

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MLH19094271**

Date In: 18/1/19-17:39	Job description	Date & Time Completed	Done by
Ref No: NA/1909427274	SAS e-filing		
Veh No: P0375856	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19-07:15	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: **2UP4888C**

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

NA1909427283

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q1:		
*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

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	18/07/2019 17:39
Date Of Accident	18/07/2019 07:15
Exact Location Of Accident	ENG NEO AVE TWDS DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7585G
Insured/Policyholder	
Name Of Registered Owner	SHARIFF BIN ABDUL RAHMAN
NRIC No	S1496705B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91294557
Alternative Phone No	OFFICE-91294557

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX ABS MANUAL
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12330/VMS/R04
Cover Note Number	

Driver

Name of Driver	SHARIFF BIN ABDUL RAHMAN
NRIC No	S1496705B
Date Of Birth	14/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91294557
Fax Number	
Contact Number	OFFICE-91294557
Email Address	NOEMAIL

Address	BLK 273A JURONG WEST AVENUE 3 #03-35
Postcode	641273
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2040.

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	SLP4888C
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
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	SHARIFF BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	ANKLE & ARM
Injured person in which vehicle?	FBJ7585G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 envelops/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:

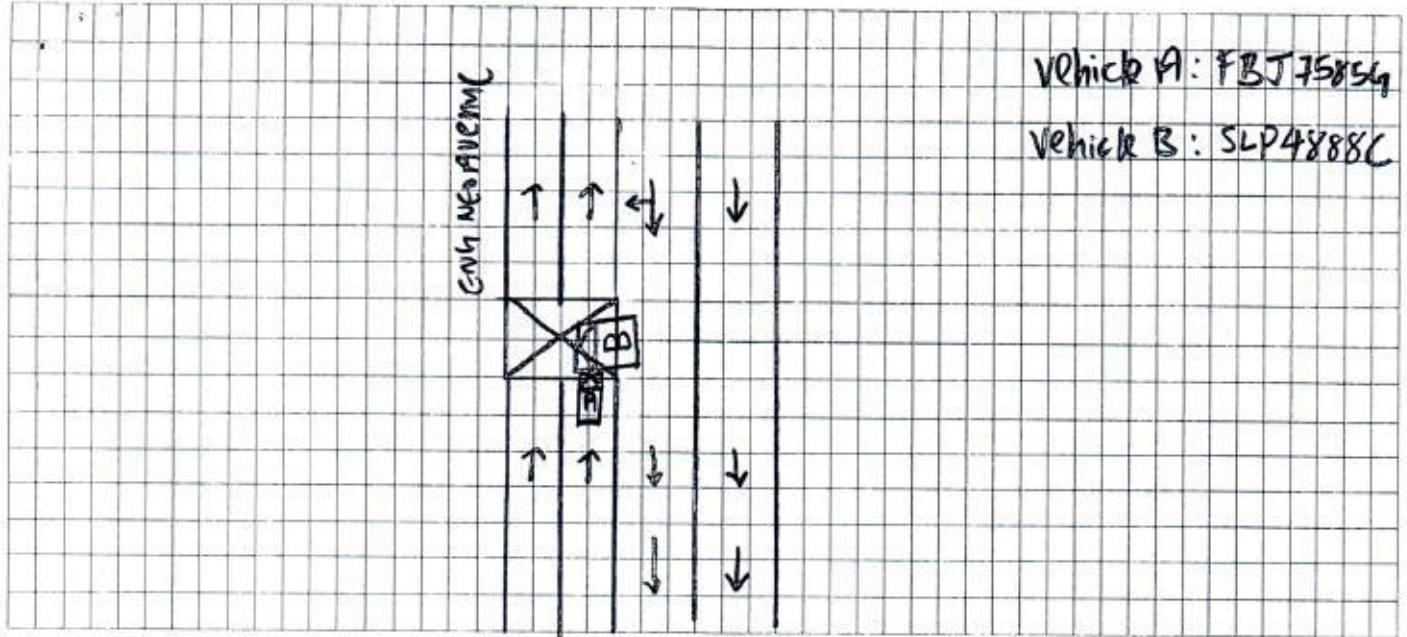


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



Vehicle A: FBJ75854

Vehicle B: SLP4888C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Eng Rao Avenue towards Duneam road, weather condition was clear and the roads were dry, traffic was heavy. I was going straight on my own lane when out of a sudden, vehicle B (SLP4888C) made a right turn and I was unable to stop in time and collided into the front left side of his vehicle.

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	18/07/2019	(DD/MM/YY)
Time of accident	07:17 AM	(HH:MM)
Exact location of accident	ENG NEO AVENUE TOWARDS DUNEARN ROAD	

DETAILS OF VEHICLE

Vehicle registration number	FBJ7585G		
Vehicle make and model	KAWASAKI Z1000SX		
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	HEAD IN TO WORK		
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	LIBERTY INSURANCE		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	SHARIFF BIN ABDUL RAHMAN			Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1496705B				
Contact	91294557				
Address	BLK 273A JURNY WEST AVENUE 3 #03-35 S641273				

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 checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
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 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	SLP4888C
Vehicle make model	mitsubishi atrage
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	SHARIFF BIN ABDUL RAHMAN
Injuries sustained	ANKLE & ARM
Which vehicle person in?	DRIVER
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" 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"/>

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

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



REPORT No: 1/2019/07/15

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/07/2019 10:55	Vide Report No	Station Diary No 15
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Informant's Particulars

Name of Informant SHARIFF BIN ABDUL RAHMAN		Address APT BLK 273A JURONG WEST AVENUE 3 #03-35 SINGAPORE 641273	
ID Type / ID No. NRIC NO / S1496705B		Contact No. Home/Office	Mobile: 91294557
Nationality SINGAPORE CITIZEN		Email	
Sex: Male	Age: 58	Date of Birth: 14/01/1961	Type of Informant: Rider
Race: Malay		Language	Institution / School Name:
Occupation: personal driver		Driving Licence Information Class:	Date of Expiry:

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 18/07/2019 07:15	Type of Location Straight Road
Location: Along Road 1 ENG NEO AVENUE				
Along Eng Neo Ave towards Dunearn Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: between Moving Vehicles - Head To Side			Anyone conveyed to ambulance: No	

Details of Vehicle Involved

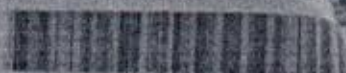
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
7585G	Motorcycle				Seriously Damaged	0
1888C	Car				Slightly Damaged	0

Details of Person Involved



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No. 1800-4629999



T20190716/2040

Report No. T20190716/2040

CONTINUATION OF REPORT

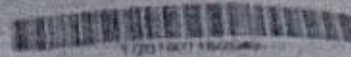
Rider			
Name	SHARIFF BIN ABUL RAHMAN	ID No.	S1496705B
Related Vehicle	FBJ7565G (Motorcycle)	Contact No.	91294557
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details

On 18/7/19 at about 0717hrs, while I was riding my bike along Eng Neo Ave towards Dunearn Road going forward, a driver (slp4888c) suddenly made a right turn from the opposing direction into the yellow box area, and I was unable to stop in time and collided into the front left of his vehicle (slp4888c). Traffic police attended to us after the incident occurred and ambulance was also activated to assess my injury. However, I did not want to be conveyed into the hospital.

After which, I went to the private clinic (Galilee Clinic) for medical check and was endorsed with 4 days Medical leave from 18/7/19 to 21/7/19. My motorbike was quite damaged and I have filed for my insurance report. After the incident, my ankle swell and my body ache badly. No other people was injured. I do not know what is the incident number for the incident that traffic police attended to me. The motorbike total repairing I estimate to be a few thousands.

SINGAPORE
POLICE FORCE



Report No. 1/2019/115/2146

Police Station Of Origin
Police Station N.P.C.
Duke's Road SINGAPORE 268914
Tel No. 3400-4629000

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:

E /

Sgt 2 TAN HUI RU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 10:55

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1496705B



Name
SHARIFF BIN ABDUL RAHMAN

Race
MALAY

Date of birth
14-01-1961

Sex
M

Country/Place of birth
SINGAPORE

S1496705B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1496705

Name
SHARIFF BIN ABDUL RAHMAN

Birth Date: 14 Jan 1961

Issue Date: 31 May 2011

001968891G

5926883



NRIC No. S1496705B



Date of issue
30-04-2018

Address
APT BLK 273A JURONG WEST AVENUE 3
#03-35
SINGAPORE 641273

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	21 Mar 1968
Class 2A Motorcycles between 201 cc and 400 cc	05 Mar 1996
Class 2 Motorcycles $>$ 400 cc	31 May 2011
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500 kg	04 Jul 1969

Licence No: S1496705B

NP 428A

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 No	SI18V12330 /VMS /R04
Form	MY3
Date of Issue:	28-Sep-2018
1. Index Mark and Registration No. of Vehicle:	FBJ7585G
2. Chassis number of Vehicle:	JKAZXT00LMA004671
3. Name of Policyholder:	SHARIFF BIN ABDUL RAHMAN
4. Effective date of Commencement of Insurance for the purposes of the Act:	01-OCT-2018 00:00
5. Date of Expiry of Insurance:	30-SEP-2019 23:59
6. Persons or Classes of Persons entitled to drive*:	SHARIFF BIN ABDUL RAHMAN

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.
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.

7. Limitations as to use*:

- A) Use only for the Policyholder's business or profession.
B) Use only for social, domestic and pleasure purposes by:

SHARIFF BIN ABDUL RAHMAN

8. The Policy does not cover:

- A) Use for hire or reward.
B) Use for racing, pace-making, reliability trials 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 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).

Please note that this vehicle
is under hire purchase with
Bike Production Pte Ltd
No transfer or endorsement is allowed
unless with our written consent

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

For Information only:

COVERAGE:	Comprehensive
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I (Singapore) \$1,000.00, Section I (Outside Singapore) \$2,500.00
FINANCE COMPANY:	BIKE PRODUCTION PTE LTD
PRODUCER NAME:	WTT INSURANCE AGENCIES PTE LTD

BIKE PRODUCTION PTE LTD
Co Reg No: 200007407G
610 Serangoon Road
Singapore 218216
Tel: 63922555 Fax: 62975400