

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MJA19046791

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/1/14          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/23215206379/24 | SAS e-filing                             |                       |         |
| Veh No: 60435020          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 9/1/14 - 12:40     | 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: SLM9633D  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA1904679                       | Invoice Preparation Checklist                   | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| 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    |                       |                       |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | ON*   |                       |                       |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                       |                       |
|                                 | 9) N12: Idac Mobile 30                          |                       |                       |
| Ref 1:                          | Invoice dated                                   | Fee Charged           |                       |
| Ref 2 / 3:                      | 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   | 10/04/2019 15:14                      |
| Date Of Accident   | 09/04/2019 12:40                      |
| Exact Location Of Accident   | CORPORATION RD TWDS JALAN JURONG      |
| Country/State of Loss  | SINGAPORE                             |
| DETAILS OF OWN VEHICLE   |                                       |
| Vehicle Registration Number  | GBH5502U                              |
| <b>Insured/Policyholder</b>  |                                       |
| Name Of Registered Owner   | JFC (S) PTE LTD                       |
| Co Reg No  | 198101526C                            |
| Email Address  | NOEMAIL                               |
| Mobile Phone No  |                                       |
| Alternative Phone No   | OFFICE-899999999                      |
| <b>Vehicle Particulars</b>   |                                       |
| Manufacturer   | ISUZU                                 |
| Model  | NHR87AUE4AA MT                        |
| 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   | COMMERCIAL VEHICLE                    |
| <b>Insurance Company</b>   |                                       |
| Name of Insurance Company  | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage   | COMPREHENSIVE                         |
| Fleet Policy   | NO                                    |
| Policy Number  | D19MFL0000240                         |
| Cover Note Number  |                                       |
| <b>Driver</b>  |                                       |
| Name of Driver   | SONG GUOLIANG                         |
| Passport No/FIN  | G2638954U                             |
| Date Of Birth  | 12/10/1980                            |
| Occupation   | OUTDOOR                               |
| Date Of Driving Pass   | 20/11/2017                            |
| Driving Experience   | 1 YEAR AND 4 MONTHS                   |
| Gender   | MALE                                  |
| Mobile Number  | (LOCAL) +65-87332678                  |
| Fax Number   |                                       |
| Contact Number   | OFFICE-87332678                       |
| EEmail Address   | NOEMAIL                               |

|   |  |
|---|--|
| Address   | 3C TOH GUAN ROAD EAST<br>TYE SOON BUILDING |
| Postcode  | 608832                                     |
| 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   | 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?   | 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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         | SLM9633D           |
| Vehicle Make/Model/Colour           | MITSUBISHI ATTRAGE |
| Details Of Properties               |                    |
| Vehicle Category                    | PRIVATE CAR        |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      | 94740390           |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

#### DETAILS OF INJURED PERSON 1

|      |               |
|------|---------------|
| Name | SONG GUOLIANG |
|------|---------------|

|   |             |
|---|-------------|
| Approximate Age                                     |             |
| Injuries Sustain                                    | NECK & BACK |
| Injured person in which vehicle?                    | GBH5502U    |
| Were seat belts worn?                               | YES         |
| Was this injured conveyed to hospital by ambulance? | NO          |
| Address   |             |
| Postcode  |             |



## SKETCH PLAN

### IMPORTANT NOTICE

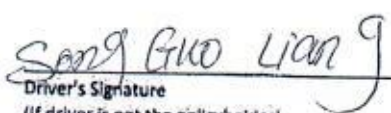
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

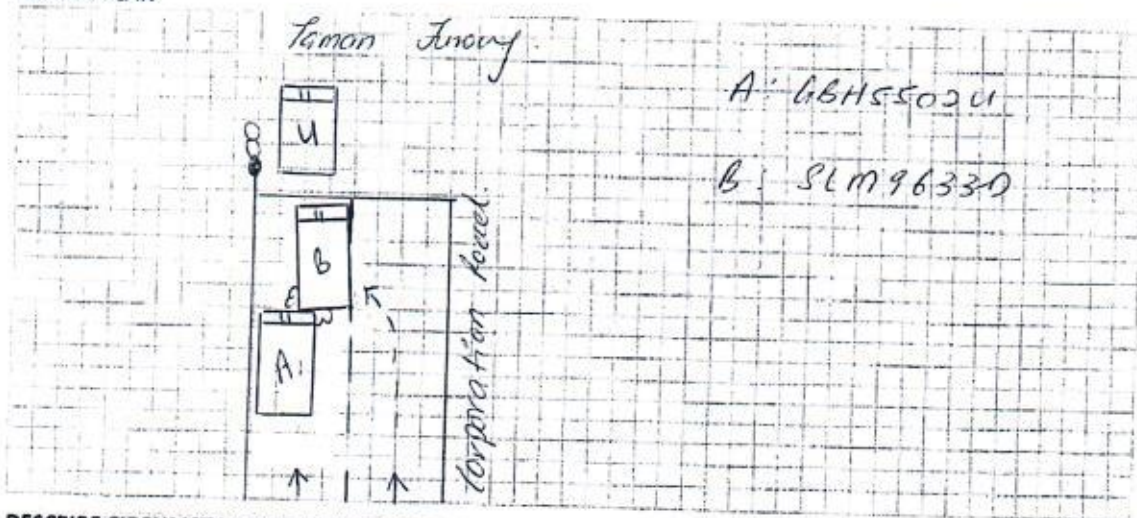
JFC (S) PTE LTD  
198101526C  
3C TOH GUAN ROAD EAST  
TYE SOON BUILDING  
SINGAPORE 608832

Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling straight along Corporation Road towards  
 Taman Jurong. When the traffic light was green, I proceed  
 to move off, following the cars in front of me. Out  
 of sudden, vehicle (B) who was travelling on my right  
 suddenly cut onto my lane and stopped. As such, our  
 cars collide.

**DECLARATION**

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

JFC (S) PTE LTD

198101526C

3C TOH GUAN ROAD EAST

PAE SOON BUILDING

SINGAPORE 608832

*Song Guo Liang*  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time:

*[Signature]*  
 Reporting Centre Person's Signature  
 Name:  
 NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

|                            |   |
|----------------------------|---|
| Date and time of accident  | Date: 09 Apr 2017 (DD/MM/YY) Time: 1240 (HH:MM) |
| Exact location of accident | Along Corporation Road towards<br>Taman Jurong. |

## Details of vehicle

|  |  |  |   |
|--|--|--|---|
| Vehicle registration number                        | GBH5502U   |  |   |
| Vehicle make and model                             | Isuzu lorry  |  |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>                      | MPV <input type="checkbox"/>                   | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
|  | Lorry <input checked="" type="checkbox"/>            | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____         |
| Vehicle category                                   | Private <input type="checkbox"/>                     | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>                       |
| Purpose of using at said time                      | Working  |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>                         | No <input checked="" type="checkbox"/>         | if no, please select:                                     |
|  | Third part claim <input checked="" type="checkbox"/> | Reporting only <input type="checkbox"/>        |   |

## Insurance information

|                   |  |
|-------------------|--|
| Insurance company | TP   |
| Policy number     | 018MFL0000240  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

## Insured / Policy holder

|                              |                 |   |
|------------------------------|-----------------|---|
| Name                         | JFC (S) Pk Hel. | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 198101526C      |   |
| Contact                      |                 |   |
| Address                      |                 |   |

## Driver

Same as insured above ☐ (skip to D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | Loung Guo Lian  | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | G156389544  |  |
| Contact                      | 8733 0678   |  |
| Address                      | 30 Toh Guan Road East<br>Tye Soon Building Singapore 608832                 |  |
| Email address                |   |  |
| Date of birth                | 12 Oct 1980   |  |
| Occupation                   | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |  |
| Driving date pass            | 20 Nov 2017   |  |

### General information of the accident

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 1 (Inclusive of driver)  |

#### Passenger 1

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 2

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 3

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 4

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 5

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 6

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | _____  |



Third party vehicle 1

|                              |                |
|------------------------------|----------------|
| Name                         |                |
| Contact number               | 9434 0380      |
| NRIC / Fin / Passport number |                |
| Vehicle registration number  | SLM9633D       |
| Vehicle make model           | Hyundai Atrage |

Third party vehicle 2

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 3

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 4

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 5

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 6

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Witness 1

|      |  |
|------|--|
| Name |  |
|------|--|

Witness 2

|      |  |
|------|--|
| Name |  |
|------|--|

Injured person 1

|  |   |  |
|--|---|--|
| Name   | Long Two Liang.                         |  |
| Injuries sustained                             | Neck & Back.                            |  |
| Which vehicle person in?                       | GBH5502U.                               |  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

Injured person 2

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |





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

Employer  
JFC (S) PTE. LTD.



Name  
SONG GUOLIANG

Work Permit No.  
D 76663224

Section  
SERVICE



K040271

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
Name  
G 2638954 U

SONG GUOLIANG

Birth Date: 12 Oct 1980

Issue Date: 13 Jun 2017

Valid Till 29/07/2021



002693156A

VISIT PASS  
Immigration Regulations

25-05-20

Name  
SONG GUOLIANG

FIN  
G2638954U

Date of Birth  
12-10-1980

Sex  
M

Nationality  
CHINESE

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



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

30 Jul 2016  
20 Nov 2017

G2638954U

S / No.9000311297

NP 428A




Licence No:G2638954U

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

|  |   |                             |
|--|---|-----------------------------|
| <b>CERTIFICATE NO.: D19MFL0000240</b>  |   | <b>COVER: Comprehensive</b> |
| 1. Index Mark and Registration Number of Vehicle   | : GH15502U  |                             |
| Chassis No   | : JAAN1HRH7EJ7100086  |                             |
| 2. Name of Policyholder  | : JFC (S) PTE. LTD.   |                             |
| 3. Effective date of Insurance   | : 01 Jan 2019   |                             |
| 4. Expiry date of Insurance  | : 31 Mar 2020   |                             |
| 5. Persons or Classes of Persons entitled to drive*  | <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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</p>  |                             |
| 6. Limitations as to use*  | <p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p> |                             |
| Excess Section 1   | : SGD   | 800.00                      |
| Windscreen Excess  | : SGD   | 100.00                      |
| Hire Purchase Company  | : N/A   |                             |
| <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp; OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500.00 ON SECTION 1 WILL BE APPLICABLE.</p> <p>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).</p> <p>Agent/Broker : B000010 KIB INSURANCE BROKERS (S) PTE LTD<br/>Date of Issue : 27/12/2018 15:09:29<br/>M.Z. 300C - GOODS CARRYING (Company's use)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"><br/>Authorized Signatory</p> |   |                             |