

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1192684

Date In: 20/1/19 - 19:37	Job description	Date & Time Completed	Done by
Ref No: N9/333 1920764/24	SAS e-filing		
Veh No: 60F6781J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/1/19. 21:20	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:	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

NAI1923367 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Int Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QJ*				
*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 (N-in INC) against INC \$20				
9) N12: Idao Mobile 30				
Invoice dated		Fee Charged		
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	30/04/2019 19:37
Date Of Accident	29/04/2019 21:20
Exact Location Of Accident	SIMS DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6781J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERIN
Co Reg No	52927051W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000814
Cover Note Number	

### Driver

Name of Driver	WIN THU SHEIN
Passport No/FIN	G6967485U
Date Of Birth	05/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82609907
Fax Number	
Contact Number	OFFICE-82609907
EMail Address	NOEMAIL

Address	BLK 9010 TAMPINES STREET 93 #02-143
Postcode	528844
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	DRINK DRIVING / DRUGS INFLUENCE
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

REFER TO POLICE REPORT - T/20190509/2187.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO



## 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:  
NRIC/FIN No.:

### SKETCH PLAN

$$S_{1M}$$

Drive



DOA : 29/4/19

A: 40F 6781J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

### 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.: \_\_\_\_\_

Personnel's Signature



### Personal Particulars

Date of Accident: 29/4/2019

Time of Accident: 9.20 pm

Exact Location of Accident: Sim Drive

Owner's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Driver's Name: Win Thu Shen NRIC No: G6967485V HP No: 82609907

Date of Birth: 5/6/1991 Driving Licence Passing Date: - Occupation: Indoor / Outdoor

Address: 9010 Tampines St 93 #02-143 (528844)

Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_

Vehicle No: GBF 6781J Make & Model: Nissan

Insurance Co: Indico Coverage: Comprehensive Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☐ Own Damage Claim / ☐ 3rd Party Claim / ☒ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + C B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☐ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

### Third Party Driver's Particulars

Vehicle B No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



SINGAPORE  
POLICE FORCE



T/20190522/2187

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 2 SINGAPORE 408666  
Tel No: 85473000

1 of 3

Report No: T/20190522/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 04/05/2019 19:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant WIN THU SHEIN			Address 9010 TAMPINES STREET 93 TAMPINES INDUSTRIAL PARK A SINGAPORE 529844		
ID Type / ID No. FIN NO / 00067485J			Contact No. Home/Office:                      Mobile: 82609907		
Nationality MALAYSIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 05/06/1991	Type of Informant: Driver		
Name:			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident: <input checked="" type="checkbox"/> Non-Injury <input type="checkbox"/> Others	Drink Drive: No	Date/Time of Accident: 28/04/2019 22:00	Type of Location:
Location: Along Fined 1 SIMS AVENUE			
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 Passengers
GBF6761J	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V		Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	[ Use of Pedestrian Crossing: NA ]
No. of Pedestrians Injured: Nil	





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



T/20190509/2167

Report No. T/20190509/2167

**CONTINUATION OF REPORT**

Driver			ID No.	G6967485U	
Name	WIN THU SHEIN		Contact No.	82609907	
Related Vehicle	GBF6781J (Van)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Discharge	NIL	
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			ID No.	NIL	
Name	Unknown Pedestrian		Contact No.	NIL	
Related Vehicle	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Discharge	NIL	
Date Treatment	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. I STOPPED AT THE TRAFFIC JUNCTION. AFTER  
THE TRAFFIC TURN GREEN, I DROVE OFF AND OUT OF A SUDDEN, 2 PEDESTRIAN WAS  
CROSSING INFRONT OF ME. I COLLIDED ONTO THEM. I PULLED MY VEHICLE AT THE SIDE OF  
THE ROAD AND CALLED POLICE FOR ASSISTANCE.





**SINGAPORE  
POLICE FORCE**



TJ20190539/2187

3 of 3

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

Report No: TJ20190539/2187

**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 Informant:

Signature Of Interpreter:  
Not Applicable

Date/Time:  
29/05/2019 19:07

Officer In Charge Of Case:  
TP / (S/L)  
Supt Sg WONG SIEW LEE  
Contact No: 65470000

Officer In Charge Of Case:  
  
SINGAPORE  
POLICE FORCE

Authorisation Stamp:  
1918



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4900  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/27335/2019  
Date : 29/04/2019

**MR WIN THU SHEIN  
BLK 9010 TAMPINES STREET 93  
#02-143  
SINGAPORE 528844**

Dear Sir,

***NOTICE OF IMMEDIATE SUSPENSION UNDER SECTION 47C (4)(a) OF THE ROAD TRAFFIC ACT, CHAPTER 276***

We refer to the investigation against you for the possible commission of the offence(s) under **Drink Driving under Section 67(1)(b) of Road Traffic Act Chapter 276 and Dangerous Driving under Section 64(1) of Road Traffic Act Chapter 276.**

2. This is to inform you that in exercise of the powers conferred upon the Deputy Commissioner of Police by section 47C (1) of the Road Traffic Act, Chapter 276, your driving licence will be suspended with effect from **29 April 2019** until such time as the offence for which you have been committed has been tried and determined by the court, unless sooner rescinded under Section 47C (10) of the Road Traffic Act.
3. During the period of suspension, you shall not drive a motor vehicle on a road under any driving licence granted by any authority. If you drive a motor vehicle on a road when your driving licence is suspended, you will have committed an offence under section 47C (7) of the Road Traffic Act. Upon conviction of this offence, you are liable to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both, and in the case of a second or subsequent conviction, you are liable to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 3 years or to both.
4. You are hereby required under Section 47C(4)(b) of the Road Traffic Act to forthwith surrender your driving licence to me at Traffic Police, No. 10 Ubi Avenue 3.
5. Failure to surrender your driving licence to me is an offence and on conviction you will be liable to a fine not exceeding \$1,000/- or to imprisonment for a term not exceeding 3 months and in the case of a second or subsequent offence to a fine not exceeding \$2,000/- or imprisonment not exceeding 6 months.
6. If you wish to appeal against the suspension, you may write in to the Minister for Home Affairs at Ministry of Home Affairs, New Phoenix Park, 28 Irrawaddy Road, Singapore 329560. You should note that notwithstanding your appeal, the suspension of your driving licence take effect from **19 March 2019.**





**SINGAPORE  
POLICE FORCE**

7. Dated this <sup>29 April</sup> ~~19 March~~ 2019.  
Yours faithfully,

A handwritten signature in black ink, appearing to be 'Puteh Shariff'.

**PUTEH SHARIFF, DSP  
For DEPUTY COMMISSIONER OF POLICE  
SINGAPORE POLICE FORCE**

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MNA119056184 Vehicle Registration No: GBF6781J  
Name (as shown in NRIC) : WIN THU SHEIN NRIC/FIN/Passport No : G6967485U  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : BLK 9010 TAMPINES STREET 93 #02-143 Singapore (528844)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82609907  
Email Address : \_\_\_\_\_  
Date of Accident : 29/04/2019 Time of Accident : 21:20  
Place of Accident : SIMS DRIVE  
Insurance Company : India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in police report - T/20190509/2187

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



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



Ministry of Manpower

Employer:  
**MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERING**



Name:  
**WIN THU SHEN**  
Work Permit No.:  
**O 92749320**



Sector:  
**CONSTRUCTION**



**K1225951**

**VISIT PASS**  
Immigration Regulations

06-03-2019

Name  
**WIN THU SHEIN**

FIN  
**G6967485U**  
Date of Birth  
**05-05-1991**  
Sex  
**M**  
Nationality  
**MYANMAR**



Download SGWorkPass  
App to check status



**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**






## 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)

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

<b>CERTIFICATE NO.: D19MCV0000814</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: GBF6781J	
Chassis No	: JN1MC2E26Z0007053	
2. Name of Policyholder	: MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERING	
3. Effective date of Insurance	: 15 Feb 2019	
4. Expiry date of Insurance	: 14 Feb 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. 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>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. b) 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>		
<p>Excess Sect I : SGD600.00 Windscreen Excess : SGD100.00 Hire Purchase Company : Hong Leong Finance Limited</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : A000038/M Plus Consultancy Date of Issue : 30/01/2019 15:47:25 MZ300C (GOODS CARRYING) COMPANY</p>	<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">               _____              Authorised Signatory         </div>	