



### 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	09/04/2019 16:18
Date Of Accident	12/07/2017 10:40
Exact Location Of Accident	ALONG TUAS BAY DRIVE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4687C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S C ANG CONSORTIUM PTE LTD
Co Reg No	199706083C
Email Address	NISHA@SCANG.COM
Mobile Phone No	(LOCAL) +65-86797309
Alternative Phone No	OFFICE-62731096
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200-1.5 D L ABS AIRBAG 2WD 6DR (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082991861
Cover Note Number	

#### Driver

Name of Driver	MURUGESAN CHINNADURAI
Passport No/FIN	G6511122K
Date Of Birth	09/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86797309
Fax Number	
Contact Number	OFFICE-62731096
EMail Address	NISHA@SCANG.COM

Address -  
 Postcode  
 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 SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? YES  
 Foreign Vehicle Registration Number JNR5391 (MOTORCYCLE)  
 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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name NANYANG N.P.C  
 Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7929999 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20170712/2212

**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 JNR5391  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 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

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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:

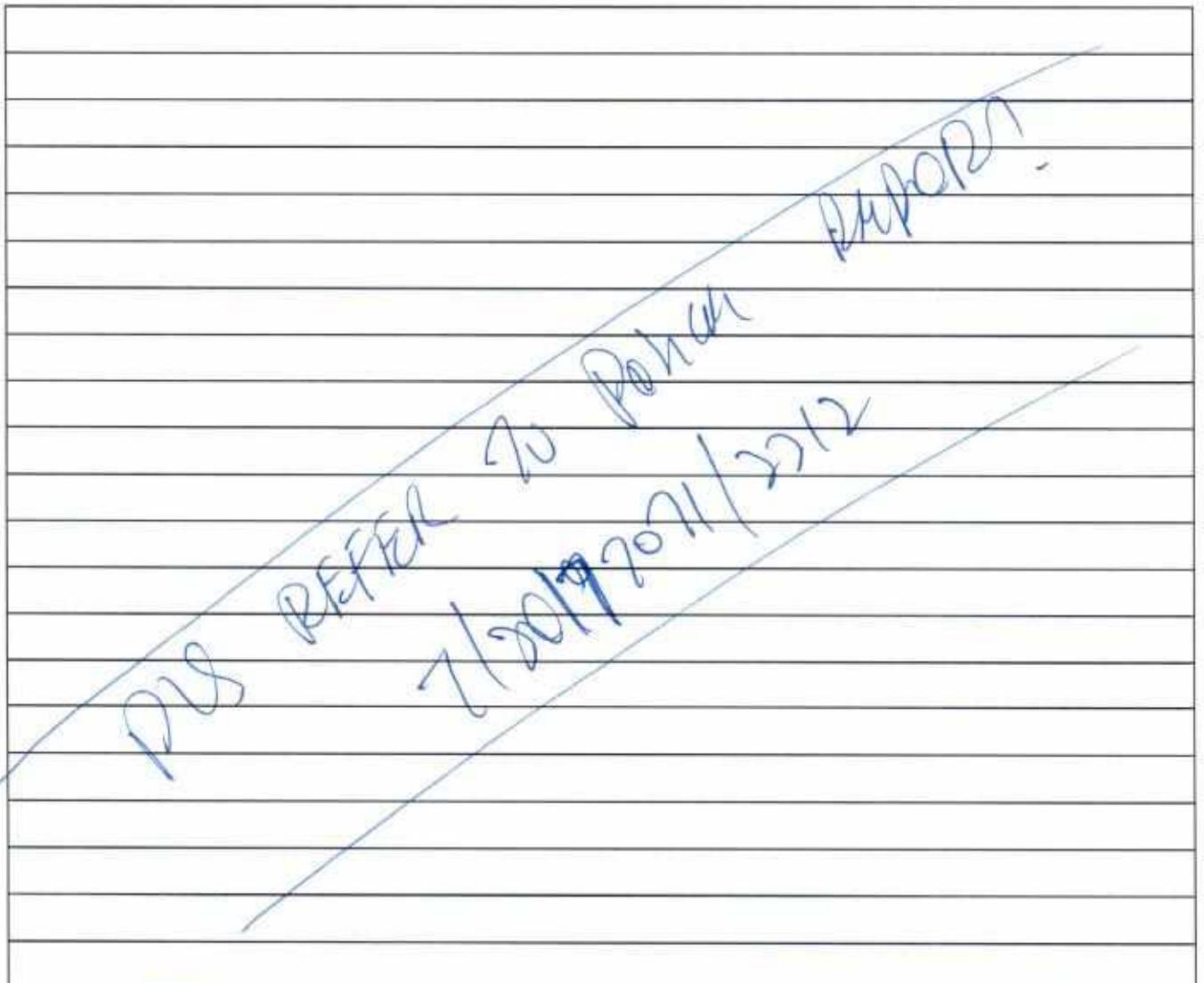
*M. Chinnadurai*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*08/06/2019*  
*Rashmi*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

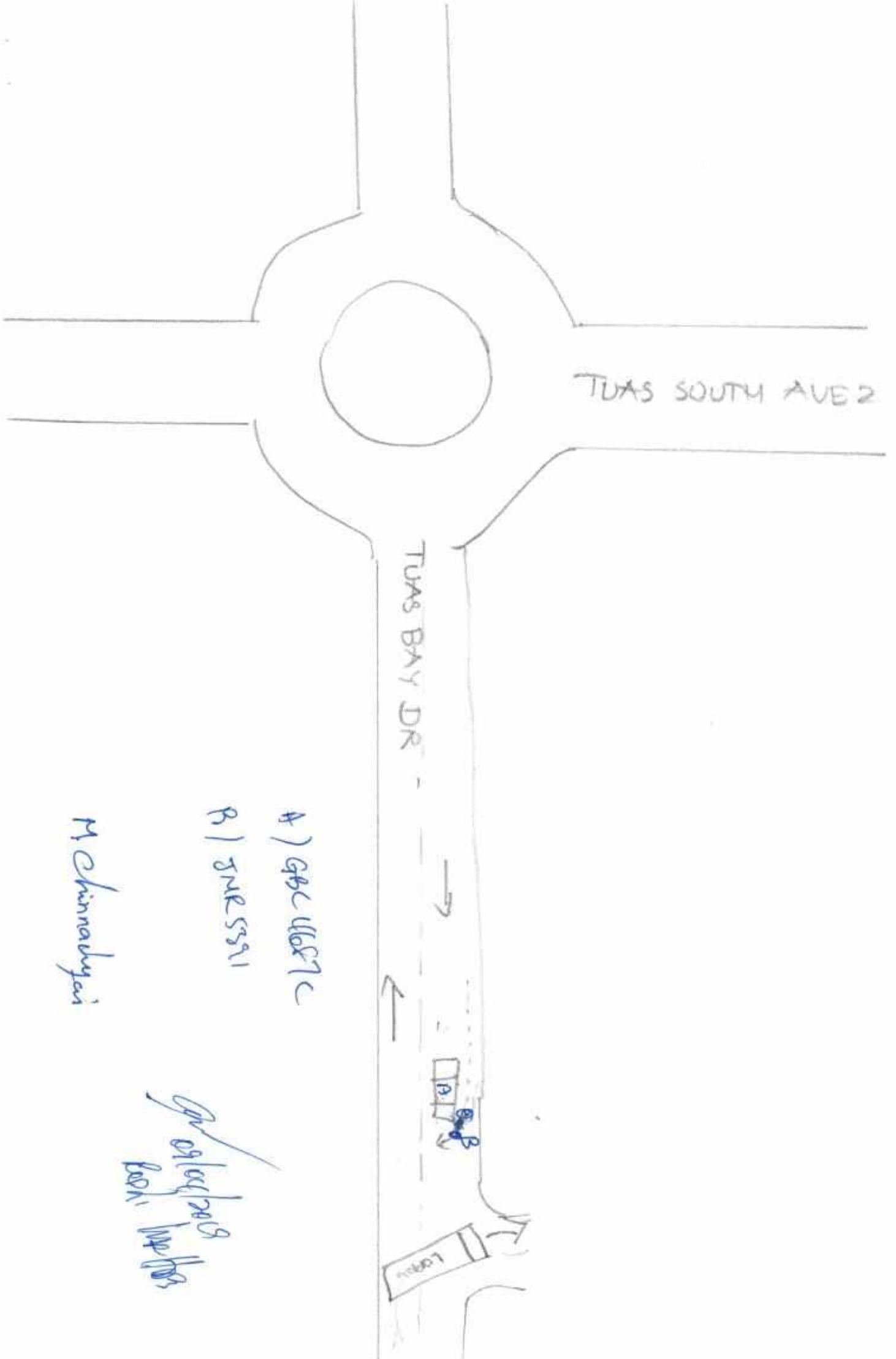
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

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

09/06/2019  
Reporting Centre Personnel's Signature  
Name: ASLI  
NRIC/FIN No.:



TUAS SOUTH AVE 2

TUAS BAY DR



A) 46C 46C7C

B) 5NR 5811

M. Chinmadyai

gn/alex 2019  
book: methods



**SINGAPORE  
POLICE FORCE**



T/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20170712/2212

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/07/2017 21:10	Vide Report No.: J/20170712/0093	Station Diary No.: 192
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**Informant's Particulars**

Name of Informant: MURUGESAN CHINNADURAI		Address:	
ID Type / ID No.: FIN NO / G6511122K		Contact No.: Home/Office:	Mobile: 86797309
Nationality: INDIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 09/05/1983	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2017 10:40	Type of Location: Straight Road
Location: Along Road 1 TUAS BAY DRIVE ALONG TUAS BAY DR				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4687C	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR	Silver	Slightly Damaged	0
JNR5391	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20170712/2212

**CONTINUATION OF REPORT**

Driver			
Name	MURUGESAN CHINNADURAI	ID No.	G6511122K
Related Vehicle	GBC4687C (Van)	Contact No.	86797309
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 12/07/2017 at around 1040hrs, I was driving my company van: GBC4687C along lane 1 of Tuas Bay Dr. Just before 80 Tuas Bay Dr, a vehicle of unknown license plate was turning into the company premises along lane 2 and the motorcycle: JNR5391 that was behind the vehicle decided to overtake. The motorcyclist did not signal its intention to overtake and cut into lane 1. As I did not know that the motorcyclist is overtaking, I could not stop my van: GBC4687C in time and thus collided into the motorcycle.

As a result of the collision, my van left bumper was dented while the motorcycle front license plate was also damaged. The motorcyclist's left knee was swollen. Shortly after, the paramedics and the Traffic Police arrived. The motorcyclist was conveyed by the ambulance and the Traffic Police advised me to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No T/20170712/2212

**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: J/ NG YEWE TECK 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No.:

Signature Of Informant: 
Date/Time: 12/07/2017 21:10
Classification Of Case:

Authentication Stamp  
NP168



**Claim Handling**

Accident NT/1037831

Policy No.	SD82911861	Vehicle No.	GBC4687C	GST Registration No.	199706083C
Certificate No.					
Policyholder Name	S C ANG CONSORTIUM PTE LTD	Cover Type	Third Party	Policyholder NRIC	199706083C
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)		Leasing	C
Contact No. (Mobile)	NA	Special Remarks		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KfC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	28/03/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	12/03/2017	Time of Accident (hr:min)	10:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG TUAS BAY DRIVE				

**Excess**

Own damage Excess	0.00	Additional Excess	Whitewash Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	10/11/1997
GST Registration No.	199706083C	UST Status Verified	Yes

Modification History

28/03/2019 15:06:11 System changed GST Registered from No to Yes  
 28/03/2019 15:06:11 System changed GST Registration No. from null to 199706083C  
 28/03/2019 15:06:11 System changed GST Registration Date from null to 10/11/1997

**Policyholder Mailing Address**

Address 1	BLK 123 #04-85	Address 2	BUKIT MERAH LANE 1	Address 3	SINGAPORE 150123
Address 4		Address Type	Singapore address	Post Code	150123
Unit No.		Related Policy Number	3106204927		

**DI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)	86787308	Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	S C ANG CONSORTIUM PTE LTD	Insured NRIC	199706083C
Contact No. (Mobile)	87542328	Contact No. (Home)		Contact No. (Office)	82711096
Email Address		Vehicle Number	GBC4687C	TP Vehicle Number	2NK1391
Claim Description	GBC4687C / JNR5391 ON 12 Jul 2017				
Referred Workshop		Insured Liability	Not at Fault	GIA Report	Received
Repaired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	08/04/2019 16:17
Date Registered	08/04/2019 16:16	Workshop Refrainer	BOSLI WAHAB	Total Loss Sett Received	
Report Taken By					

Print AK letter

**Attachment**

Accident No.	NT/1037831	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/04/2019 16:17

Path \*

Attachment	Upload By/Date	Category	Urgency	Description	Req Sent (CO)
Choose File No file chosen		SAS	Normal	SAS 2019-4-9	
Choose File No file chosen		NRIC/Driving License	Normal	NRIC/Driving License 2019-4-9	
Choose File No file chosen		Photos	Normal	Photos 2019-4-9	
Choose File No file chosen		Photos	Normal	Photos 2019-4-9	

**Attachment List**

Attachment	Upload By/Date	Category	Urgency	Description	Req Sent (CO)
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 16:57		SAS	Normal	SAS 2019-4-9	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 16:57		NRIC/Driving License	Normal	NRIC/Driving License 2019-4-9	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 16:17		Photos	Normal	Photos 2019-4-9	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 16:17		Photos	Normal	Photos 2019-4-9	



NAC\_BUKIT\_MERAH\_800674( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Apr 2019 16:17

NAC\_BUKIT\_MERAH\_800674( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Apr 2019 16:17

NAC\_BUKIT\_MERAH\_800674( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Apr 2019 16:17

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S (BUKIT MERAH)) on 09 Apr 2019 16:17

NAC\_BUKIT\_MERAH\_800674( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 09 Apr 2019 16:17

Photos

Photos

Photos

Photos

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Normal

Normal

Normal

Normal

Normal

Normal

Photos 2019-4-9

Photos 2019-4-9

Photos 2019-4-9

Photos 2019-4-9

Photos 2019-4-9

Photos 2019-4-9

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/07/2017) (DD/MM/YYYY), TIME: (10:46) (HH:MM)

LOCATION: ~~Tuas Bay~~ Along near Bay Drive

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC4687C
- b) INSURANCE COMPANY: NTUC
- 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 purpose
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SC MAH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62731096
- c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 86 7 7309
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNR 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)  
( )

\* No of passenger  
(including driver)  
( )

email = nisha @ scang . com

VIDEO

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

Employer:  
**S C ANG CONSORTIUM PTE. LTD.**



Name:  
**MURUGESAN CHINNADURAI**

Work Permit No.: **0 346B3360**      Sector:  
**CONSTRUCTION**





**K0395320**

**REPUBLIC OF SINGAPORE**      **DRIVING LICENCE**



Licence Number: **G6511122K**  
 Ageing

**MURUGESAN CHINNADURAI**

Birth Date: **09 May 1983**  
 Issue Date: **17 Mar 2017**  
 Valid Till: **16/03/2022**



**002666989F**

**VISIT PASS**      18-01-2018  
 Immigration Regulations

Name:  
**MURUGESAN CHINNADURAI**

Pin:  
**G6511122K**

Date of Birth: **09-05-1983**      Sex:  
**M**

Nationality:  
**INDIAN**

**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.**

Download SGWorkPass App to check status





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

**EFFECTIVE DATE**

Class 3	Motor cars <= 2000 kg with <= 7 passengers, excluding of the driver, and motor tractors/vehicles <= 2500 kg	16 Oct 2017	117
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**G6511122K**      **S / No.9000310878**

**NP 428A**

Licence No: **G6511122K**



**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 : 5082991861

Cover : Third Party

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : GBC4687C                   |
| Chassis Number                                      | : VSKYBAM20U0031105          |
| 2. Name of Policyholder                             | : S C ANG CONSORTIUM PTE LTD |
| 3. Effective Date of Insurance                      | : 15 Aug 2016                |
| 4. Expiry Date of Insurance                         | : 14 Aug 2017                |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SEABANC INSURANCE BROKERS PTE LTD (00000690083)  
Date of Issue : 13 Aug 2016 11:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive