail		mean aniocentential sea	191		Provide I	100		Not ava	Missie	
Report Date:	26/03/2019 15:35	Accident Report Within 24 hrs.	Yes		Accident	Tone		Continue	n - mead to	William
Date of Assistent	24/03/2019	Time of Accident Animal	14:00			ef Accident		Singage		- Marie
Reporting Centre		Ovange Force			20M No.					
Accident Location	PETIH BOAD (OPPSITE MAYSPRINGS CONDO)									
· faces										
Dert damage Excess	0.00	Additional fraces			Windoor	nen Ewotza				
Unnamed Driver Escar		Outside Singepore OD Excess								
Third Party Excess	1,909.182	Outside Singapore TF Excess								
∀ Benefits ∨ GST Registered	Total Control of the									
DST Registered			-	anacomorphics						
iST Registration No.	Ma)			gistration Cata Hus Verified						
Hardfleatter Pistory			97419	And Market All		7910				
▽ Policyholder Ma	iling Address									
Kalarese S	31 ALEAANDRA KDAD	Address I	#175-US ALESSA	NDREA	Address	1		SINGAP	986 1599	sit:
Artitrosis 4		Actives Type	Singepure autore		Post Cod	e		159963		
Unit No.	84-48	Related Policy Kumber	5365545304-03							
Of Driver Info		Date of Town								
Unnamed Solver Name		Oriver Type Oriver NRIC			28,1540					
Angiater Date of Driver	Comse	Driver Age			Driver Di	apartence				
Contact No.(Mypile)		Contact No.(Office)				va.(home)				
Address 1		Address 2			Actives					
Address 4		Address Type	Foreign address		Post Cod	¢:				
ine No.										
Sees he own a tingage legittered car?	161 - 161	Driver Vehicle No.			Criver 31	Kurier Company				
Claim 002 New										
ottenant vitr				DD-MX	• Insured	ALORIGE PTI	r. LTD.		Annurum	Surezassan.
Dain Type *				DD-HX	Insured Name Contact		I LTD		Contact	Entersassen
Dain Type *				CO-MX:	No. (Hame)		E LTD		MAJC Contact No. (Office)	501 613334M
Darm Pype *				SD-MX:	Contact No. (Hame) Of Valuable	F8C9427D	r LTD		MUC Contact No. (Office) TP Vehicle	\$12160x
Darri Pyse * Sercact Ne (Mobile) Irres Address					Contact No. (Hame) Of Variate Humber	F8C9427D	E LTD.		MUC Contact No. (Office) TP	-
Claim Type * Contact No. (Molete) Contact No. (Molete) Contact No. (Molete) Contact No. (Molete)				SD-MX FBC3427D / SLZ188X ON	Contact No. (Hame) Of Variate Humber	F8C9427D	r, LTD.		MAIC Contact No. (Office) TP Vehicle Number	512168X
Chirth Pype * Contact No. (Molete) Constact No. (Molete) Constant Automate Colors Description Notice of Colors of Co	Internal Liability Not at Tout	•			Contact No. (Hame) Of Variate Humber	F8C9427D	r LTD		MAIC Contact No. (Office) TP Vehicle Number Name of Preferred	517168X
Contact No. (Mobile) Creat Abtress Claim Description Preferring Contact No. Tes	Angle Internal Liabring Not of Twelt Performed Workshop, Name of Region				Corried No. (Harne) OF Valuate Number 34 Mar 2018	F8C9427D	E LTD.		MAIC Contact No. (Office) TP Vehicle Number Name of Preferred	517168X
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ACCIDENT STATEMENT

ACCIDENT DATE: 24 18 18-19 100/MMM	YYYI TIMEN OL - 20 MINIMU
LOCATION: Along Road 1 popper or	rad The Tild and
1. DETAILS OF VEHICLE	say to make I dead to the
a) VEHICLE NUMBER: FRC 9427	0
DINSURANCE COMPANY:	2
C)POLICY NUMBER:	
d) POLICY TYPE: (COMPREHENSIVE / THIRD P	PARTY / THIPD PARTY CIDE STUCEN
1) TYPE: (SALOON / COUPE / MPY /VAN / LOI	RRY / MOTORCYCLE / OTHERS)
TOTAL STREET TO THE SECOND PARTY OF THE PARTY OF THE PARTY AND THE PARTY	CIAL ILLOTO COLLOLO
IN PURPOSE OF USING AT ACCIDENT TIME:	01-30 pm
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	SURANCE (YÉS/NO)
/ OLIC HOLDER	KEPORTING ONLY)
A)NAME: (I Pagodt	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: (A 2 72 C 02 C	10 000000000000000000000000000000000000
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Chichedina daine) ONAME: HCOICER.	W 1 1 1 = 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1
() CINAC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT:
C ADDRESS:	
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eloccupation: (INDOOR / OUTDOOR)	/MM/YYYY) : .
DETTE OF DRIVING DACK 97/1/	03/2068
". WAS DRIVER AN EMPLOYEE OF THE INSUE	LED'S COMPANY? (YES) (M)
TO THE PROPERTY OF THE PROPERT	T1 T4 (m) 1 m m m m
5. GIWEATHER CONDITION: (CLEAR / RAINING / DIROAD SURFACE: (DRY / WET / OTHERS	OTHERS
O. WAS ANTRODY INJURED (YES / NO)	
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IF YES, PLEASE STATE WHICH POLICE STATION	TRAFFIC YOUCH.
No of DESCRIPTION OF NOTIFICE	ALCOHOL MANAGEMENT AND
Including driver) b) DRIVER'S NAME:	MODEL: BMW X-IR
() NRIC/FIN/PASSPORT: 5905552 F	COURTER
Y. THIRD PARTY VEHICLE	CONTACT:
No of passenger di VEHICLE NUMBER:	_MODEL:
Industra data (e) DRIVER'S NAME	
() NRIC/FIN/PASSPORT:	CONTACT:
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EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

AMV PTE LTD.



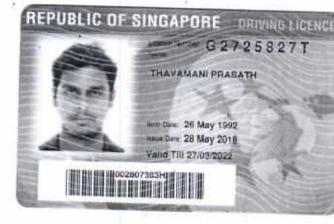
THAVAMANI PRÁSATH

CHAUFFEUR, PRIVATE MOTOR CAR

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tiate of feare 25-01-2018 25-01-2020

L8587846



VISIT PASS Immigration Regulations

THAVAMANI PRASATH



Date of Birm Sex

26-05-1992 M

Date of leave

G2725827T 25-01-2018 25-01-202Q

INDIAN Date of Exp.

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 2B Motorcycles =< 200 oc 28 Mar 2017
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 28 May 2018
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSATION	ON) ACT (CHAPTER 189) ON) RULES, 1960		
ROAD TRANSPORT ACT, 1987 (M MOTOR VEHICLES (THIRD PARTY		AVSIA)		
Certificate Number : 5085645	204-02	Cover : Third Party		
1. Index mark and Registration I	Number of Vehicle	: FBC9427D		
Chassis Number	352	: 453301311		
2. Name of Policyholder		: ALORIDE PTE, LTD, : 02 Nov 2018		
3. Effective Date of Insurance				
4. Expiry Date of Insurance		: 01 Nov 2019		
Persons or Classes of Persons	entitled to drive#			
(a) The Policyholder.				
(b) Any other person who is	driving on the Policyholde	er's order ar with his/her permission.		
the Motor Vehicle or has	driving is permitted in acc been so permitted and is n that behalf from driving	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 g the Motor Vehicle.		
Limitations as to Use#				
(a) Use for social domestic ar	nd pleasure purposes and	in connection with the Policyholder's or Hirer's business.		
This Policy does not cover				
(a) Use for racing, pace-maki	ng, reliability trial or spee	d-testing.		
(b) Use for the carriage of go	ods (other than samples)	in connection with any trade or business.		
(c) Use for any purpose in co	nnection with the Motor	Trade.		
neadings.		t Act, 1987 (Malaysia), are not to be included under these		
EXCESS (SECTION 1) EXCESS (SECTION 2)	± N/A			
INSURE WITH COE	: S\$1,500			
NAMED DRIVER (1)	: N/A			
NAMED DRIVER (2)	: N/A : N/A			
HIRE PURCHASE COMPANY	: N/A			
SUM INSURED	: N/A			
	- 170			
I/We hereby Certify that the Polic Vehicles (Third Party Risks and Cor	to which this Certificate npensation) Act (Chapter	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)		
Agency : WTT I	NSURANCE AGENCIES PTE	ELTD (00000614933)		
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	140	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED		
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