

[waf 1 Jan'05]

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R. M. A. 46904344

MP/103868001 03/06/2017  
TP (hrs): 03

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Donboy

EXHIBIT A - 10

11. From Gladstone to the Irish people

1. The first part of the document is a title page. It contains the title of the document, the author's name, and the date of the document. The title is "The first part of the document is a title page." The author's name is "The author's name is the name of the person who wrote the document." The date of the document is "The date of the document is the date when the document was written." The title page is the first page of the document and it contains the title, author's name, and date of the document.



## 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	03/04/2019 16:48
Date Of Accident	30/03/2019 00:50
Exact Location Of Accident	SELEGIE ROAD TOWARDS FORT CANNING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8985P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAPHAD SERVICES
Co Reg No	53287997W
Email Address	SAPHADSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91448584
Alternative Phone No	OFFICE-91448584

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105034834
Cover Note Number	

### Driver

Name of Driver	SAPARI BIN SALIA
NRIC No	S1561258D
Date Of Birth	20/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91448584
Fax Number	
Contact Number	OTHERS-91448584
Email Address	SAPHADSERVICES@GMAIL.COM

Address : BLK 1 HOLLAND CLOSE  
#05-131

Postcode : 271001

Was driver an employee of the Insured's Company : YES

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 : HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? : 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) : 2

Passenger 1 : NAME: : HADHIRAH BTE ISNAN  
GENDER: : FEMALE

#### 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/20190330/2066

#### 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 : UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category : PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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: **Rosh Wani**  
NRIC/FIN No.:



SKETCH PLAN



A - GBH8985P  
B - UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20190330/2066

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:

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



# SINGAPORE POLICE FORCE



T/20190330/2066

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

1 of 3

Report No. T/20190330/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 13:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAPARI BIN SALIA			Address: APT BLK 1 HOLLAND CLOSE #05-131 SINGAPORE 271001		
ID Type / ID No.: NRIC NO / S1561258D			Contact No.: Home/Office: Mobile: 91448584		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 20/07/1962	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2019 00:50	Type of Location:
Location: Along Road 1 STAMFORD ROAD  TOWARDS FORTCANNING - SELIGI RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8985P	Van	TOYOTA	HIACE DX 2.8 AUTO		Seriously Damaged	1

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20190330/2066

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

2 of 3

Report No. T/20190330/2066

**CONTINUATION OF REPORT**

Driver			
Name	SAPARI BIN SALIA	ID No.	S1561258D
Related Vehicle	GBH8985P (Van)	Contact No.	91448584
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.**

ON STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MIDDLE LANE OF THREE LANES. OUT OF A SUDDEN, CORNER OF THE JUNCTION, I WAS HIT BY A WHITE CAR ON THE LEFT PORTION OF MY VEHICLE. SO I STOPPED MY VEHICLE. THE DRIVER ALMOST HIT ONTO THE LEFT DIVIDER AND MANAGED TO CONTROL HIS VEHICLE. THE WHITE CAR DROVE OFF AND BEATING THE RED LIGHT WITHOUT STOPPING. MY CONCERN FROM MAKING THIS REPORT IF TRAFFIC POLICE OFFICER CAN HELP TO INVESTIGATE OF THIS WHITE VEHICLE.





**SINGAPORE  
POLICE FORCE**



T/20190330/2066

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

3 of 3

Report No. T/20190330/2066

**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:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/03/2019 13:28

Classification Of Case:

Signature:

## Claim Handling

Accident HT/1038886

Policy No.	5125034E34	Vehicle No.	GBH898SP	GST Registration No.	
Certificate No.				Policyholder NRIC	51287997W
Policyholder Name	SAPHAD SERVICES	Cover Type	Preferred Workshop Plan	Loading	0
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91448584	Special Remark		eCode	No *
Email Address		TCA	- No Yes	eCode Reason	
KPI	- No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	03/04/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	30/03/2019	Time of Accident (hh:mm)	00:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SELEGE ROAD TOWARDS POKT CANNING				

## Excess

Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Data	
GST Registration No.		GST Status Verified	Yes
Modification History	03/04/2019 16:45:57 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 1 #05-131	Address 2	HOLLAND CLOSE	Address 3	SINGAPORE 271001
Address 4		Address Type	Singapore address	Post Code	271001
Unit No.	05-44	Related Policy Number	509035637-02		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/07/1962
Unnamed driver Name	SAPARU BIN SALTA	Driver NRIC	S1561258D	Driving Experience	32
Register Date of Driver License	24/02/1987	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	91448584	Contact No.(Office)		Address 3	SINGAPORE 271001
Address 1	BLK 1 #05-131	Address 2	HOLLAND CLOSE	Post Code	271001
Address 4		Address Type	Foreign address		
Unit No.	05-131				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GBH898SP	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No

## Modification History

Claim 001

New

Claim Type *	CO-PR	Insured Name	SAPHAD SERVICES	Insured NRIC	51287997W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Q1 Vehicle Number	GBH898SP	TP Vehicle Number	UNKNOWN CAR
Claim Description	GBH898SP / UNKNOWN CAR ON 30 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received *
Repair Option	Yes	Preferred Workshop: Name unknown			
Date Registered	03/04/2019 16:47	Claim Close Date		Date Received	03/04/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK Letter

Save Submit

## Attachment

Accident No.	HT/1038886	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/04/2019 17:03
Path *		Category *	Confidential
Choose File: No file chosen		Urgency *	Description *
Choose File: No file chosen		Normal *	
Choose File: No file chosen		Normal *	
Choose File: No file chosen		Normal *	
Choose File: No file chosen		Normal *	
Choose File: No file chosen		Normal *	
Choose File: No file chosen		Normal *	
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 17:03		NRC/ Driving License	Normal	NRC/ Driving License 2019-4-3	
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 17:03		SAS	Normal	SAS 2019-4-3	
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:48		Photos	Normal	Photos 2019-4-3	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:48	Photos	Normal	Photos 2019-4-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:48	Photos	Normal	Photos 2019-4-3
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:47	Photos	Normal	Photos 2019-4-3

TF - Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		



# ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 03 / 2019 (DD/MM/YYYY), TIME: 00 : 50 (HH:MM)

LOCATION: SELEGIE ROAD TOWARD FORT CANNING

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 8985 P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5105034834  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: COMPREHENSIVE  
 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)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) T.P

## 2. INSURED / POLICY HOLDER

- a) NAME: SAPHAD SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

HADHIRAH BTE ISHAN

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  
 DRIVER

\* No of passengers  
 (Including driver)  
(02)

- a) NAME: SAPAKI BIN SALIA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1561258-D CONTACT: 91448584  
 c) ADDRESS: BLK 1, HOLLAND CLOSE #05-131 S 271001

\* d) DATE OF BIRTH: 20 / 07 / 1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/02/1997

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

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: TRAFFIC POLICE - UBI AVE

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 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)  
( )

\* No of passenger  
 (Including driver)  
( )

email = saphadservice@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1561258D



Name

SAPARI BIN SALIA

Race

JAVANESE

Date of birth

20-07-1962

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1561258D

Name

SAPARI BIN SALIA

Birth Date: 20 Jul 1962

Issue Date: 17 Jun 2004



5617146



NRIC No: S1561258D



Date of issue

13-06-2016

Address

APT BLK 1 HOLLAND CLOSE  
#05-131  
SINGAPORE 271001

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

	PASS DATE	
Class 2B	Motorcycles not exceeding 200 cc	
Class 2A	Motorcycles between 201 cc and 400 cc	14 Mar 1985
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	14 Mar 1985 24 Feb 1987
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg	30 Mar 1995 17 Jul 1995



## 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)

**Certificate Number :** 5105034834

**Cover :** Preferred Workshop Plan

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBH8985P        |
| Chassis Number  | : GDH2011010612   |
| 2. Name of Policyholder   | : SAPHAD SERVICES |
| 3. Effective Date of Insurance  | : 29 Oct 2018     |
| 4. Expiry Date of Insurance   | : 28 Oct 2019     |
| 5. Persons or Classes of Persons entitled to drive#   |                   |
| (a) The Policyholder.   |                   |
| (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#   |                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : DING FENG PTE. LTD. (00000615356)

Date of Issue : 26 Oct 2018 16:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive