NATIONAL Assessment Cer	THE DEFFICES.		NALLOO AND MA			
Date In: 31/3/2 -11:01	Jeb description	T. Indian Comment	Date & Time Completed	Done	by	
Res No: 44 JAWAZNOUYJOFFY	SAS e-filing					
Veh No: 62768957	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 3/3/20 - V8:N	i-Motor Clai	m Form			VIV 1000	
	i-Motor W/C	(Within: OD 2hrs	s, TP 4brs)		142525	
OD / (TP-) Reporting Only	i-Photo Uplo	aded			A	
	Assessment/St	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:		
TP Particulars: Veh No: 5	HCJ8/YA .	. INC()/Non-INC().			
Owner / Driver: (Tel:)		
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%	Note-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. F: 30-1	00%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()				
General Remarks:				1937 E	900 000	
() Walk-In Customer : Customer's	information at letter Co.	THE REAL PROPERTY.	415-41-41-41-41-41-41-41-4-4-4-4-4-4-4-4			
Control of the contro		nnoentiai & Sti	icuy NO Taler of Teparler.			
() Total Loss Case : to e-mail Ins		10 () T			1	
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	(0 ();1	owing Co: (
Remarks:- (INC horline: 6788 6616	0		Date&Time Completed	Done	by ·	
Apply for Transport Allowance ()	/ Courtesy Car ()			10-10-1	
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()	-			
Injury:			7, 21, 2			
		Zanonam rosesi		(19 m) 1 2 m)	7 C 10 (1 P.)	
Date/Time Actions				SERSONE.	ry my, es	
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				SEASOSCH	1 54. E.	
		14 S. (18) P. (18)		SSECTION.	7, 54, 5.	
				PARACACIT.		
	1				·	
Date/Time Actions	1	Invoice Pre	paration Checklist	Anit (5)		
Date/Time Actions	1	1) AR : Accident	paration Checklist Reporting (\$30);	Ant (5)	400	
NAZOVYVY		1) AR : Accident 2) DA : Damage	paration Checklist Reporting (\$30); Assessment (\$100), INC (\$8	Ant (5)		
NADOVYVI	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Reporting (\$100); INC	Ant (5) // Fi Bill (0) // 545 \$120	400	
NA20074V) laimant's Particulars:-	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) /fit Bill /545 5120 530		
NADOVYVI Inimant's Particulars:- river/Owner:	1	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80); ce \$40 Arough Survey Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	Ant (5) In Bill 19, Bill 19, 545 5120 530) 575		
NAZOVYVY laimant's Particulars:- river/Owner:	1	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 cough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 coins)	Anit (5) fst Bill 	400	
NA12074V) laimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 cough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 coins) SMRT Survey (Resurvey) Intel Services:	Anit (5) fit Bill 	400	
Date/Time Actions		1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-Ti 5) iFT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courlesy	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Arough Survey (Resurvey); Reporting (\$100); INC (\$30); FORT Survey (Resurvey); Reporting (\$100); Re	Ant (5) In Bill 19, Bill 19, 545 5120 530) 575	400	
NAIDONYV) Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Repair C	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); Assessment (\$1	Anit (5) fit Bill 		
Date/Time Actions NADODY Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OID* *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Col	Paration Checklist Reporting (\$30); Assessment (\$100), INC (\$8 ce \$40 ce	Ant (5) Ist Bill 10) 1/545 5120 530) 575 5160		
NAIDONYV) Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OID* *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100), INC (\$30); Assessment (\$30); A	\$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt (S	

I a proceed to the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- 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

AND PROPERTY OF THE PROPERTY O	ACCIDENT STATEMENT
Date Of Report	31/03/2020 11:01
Date Of Accident	30/03/2020 08:15
Exact Location Of Accident	JUNC YISHUN AVE 1 & YISHUN AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ6895T
Insured/Policyholder	
Name Of Registered Owner	HOCK UNITED ENGINEERING PTE LTD
Co Reg No	2XXXXX132D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93805075
Alternative Phone No	OFFICE-93805075
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0097681900
Cover Note Number	
Driver	
Name of Driver	BHADRA PAPON KUMAR
Passport No/FIN	GXXXX016T
Date Of Birth	01/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91906448
ax Number	

OFFICE-91906448

NOEMAIL

Address

5 SUNGEI KADUT DRIVE

Postcode

729558

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? 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)

6

Passenger 1

NAME:

: REAJ

GENDER:

: MALE

Passenger 2

NAME:

C ...

GENDER:

: MALE

Passenger 3

NAME:

: -

GENDER:

: MALE

Passenger 4

NAME:

1 8

GENDER:

: MALE

Passenger 5

NAME: GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200330/2083.

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

SHC5814A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ANG KIM CHEN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

- 1

DETAILS OF INJURED PERSON 1

Name

BHADRA PAPON KUMAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBJ6895T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

REAJ

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBJ6895T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

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.
- Information provided must be as <u>truthful and accurate as possible</u>. 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 aforesald.
- 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:
 - 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:
 - 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:

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:

		1	11/1/11	Jahun Je 6.	(A) GBJ 6895 7
SKE	ETCH PLAN	15/		2 3 g	(B) SHC 5814
			1 1 4 4	1/1/2	
-			A	1111	
			19 KIG		
			N. A.		
			K		
		-			
		= -		-	
		< -			
		B BU T (LOS)	Jehun Ave	_ / · · · · ·	
DES	CRIBE CIRCUMSTANCES	OF THE ACCIDENT			
1	On 30		1 0 0011		, , , , ,
2			1	.1 1	pas travelling
1		rection. While		1 11	Are 1 toward
	we 6, the	traffic light	approaching was gre	(ction of Yoshun
	The state of the s			in my	favous and 1
P	roceed straight	in the	middle	lane. Su	deenly, a taxi

1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
in my rehiele (GBJ 68957) along Yeshun Ave I towar
Eshury Dan direction. While approaching the question of York.
Ave 6, the traffic light was green in my favour and 1
Manal atomat is it all I all I
proceed straight in the middle lane. Suddenly, a tax
(SHC 5814A) from the opposite direction make a right
turn into Jishun Ave 6; without given were to up
As a result, my vehicle front portion collided onto the
left side of the said taxi. The taxi drever admits
1 0-11 1 said tax, the tax, drever admits
at fault and signed a letter wretten by my manager

DECLARATION

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

2

Policyholder's Signature

Date & Time:

Driver's Signature

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

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

Vehicle No.	GBJ 6895 7 Model/Make Toyota Dyna.
Date of Accident	30/03/2020
Time of Accident	0814 -HRS
Location of Accident	Tishun Ave 1 junction Teshan Ave 6.
Exact purpose use during ac	
Name of Owner	Hack united Engineering Pte Ltd.
Telephone No.	H/P: 9380 5075 Home: Office:
NRIC	2007191320.
Address	5, Surgei Kadut Dreve (5) 729558.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Allied World
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	AVCP38 00 9768 1900.
Name of Driver	As Above If No, Bhadra Papon Kumar.
NRIC	G 8167016T. Any Passengers: 05 (m).
Date of birth	01/01/1990
Occupation	Outdoor / Indoor
Driving License Pass Date	04/10/2017
Gender	Male / Female
Contact No.	H/P: 9190 6448 Home: Office:
Address	5. Surgei Kadut Drive (8) 729558.
Driver have any own vehicle	
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	@ Shadra Papen Kumar (4/p: 9190 6448).
Name And Contact No.	@ Reaz (H/P: 8408 2576)
Police Report	No, If Yes, Where?
Vehicle B No.	SHC 5814 A Any Passengers: N. A.
Name of Driver	Ang Kim Chen : Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	M-A- Witness Contact : M. A.
Accident Portion	Front Portion.
Camera Recorder	Yes/ No
Email Address	
PARTICULAR WORKSHOP	N-51.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JOSEPH TAN.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg

Dute: 30/03/2020

Location: Yishur Are 1 Lamps Post 109. Janutain Yishur Here

Boulete Papon Kum Tri /10. 631670167 was
GBJ 68957 formy Toyote Dyna.

Druny along Yishun Harl at 8 14 am to work.

When I reach the newtowned junter the Toxi

SILC 5814 A driven by Mr. Ang Vim Chen 3147-85895

The other Trans-carb.

The a familty right tornal without giving way to

me & checking the on going traffic clearung and

causing the addiscin of the 2 vehicle

The toxi draier admitted he consisted the wrong chargement while muching the right term. He also reported to the treather officer hundling the case.

Long Doueir 6185 6395T Papan Kunen Gr316 7016T Tasci Dair 84 C 5814 A 814789825 //cr

30/03/2020 9.15 am 30/03/500 9.15m





Police Station Of Origin:
Woodlands East N.P.C.

Report No. T/20200330/2083

1 of 3

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 17:10	Made:	Vide Report No.: L/20200330/0076	Station Diary No.:	
Informa	nt's Partic	ulars	· · · · · · · · · · · · · · · · · · ·		
Name of	f Informant: A PAPON R		Address: 5 SUNGEI KADUT DRIVE SINGAPORE 729558		
ID Type / ID No.: FIN NO / G8167016T		ST .	Contact No.: Home/Office:	Mobile: 91906448	
National BANGLA			Email:		
Sex: Male	Age:	Date of Birth: 01/01/1990	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 30/03/2020 08:15	Type of Location X-Junction	
YISHUN AVE YISHUN AVE Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
		Traffic Control:		Traffic Volume: Moderate	
Traffic Flow: One Way Type of Collis		Traffic Light - Wo	king	Moderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ6895T	Lorry				Slightly Damaged	4
SHC5814A	taxi				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	THE RESERVE OF THE PROPERTY OF THE PARTY OF
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

2 of 3 Report No. T/20200330/2083

CONTINUATION OF REPORT

Driver		YAU KALIN			Di anni	
Name	BHADRA PAPON KUMAR			ID No		G8167016T
Related Vehicle	GBJ6895T (Lorry)		Conta	act No.	91906448	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	-10	Date Disc		NIL	
	granted Medical Leave NIL Degree of			NIL		
Driver		SELECTION OF THE PERSON OF THE	THE REAL PROPERTY.		47 50	A CONTRACTOR OF THE PARTY OF TH
Name	ANG KIM CHEN		ID No	10	S1478982J	
Related Vehicle	SHC5814A (taxi)		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 30/03/2020 at about 0814hrs, I was driving my lorry bearing registration number GBJ6895T along Yishun Avenue 1 towards Yishun Dam Direction. While I was approaching the junction of Yishun Avenue 1 and Yishun Avenue 6, the traffic light was green in my favor and I proceed straight in the middle lane. Suddenly, a taxi bearing registration number SHC5814A from the opposite direction make a right turn into Yishun Avenue 6 without giving way to me. As a result, my vehicle front portion collided onto the left side of the said taxi.

After the accident happened, we came down from our vehicles to ensure all parties were not injured. After that we settle the issues, during the settling of the issues, the taxi driver signed a letter which written by my manger, admitted that it was his fault.

After a while Police came to scene and took down all parties particular and issued a case card to me. The traffic police took my CCTV's memory card.

This is the first such incident happened to me.





3 of 3

Report No. T/20200330/2083

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: L / Sgt 1 GLENN KUAN YONG SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable SN 130	Date/Time: 30/03/2020 17:10
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication StampPolice Force	

CERTIFICATE OF INSURANCE

MZ300/C

E SB A466SD2

Cov. Type: C

KUKSBSB

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 IS JANUARY 1968 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE

CERTIFICATE No.

AVCPSB0097681900

ChaNo: JTFAT35Y60K213770

1. Index Mark and Registration Number of Vehicle

GBJ 6895 T

2. Name of Policyholder

HOCK UNITED ENGINEERING PTE LTD

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance

17 July 2019

ENSURE PTE LTD Co. Reg. No.: 201017457N 38 Toh Guan Road East #01-57 Enterprise Hub Singapore 608581 Tel: 6515 5988 Fax: 6896 6321

4. Date of Expiry of Insurance

16 July 2020

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

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.

- 6. Limitations as to Use* (For certificate reference MX1, see overleaf)
 - A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER :

- 1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : UNITED OVERSEAS BANK LIMITED

Type of Cover : Comprehensive

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.

I/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 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)

