

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	23/05/2019 09:23
Date Of Accident	16/05/2019 08:50
Exact Location Of Accident	ANG MO KIO AVENUE 1 TOWARDS BISHAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5260H
Insured/Policyholder	
Name Of Registered Owner	KUNAL NIMISH JHAVERI
NRIC No	S9470243G
Email Address	KUNALJHAVEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82336025
Alternative Phone No	OTHERS-82336025

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080807544-02
Cover Note Number	

Driver

Name of Driver	KUNAL NIMISH JHAVERI
NRIC No	S9470243G
Date Of Birth	26/03/1994
Occupation	INDOOR
Date Of Driving Pass	08/04/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82336025
Fax Number	
Contact Number	OTHERS-82336025
EMail Address	KUNALJHAVEN@HOTMAIL.COM

Address	15 AMBER ROAD #13-01
Postcode	439865
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190516/2068

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	GBE550U
Vehicle Make/Model/Colour	NISSAN NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO WEE BOON, ROLAND
NRIC/Passport Number	S7517571Z
Contact Number	97959659
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

KUNAL NIMISH JHAVERI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE5260H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Claim Handling

Accident MT/1045652

Policy No.	5080807544-02	Vehicle No.	FBES260H	GST Registration No.	
Certificate No.					
Policyholder Name	KUNAL NIMISH JHAVERI			Policyholder NRIC	S9470243G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	82336025	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	23/05/2019 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/05/2019	Time of Accident (hh:mm)	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVENUE 1 TOWARDS BISHAN				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	15 AMBER ROAD	Address 2	#13-01 SEAVIEW POINT	Address 3	SINGAPORE 439865
Address 4		Address Type	Singapore address	Post Code	439865
Unit No.	13-01	Related Policy Number	5080807544-03		
OI Driver Info					
Driver Name	KUNAL NIMISH JHAVERI	Driver Type	Main Driver	Driver DOB	26/03/1994
Unnamed driver Name		Driver NRIC	S9470243G	Driving Experience	3
Register Date of Driver License	08/04/2016	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	82336025	Contact No.(Office)		Address 3	SINGAPORE 439865
Address 1	15 AMBER ROAD	Address 2	#13-01 SEAVIEW POINT	Post Code	439865
Address 4		Address Type	Singapore address		
Unit No.	13-01				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	FBES260H	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KUNAL NIMISH JHAVERI	Insured NRIC	S9470243G
Contact No.(Mobile)	82336025	Contact No.(Home)		Contact No.(Office)	
Email Address	kunbo26@gmail.com	OI		TP	
Claim Description	Vehicle Number		FBES260H	Vehicle Number	GBES50U
Preferred Workshop	Insured Liability		Not at Fault	Name of Preferred Workshop	
Report No.	Yes	Entered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/05/2019 09:50	Claim Close Date		Date Received	23/05/2019 00:00
Report Taken By	BOSLI WAKAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1045652	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2019 09:51		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	

	Uploaded By/Date	Folder Date	File Name	Source	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	Photos	Normal	Photos 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 09:51	SAS	Normal	SAS 2019-5-23	

Video List

SKETCH PLAN

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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: 16/5/19
1700

Driver's Signature

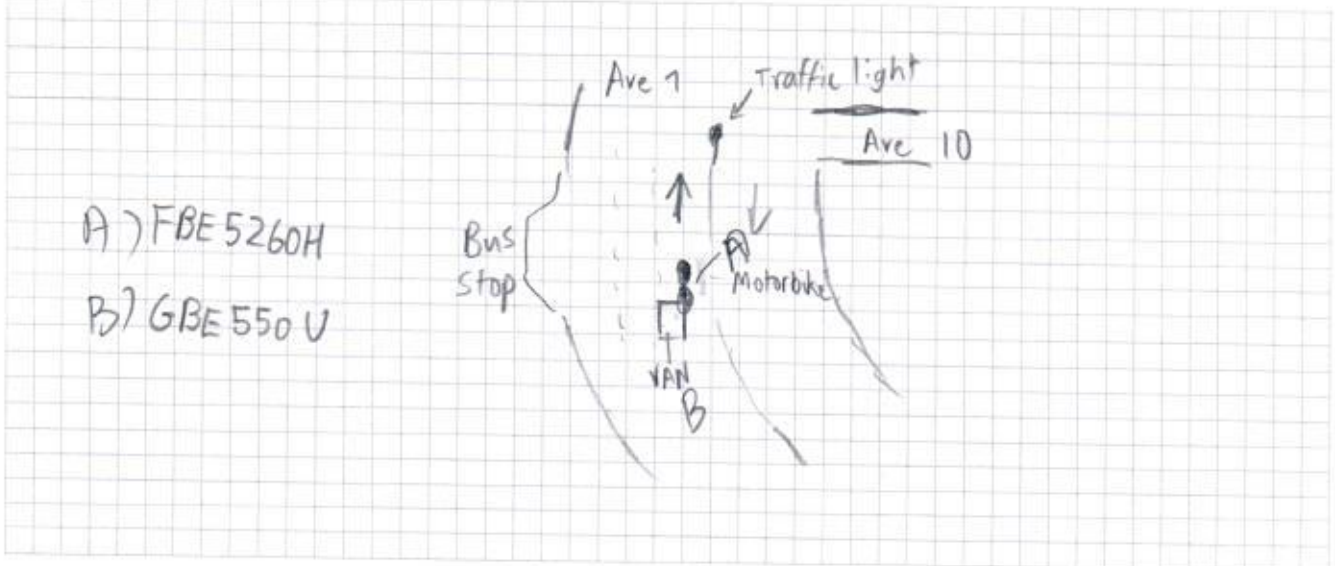
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: No report to police report 7/20190516/2068

DECLARATION

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

Policyholder's Signature
Date & Time: 16/5/19

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

23/05/2019
Reporting Centre Personnel's Signature
Name: Rest
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20190516/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 13:56		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: KUNAL NIMISH JHAVERI			Address: 15 AMBER ROAD #13-01 SINGAPORE 439865		
ID Type / ID No.: NRIC NO / S9470243G			Contact No.: Home/Office: Mobile: 82336025		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 26/03/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: RAILWAY ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/05/2019 08:45	Type of Location: Bend
Location: Along Road 1 ANG MO KIO AVENUE 1 ANG MO KIO AVE 1 TOWARDS BISHAN, BEFORE JUNCTION OF ANG MO KIO AVE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5260H	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Seriously Damaged	0
GBE660U	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190516/2068

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Report No. T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5260H	NTUC Income Insurance Co-Operative Limited	5080807544-02	30/05/2018	29/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KUNAL NIMISH JHAVERI	ID No.	S9470243G
Related Vehicle	FBE5260H (Motorcycle)	Contact No.	82336025
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/05/2019	Date Discharge	16/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am the rider and registered vehicle owner of a black in colour Pulsar 200 DTSI bearing vehicle plate number FBE5260H.

On the 16/05/2019 at 0845hrs, I was riding my vehicle (FBE5260H) along Ang Mo Kio Ave 1 towards Bishan direction and when approaching the junction with Ang Mo Kio Ave 10, I was in the extreme right lane as I wanted to turn right into Ang Mo Kio Ave 10. My vehicle (FBE5260H) was still moving when I felt an impact from the rear of my vehicle (FBE5260H). I then fell off my bike and sustained some injuries. The impact was from a black company Nissan van (corbell technologies) bearing vehicle plate number GBE550U as the front part of the van (GBE550U) had collided into the rear portion of my vehicle (FBE5260H).

There was attendance by Traffic Police and ambulance. I did manage to secure the driver's particulars (Teo Wee Boon, Roland, S7517571Z, H/P: 97959659 of GBE550U. My vehicle (FBE5260H) was towed by Traffic Police. I was conveyed conscious by ambulance to Tan Tock Seng Hospital. I was discharged on the same day (16/05/2019) and the extent of my injuries are abrasions on knees and hands. I was also given two days of MC.

I wish to state that I do not have a camera attached to me or my vehicle (FBE5260H). I do not have any photos of the damages sustained for both vehicles (FBE5260H & GBE550U). I was also advised by my insurance company to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20190516/2068

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Report No. T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190516/2068

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190516/2068

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:

G /

Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2019 13:56

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 5 / 2019) (DD/MM/YYYY), TIME: (08 : 50) (HH:MM)

LOCATION: ANG MO KIO AVE 1 Towards BISHAN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 5260H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5080807544-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BAJAJ PULSAR 200 DTSI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
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: KUNAL NIMISH JHAVERI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94702436 CONTACT: 82336025
c) ADDRESS: 15 AMBER RD #13-01
SG 439865

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (26 / 03 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8 Apr 2016

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

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: MARINE PARADE N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G-BE 5150V MODEL: NISSAN NV350 VAN
b) DRIVER'S NAME: TED WEE BOON, ROLAND
c) NRIC/FIN/PASSPORT: S75175712 CONTACT: 9795 9659

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kunal.jhaveri@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9470243G



Name

KUNAL NIMISH JHAVERI

Race

INDIAN

Date of birth

26-03-1994

Country/Place of birth

INDIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9470243G

Name

KUNAL NIMISH JHAVERI

Birth Date: 26 Mar 1994

Issue Date: 31 Mar 2015



002411781A

SG
50

5523547



NRIC No. S9470243G



Date of issue

03-09-2015

Address

15 AMBER ROAD
#13-01
SINGAPORE 439865

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

EFFECTIVE DATE

Class 2B
Jan 3

MOTORCYCLES NOT EXCEEDING 200 CC
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF
WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

08 Apr 2014
31 Mar 2015

S / No. 9000232090

9470243G

NP 428A



Licence No: S9470243G

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 : 5080807544-02

Cover : Third Party

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBE5260H |
| Chassis Number | : MD2DHJCZZSCE45126 |
| 2. Name of Policyholder | : KUNAL NIMISH JHAVERI |
| 3. Effective Date of Insurance | : 30 May 2018 |
| 4. Expiry Date of Insurance | : 29 May 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
NAMED DRIVER (1)	: KUNAL NIMISH JHAVERI
NAMED DRIVER (2)	: 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

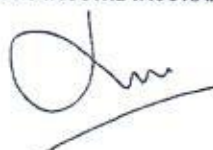
Date of Issue : 13 Apr 2018 00:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive