

# NATIONAL Assessment Centre Services

Date In: 10/6/2019 19:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/FCI19010224/K4	E-mail (within 8hrs. A/C 2hrs)		
Veh No: FBN 4366X	i-Motor Claim Form		
DOA: 09/06/2019 22:45	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: TP Reporting Only	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: SKG 8865B

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%; F: 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Date & Time Completed

Done by

Injury:

Date/Time	Actions

NA 1904249

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

At 1:

At 2/3:

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: 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:-

OD\*

\*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 \$0

Invoice dated

Fee Charged

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill



## 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	10/06/2019 19:11
Date Of Accident	09/06/2019 22:45
Exact Location Of Accident	AIRPORT BOULEVARD TWDS PIE / ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4366X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH JING HENG (XU JINGHENG )
NRIC No	S8836515A
Email Address	JAREDKJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84681068
Alternative Phone No	OTHERS-84681068

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX530(DX)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18089795MYCE
Cover Note Number	

### Driver

Name of Driver	KOH JING HENG (XU JINGHENG )
NRIC No	S8836515A
Date Of Birth	28/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84681068
Fax Number	
Contact Number	OTHERS-84681068
Email Address	JAREDKJH@GMAIL.COM

Address	BLK 530A JURONG WEST AVENUE 1 #07-901
Postcode	641530
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT : T/20190610/7022

#### 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	SKG8865B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4836Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5497G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KOH JING HENG (XU JINGHENG)  
Approximate Age  
Injuries Sustain RIGHT HAND PAIN  
Injured person in which vehicle? FBN4366X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TOH CHIEN HUE SERENE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? FBN4366X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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:

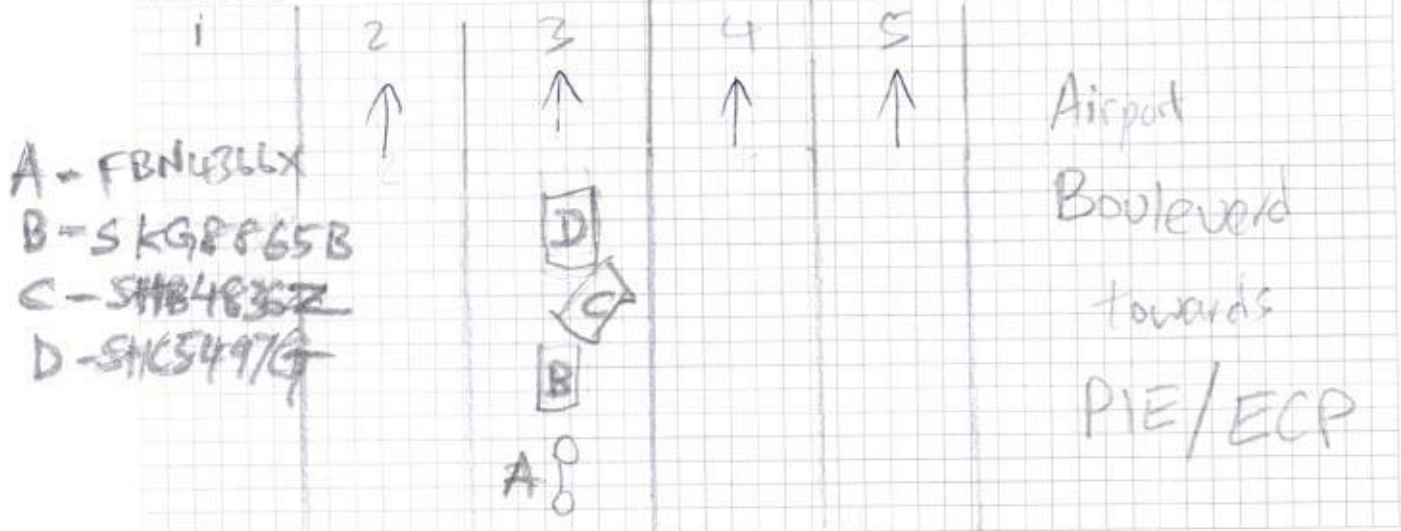
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report —  
T/20190610/7022

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20190610/7022

1 of 4

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

Report No. T/20190610/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2019 16:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH JING HENG			Address: APT BLK 530A JURONG WEST AVENUE 1 #07-901 SINGAPORE 641530		
ID Type / ID No.: NRIC NO / S8836515A			Contact No.: Home/Office: Mobile: 84681068		
Nationality: SINGAPORE CITIZEN			Email: jaredkjh@gmail.com		
Sex: Male	Age: 30	Date of Birth: 28/09/1988	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry: 31/12/2050		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2019 22:45	Type of Location: Straight Road
Location:  AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBN4366X	Motorcycle	YAMAHA	TMAX530(D X)	Black		0
SHB4836Z	Taxi	TOYOTA	Prius Hybrid	Yellow	Slightly Damaged	2
SHC5497G	Taxi	RENAULT		Red	Slightly Damaged	2
SKG8865B	Car	AUDI	A6	Black	Seriously Damaged	4





# SINGAPORE POLICE FORCE



T/20190610/7022

2 of 4

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

Report No. T/20190610/7022

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4366X	FIRST CAPITAL INSURANCE LIMITED	D-18089795MYCE	10/10/2018	09/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KOH JING HENG		ID No.	S8836515A
Related Vehicle	FBN4366X (Motorcycle)		Contact No.	84681068
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: 31/12/2050
Date Treatment	09/06/2019		Date Discharge	10/06/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Pillion				
Name	TOH CHIEN HUE SERENE		ID No.	S9140687Z
Related Vehicle	FBN4366X (Motorcycle)		Contact No.	91272975
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2019		Date Discharge	10/06/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	YONG JOON HUAT		ID No.	S1531343I
Related Vehicle	SHB4836Z (Taxi)		Contact No.	98398761
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20190610/7022

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

3 of 4

Report No. T/20190610/7022

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHUA CHOO HAM	ID No.	S1198636F
Related Vehicle	SHC5497G (Taxi)	Contact No.	84502132
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHUA LAY CHIN	ID No.	S2258932G
Related Vehicle	SKG8865B (Car)	Contact No.	90295583
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 31/12/2050
Date Treatment	09/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

Incident happen along Airport Boulevard Road towards City at 300m before PIE exit 1. My pillion and I was involved in a head to rear chain collision with 2 taxis (SHC5497G and SHB4836Z) and 1 car SKG 8865B which I was the last vehicle. There is no damages to my motorcycle (FBN4366X) as I am able to brake in time. Upon reversing there is no obvious damages incurred to the rear of the car. My pillion S9140687Z, and myself was subsequently conveyed by ambulance.





**SINGAPORE  
POLICE FORCE**



T/20190610/7022

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

4 of 4

Report No. T/20190610/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
10/06/2019 16:56

Classification Of Case:

Reported on 10/6/2019  
@ 1555HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: 09/6/2019 (DD/MM/YYYY), TIME: 22:45 (HH:MM)

LOCATION: Airport Boulevds towards PIE/ECP

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 4366X  
b) INSURANCE COMPANY: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* 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: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER  
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) only right hand.

7. a) REPORTED TO POLICE (YES / NO) ?  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKG 8865B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHB 4836Z MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SHC 5497G

email = jaredkjhe@gmail.com

fax = jaredkjhe@gmail.com ✓

VIDEO =

Waiting for Police Report? ✓



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8836515A



Name  
KOH JING HENG  
(XU JINGHENG)  
许 竞 恒

Race  
CHINESE

Date of birth: 28-09-1988 Sex: M

Country of birth  
SINGAPORE

3401893

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S8836515A



KOH JING HENG  
(XU JINGHENG)

Birth Date: 28 Sep 1988  
Issue Date: 23 Jan 2019

002805343K

For LKK/NAC Use Only

3401893



NRIC No: S8836515A



Date of issue: 23-09-2003

APT BLK 530A JURONG WEST AVENUE 1 #07-801  
SINGAPORE 641530

NRIC No: S8836515A Date: 10/05/2016


For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	13 Oct 2011
Class 2A	Motorcycles between 201 cc and 400 cc	16 Sep 2013
Class 2	Motorcycles > 400 cc	23 Mar 2015
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 Jan 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	08 Jan 2013
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	02 Jan 2019
	and the unladen weight > 7250kg	

NP 428A

Licence No: S8836515A



For LKK/NAC Use Only

**MS First Capital Insurance Limited**Company Reg. No. 195000106C  
GST Reg. No.: M2-0001676-9Date Issued : 10.10.2018  
Certificate Ref : MY3C  
A/C NO. : A0181**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)

Type Of Policy.	: MOTOR CYCLE INSURANCE
Type Of Cover.	: Comprehensive
Certificate No.	: D-18089795MYCE
Vehicle Registration No	: FBN4366X
Name Of Insured	: KOH JING HENG (XU JINGHENG)
Period Of Insurance	: 16:55 10.10.2018 To 09.10.2019
Insured Estimated Value	: Market value at time of loss
Finance Company	: YEW HENG CREDIT ENTERPRISE PTE LTD
Excess	: SGD1,500.00 - Section I

Authorised Driver  
KOH JING HENG (XU JINGHENG)

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.

**Limitations as to use\***

Use for social domestic and pleasure purposes and by the Insured in person in connection with his business or profession.

The Policy does not cover :-

- (i) Use for hire or reward
- (ii) Use for racing, pacemaking, reliability trial or speed-testing.
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (iv) Use for any purpose in connection with the Motor Trade.

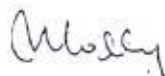
The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing on their order or with their permission.

\*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.

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)

This Certificate of Insurance is not valid unless counter signed by

MS First Capital Insurance Limited  
(Approved Insurers)



Authorised Signatory



Authorised Signatory