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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.
- 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.

atoresaid	
Maria Planta Salas S	ACCIDENT STATEMENT
Date Of Report	21/09/2020 15:05
Date Of Accident	19/09/2020 21:00
Exact Location Of Accident	PUNGGOL WAY TWDS TPE
Country/State of Loss	SINGAPORE
General Anna Carte	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY7640G
Insured/Policyholder	
Name Of Registered Owner	NOR AZMI BIN AHMAD
NRIC No	SXXXX648H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96385591
Alternative Phone No	OFFICE-96385591
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5EX ELEGANCE AT D/AB 2WD 4DR
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D20MPC0005293
Cover Note Number	
Driver	
Name of Driver	NOR ANIQ BIN NOR AZMI
Passport No/FIN	SXXXX456F
Date Of Birth	20/07/1997
Occupation	INDOOR
Date Of Driving Pass	12/04/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86617708
Fax Number	

OFFICE-86617708

NOEMAIL

BLK 567 CHOA CHU KANG STREET 52 Address

#05-150

Postcode 680567

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

2

: FIRA NATASHA BINTE YUSLI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

CHOA CHU KANG NPC

Police Station Address

ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200920/2009.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FX1181G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 23

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NOR ANIQ BIN NOR AZMI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJY7640G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

FIRA NATASHA BINTE YUSLI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJY7640G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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 <u>repudiate policy liability</u>.
- 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 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:
 - 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 Name:

NRIC/FIN No.:

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M.M.			
ECLARATION	iculars are true in every respect.		
we decidle the foregoing part	iculars are true in every respect.		
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	Ka		Lan
Policyholder's Signature	Driver's Signature	Reporting Co	entre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

GIARMC SketchPlanForm, V3

Date & Time:

Name: NRIC/FIN No.: ACCIDENT STATEMENT

BIOCCUPATION: (INDOOR / OUTDOOR) flyEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (PRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 2 injury 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE a) VEHICLE NUMBER: MODEL: DRIVEP'S NAME: A) VEHICLE NUMBER: MODEL: DRIVEP'S NAME: DRIVEP'S NAME:	ACCI	DENT DATE: 19/9/12. (DD/MM/YYYY)	, TIME:(100) (HH:MM)
DINSURANCE COMPANY: INION CIPOLICY NUMBER: DY 1604. DINSURANCE COMPANY: INION CIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) B) MAKE & MODEL: FITYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) GIVERICLE CATEGORY: (FRVATE / COMMERCIAL / MOTORCYCLE) IN PURPOSE OF USING AT A CCIDENT TIME: While IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DINRIC/FIN/PASSPORT: 77 16 4 48 1 CONTACT: 16 1794 C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER BINRIC/FIN/PASSPORT: CONTACT: 16 1794 C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 16 1794 C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 16 1794 C) ADDRESS: **JOADRESS: COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WITH INSURED: DIROAD SURFACE: (PR) / WET / OTHERS B. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: DIPLYER'S NAME: C) VEHICLE NUMBER: MODEL:	LOCA	TION: PURGOD WEST PLYDUIT.	
C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT] e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRV ATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT A COIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) IF NO, PLEASE STATE (THIRD PARTY & LAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER 1) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: A) DRIVER 1) ODCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPREREINCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: A) OR SANYBODY INJURED (TE) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) NODEL: D) DRIVER'S NAME: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: O) DRIVER'S NAME:	1.	a) VEHICLE NUMBER: 10476494.	
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b) NRIC/FIN/PASSPORT: CONTACT! 16617768 C) ADDRESS: FIG HG 1956 9 C) ADDRESS: A) DATE OF BIRTH: (Ano of bassenges.		WAR LEEVILLE
C)ADDRESS: C)ADDRESS: C)AD	(Induding driver)		
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IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:		e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	
bjRoad surface: (pr) / Wet / Others 6. Was anybody injured (ve) / no) injury 7. a)Reported to Police (ve) / no) IF yes, Please State Which Police Station: 8. THIRD PARTY VEHICLE 4 No of Passanger a) Vehicle number: PX 18 9 Model: Clinducting driver b) Driver's NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:		IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: MIGHT
6. WAS ANYBODY INJURED ((ES / NO)) injury 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Inducting driver) b) DRIVER'S NAME: (Inducting driver) d) VEHICLE NUMBER: (Inducting driver) b) DRIVER'S NAME: (Inducting driver) b) DRIVER'S NAME:	5.		THERS
7. a) REPORTED TO POLICE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 No of Passanger a) VEHICLE NUMBER: (Inducting driver) b) DRIVER'S NAME: (Inducting driver) b) DRIVER'S NAME: (Inducting driver) b) PRIVER'S NAME: (Inducting driver) c) NRIC/FIN/PASSPORT: (Inducting driver) b) DRIVER'S NAME: (Inducting driver) c) PRIVER'S NAME: (Inducting driver) c) DRIVER'S NAME: (Inducting driver) c) DRIVER'S NAME:	0000		
8. THIRD PARTY VEHICLE HILL OF PASSENGER O) VEHICLE NUMBER: PX 189 G MODEL: (Inducting driver) b) DRIVER'S NAME:			\$1
(Inducting driver) b) DRIVER'S NAME: (Inducting driver) b) DRIVER'S NAME: (I.) 9. THIRD PARTY VEHICLE (I.) PASSENGER (DRIVER'S NAME: (DRIVER'S		70 To 100	
(Induction driver) b) DRIVER'S NAME: (L.) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	8.	THIRD PARTY VEHICLE	
C) NRIC/FIN/PASSPORT:CONTACT:	time of passenger	a) VEHICLE NUMBER: 17111	_MODEL:
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:	(Inducting driver)	b) DRIVER'S NAME:	
THE ART VEHICLE NUMBER:MODEL:	111	c) NRIC/FIN/PASSPORT:	_CONTACT:
A NO SE DESTRUGEL OF DEINERS NAME.			MODEL:
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:		a) DRIVER'S NAME:	_MODEL!
()	(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT
		34 = 3	

email = fax = video =





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02

1 of 3 Report No. T/20200920/2009

SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 03:53	/lade:	Vide Report No.: F/20200919/0250	Station Diary No.: 20
Informa	nt's Partic	ulars		
	Informant: IIQ BIN NO		Address: APT BLK 567 CHOA CHU KA SINGAPORE 680567	ANG STREET 52 #05-150
	/ ID No.: D / S97234	56F	Contact No.: Home/Office: Mobile: 86	
National SINGAP	ity: ORE CITIZ	EN	Email:	2
Sex: Male	Age: 23	Date of Birth: 20/07/1997	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2020 21:00	Type of Location:
Location:		1.1.9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
F,JNGGOL W	VAY			
Weather:		Road Surface:	F	Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		raffic Volume: .ight
Type of Collis	sion:		A	Anyone conveyed by
Between Mov	ring Vehicles - Head To R	lear		imbulance: ⁄es

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FX1181G	Motorcycle	HONGSHI	NF125MD	Blue	Totally Damaged	0
SJY7640G	Car	MITSUBISHI	LANCER 1.5EX ELEGANCE AT D/AB 2WD 4DR	Red	Seriously Damaged	1





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

- 2 of 3 Report No. T/20200920/2009

CONTINUATION OF REPORT

Details of Perso	on Involved					The state of the s
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider			TENTEN .			
Name	Neo Ah Yong		ID No.		S0919109G	
Related Vehicle	FX1181G (Motorcyc	ole)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	•
No. of Days gran	ted Medical Leave	NIL	Degree of	_	Slight	
Driver						
Name	NOR ANIQ BIN NO	R AZMI		ID No		S9723456F
Related Vehicle	SJY7640G (Car)		100000000000000000000000000000000000000	Conta	ct No.	86617708
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 19/09/2020 at about 2102hrs, I was driving along Punggol west flyover and was turning right to TPE. I was driving straight on my lane and I know that there was a motorcycle that was on the right of my vehicle SJY7640G. When the motorcycle FX1181G came into my blind spot on the front right hand corner, I could not see him. He then cut into my lane without signaling left, I then step onto my brake but my vehicle SJY7640G still collided on the back of his motorcycle FX1181G and the rider then flew out of his motorcycle and row in front.

I then called for the ambulance. After some time, the traffic police and ambulance came and examine the motorcycle rider and mention that the rider on FX1181G will be conveyed to Sengkang Hospital as the paramedics mentioned that the rider had scratches on his body, hand and legs.

I am lodging this report after the traffic police handed me a case card for me asking me to lodged a report. I am also lodging this report for my insurance claims for my vehicle SJY7640G.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

3 of 3 Report No. T/20200920/2009

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: J / Sgt 2 CHAN JUN WEI, KENNETH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2020 03:53
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp	

Our Family Physician Clinic & Surgery

829 Tampines St 81 #01 - 292, Singapore 520829 Phone: 6785 0147

MEDICAL CERTIFICATE

MC No: OD-TP0000039116

NAME: FIRA NATASHA BINTE YUSLI

NRIC: S99266441

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from 20-09-2020 to 21-09-2020 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Regulation 2020, patients diagnosed with acute respiratory infection In accordance with the Infectious Diseases Act (Chapter 137) under must not leave their place of accommodation within the duration of this medical certificate other than to seek medical attention.

Muhd Azmi Hezan Latiff MBBS (NUS), GDFM

20/09/2020

Signature

Date

Our Family Physician Clinic & Surgery 829 Tampines St 81 #01 - 292, Singapore 520829

Phone: 6785 0147

MEDICAL CERTIFICATE

MC No: OD-TP0000039127

NAME: NOR ANIQ BIN NOR AZMI

NRIC: S9723456F

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from 20-09-2020 to 21-09-2020 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Regulation 2020, patients diagnosed with acute respiratory infection In accordance with the Infectious Diseases Act (Chapter 137) under must not leave their place of accommodation within the duration of this medical certificate other than to seek medical attention.

Muhd Azmi Hezan Latiff MBBS (NUS), GDFM

Signature

20/09/2020 Date



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 108 Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MPC0005293

COVER: Third Party Fire & Theft

1. Index Mark and Registration Number of Vehicle

SJY7640G

Chassis No

JMYSRC2ABU000374

2. Name of Policyholder

NOR AZMI BIN AHMAD

3 Effective date of Insurance

28 Aug 2020

4. Expiry date of Insurance

27 Aug 2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her 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

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, speed-testing.
- 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.

Hire Purchase Company

SSL HOLDINGS PTE LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : A000031/Excel Insurance Agency

For India International Insurance Pte Ltd.

: 28/08/2020 14:13:03 Date of Issue MX1-Private Car (Insured Driving)

Authorised Signatory