

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA19092657**

Date In: 10/2/19-19:25	Job description	Date & Time Completed	Done by
Ref No: NA/ADA 19092657	SAS e-filing		
Veh No: FBM 7324	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/2/19-02:25	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: IML 6447	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

NA19092657	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		ft Bill	Add Bill
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			
	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:-			
QC Checked by (Engr-In-Charge):	Q1:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Ref. 1:

Ref. 2/3:

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	15/07/2019 19:25
Date Of Accident	14/07/2019 02:20
Exact Location Of Accident	SLE TWDS CTE BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM7732H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYAFIQ BIN SALIMI
NRIC No	S9025411A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199074
Alternative Phone No	OFFICE-98199074
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400XA
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AVMCSB0032491900
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAFIQ BIN SALIMI
NRIC No	S9025411A
Date Of Birth	22/07/1990
Occupation	INDOOR
Date Of Driving Pass	30/10/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199074
Fax Number	
Contact Number	OFFICE-98199074
Email Address	NOEMAIL

Address	BLK 140 TAMPINES STREET 12 #03-446
Postcode	520140
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 - 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?	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	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/20190714/7010.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML944J
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 INJURED PERSON 1

Name

MUHAMMAD SYAFIQ BIN SALIMI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBM7732H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:



Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A-FBM7732H
B-SMIL944J

SLE TOWARD CTE BEFORE WOODLAND AVE 2 EXIT





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


- REFER TO POLICE REPORT

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
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 of accident	14/7/19	(DD/MM/YY)
Time of accident	220AM	(HH:MM)
Exact location of accident	SLE TOWARD CTE BEFORE WOODLAND AVE 2 EXIT	

DETAILS OF VEHICLE

Vehicle registration number	FBM773ZH		
Vehicle make and model	HONDA 400X		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	ALLIED WORLD		
Policy number	A0006473		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input checked="" type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	MUHAMMAD SYAFIQ BIN SALIMI	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9025411A		
Contact	98199074		
Address	BLK 140 TAMPINES ST 12 #03-446 SINGAPORE 520140		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth			
Occupation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass			

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input 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	01 (Inclusive of driver)

PASSENGER 1	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	_____
Gender	Male <input type="checkbox"/> Female <input 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 STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. _____
Police station name	_____

WITNESS 1	
Name	_____

WITNESS 2	
Name	_____

THIRD PARTY VEHICLE 1	
Vehicle registration number	SML 944 J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1		
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 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"/>

INJURED PERSON 5		
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 6		
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"/>



SINGAPORE POLICE FORCE



T/20190714/7010

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

1 of 3

Report No. T/20190714/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 16:00		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MUHAMMAD SYAFIQ BIN SALIMI		Address: APT BLK 140 TAMPINES STREET 12 #03-446 SINGAPORE 520140		
ID Type / ID No.: NRIC NO / S9025411A		Contact No.: Home/Office: Mobile: 98199074		
Nationality: SINGAPORE CITIZEN		Email: afiqqy@gmail.com		
Sex: Male	Age: 28	Date of Birth: 22/07/1990	Type of Informant: Rider	
Race: Javanese		Language: English	Institution / School Name:	
Occupation: Research officer (statistical)		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2019 02:20	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7732H	Motorcycle	HONDA	CB400XA	Silver	Seriously Damaged	0
SML944J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7732H	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00324919 00	28/03/2019	27/03/2020



**SINGAPORE
POLICE FORCE**



T/20190714/7010

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

2 of 3

Report No. T/20190714/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFIQ BIN SALIMI	ID No.	S9025411A
Related Vehicle	FBM7732H (Motorcycle)	Contact No.	98199074
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On stated time and date, I was travelling at lane 1 on my bike (FBM7732H) SLE towards Cte before Woodlands ave 2 exit. The vehicle of carplate (SML944J) switch lane from Lane 2 to Lane 1 without checking his blind spot and I collided into the rear of the vehicle.
I was admitted into the hospital and was given 14 days MC.



**SINGAPORE
POLICE FORCE**



T/20190714/7010

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

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Report No. T/20190714/7010

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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
14/07/2019 16:00

Classification Of Case:

MOTOR CYCLE

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS BUREAU OF WEST MALAYSIA DATED 15 FEBRUARY 1975
ANY SUBSEQUENT REVISION TO THE ABOVE ACTS AND AGREEMENTS

MY1
N 08
A5915
Dev. 2
EUTSB

CERTIFICATE No. AVNCSB0032491900
1. Index Mark and Registration Number of Vehicle FBM 7732 H
2. Name of Policyholder MUHAMMAD SYAFIQ BIN SALIMI
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 28 March 2019
4. Date of Expiry of Insurance 27 March 2020
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
A. THE POLICYHOLDER.
B. MUHAMMAD FITRI BIN ABDUL GHAFAR

ChsNo: JH2NC4794XZ50122

98199074

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has not 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

5. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND BY THE POLICYHOLDER IN PERSON IN CONNECTION WITH HIS BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER:


1. USE FOR HIRE OR REWARD.
2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Estimated Value MARKET VALUE WITH COE/PARF
Hire Purchase Owner REPUBLIC MOTOR PTE LTD
Type of Cover Third Party Fire & Theft

Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 67 (Malaysia) and The Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).

 **ALLIED
WORLD**

Issued by 
General Certificate