

**NATIONAL Assessment Centre Services.** [ver 1 Jan 08] **SA109215V0006**

Date In: 31/05/2021 15:39	Job description	Date & Time Completed	Done by
Ref No: N/A/SMD21006254	SAS e-filing		
Veh No: PLS 542D	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 01/05/2021 20:22	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: GBF6572X 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: ( )

Repairs: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action

SA102999

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$40)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$43
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Architect's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75
Ref: 1:	6) TR: Re-inspection	\$160
2/2	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Service:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NG: Repair Coordination	\$10
	• NT: Post Repair Inspection	\$23
	• ND: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (N/A INC) against INC	\$20
	5) NI: Idas 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 Submission	31/05/2021 15:39 (SGT)
Date of Accident	01/05/2021 20:20 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS542D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SABARUDDIN BIN ABDULLAH
NRIC No	SXXXX199I
Email Address	sabaruddinabdullah22@gmail.com
Mobile Phone No	(Phone) +65-89489734
Alternative Phone No	+65-89489734

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	154

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01000298
Cover Note Number	-

#### DRIVER

Name of Driver	SABARUDDIN BIN ABDULLAH
NRIC No	SXXXX199I

Date Of Birth	21/06/1964
Occupation	Outdoor
Date Of Driving Pass	04/01/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89489734
Alt. Phone Number	+65-89489734
Email Address	sabaruddinabdullah22@gmail.com
Address	BLK 420 ANG MO KIO AVENUE 10 #07-110
Address complement	-
Postcode	560420
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210502/2068 AND T/20210508/2001

#### 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	GBF6572X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

- Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SABARUDDIN BIN ABDULLAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS542D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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 this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

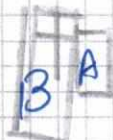
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

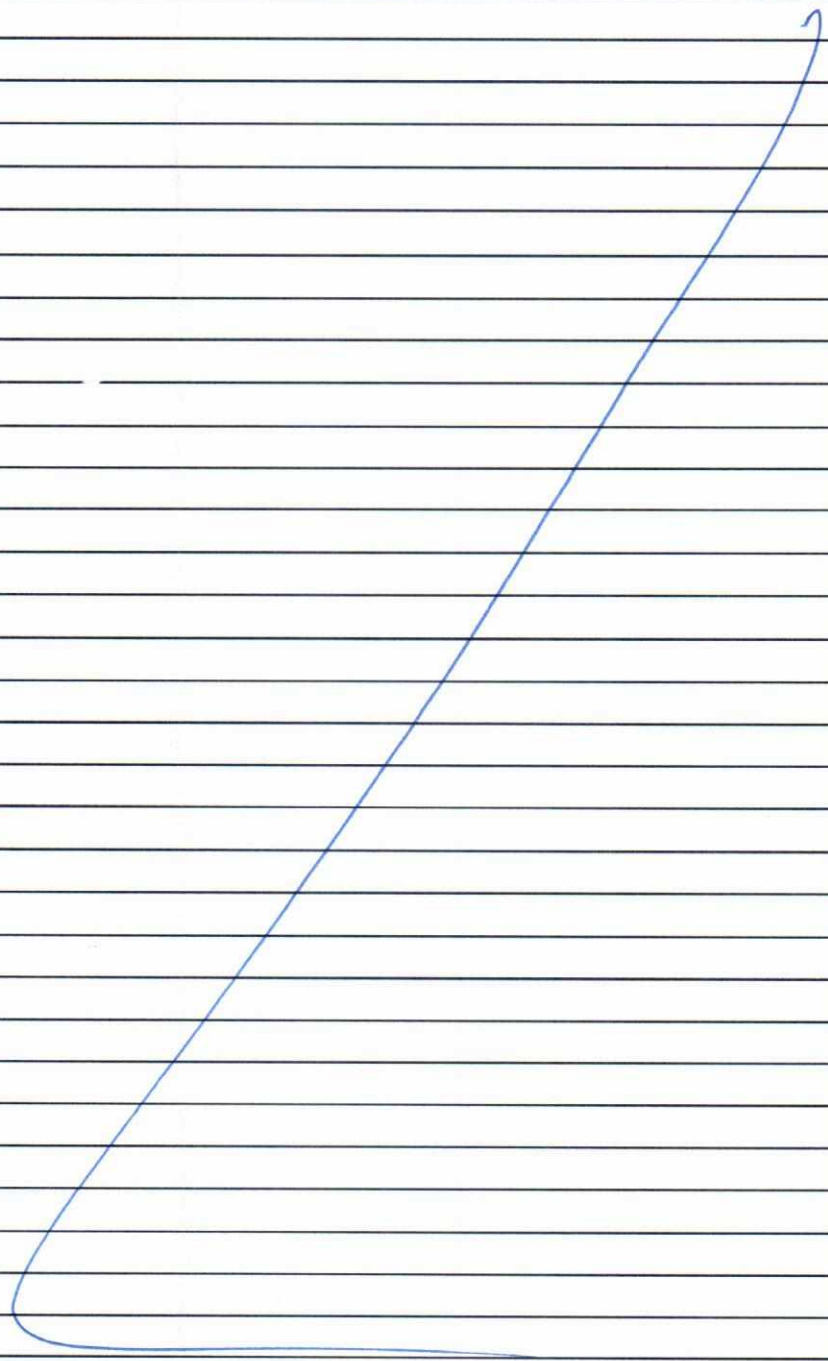
A) FBS 542D

B) GBF 6572X




Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210502/2068 & 7/20210508/2001



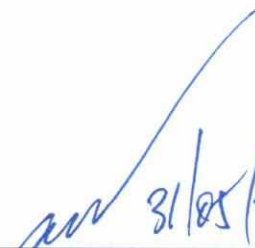
Declaration

We declare the foregoing particulars are true in every respect.

 31/05/2021

Policyholder's Signature / Date & Time

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

 31/05/2021

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210502/2068

1 of 3

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

Report No. T/20210502/2068

210002 / Am - Due May '21.

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/05/2021 20:40	Vide Report No.:	Station Diary No.: 119
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**Informant's Particulars**

Name of Informant: SABARUDDIN BIN ABDULLAH		Address: APT BLK 420 ANG MO KIO AVENUE 10 #07-1143 SINGAPORE 560420	
ID Type / ID No.: NRIC NO / S1628199I		Contact No.: Home/Office:	Mobile: 89489734
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 21/06/1964	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2021 20:20	Type of Location: Straight Road
Location: YISHUN AVENUE 2				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS542D	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS542D	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100029 8	04/01/2021	03/01/2022



# SINGAPORE POLICE FORCE



T/20210502/2068

2 of 3

Report No. T/20210502/2068

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

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S16281991
Name	SABARUDDIN BIN ABDULLAH	Contact No.	89489734
Related Vehicle	FBS542D (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Date Treatment	01/05/2021
		Date Discharge	01/05/2021
		Degree of Injury	Serious
		No. of Days granted Medical Leave	08

### Brief Details.

On 01/05/2021 at about 2020hrs, I was riding along Yishun Avenue 2 towards Khatib MRT station, and rode at lane two. As I was riding beside a van on my left, and accidentally grazed the right side of the van, with the left side of my bike handle bar. Suddenly I lost control of my bike and the bike went towards the right side of the road where it collided into the green fence. Before it could collide I jumped off my bike and rolled a few times, where I bruised my back, scraped my arms and landed on my right elbow which resulted a fracture. A few drivers came to make a check on me. The driver of the van came off and made a check on me, and waited for the traffic Police. Subsequently I was conveyed to Khoo Teck Puat Hospital and given eight days of Medical leave. No one else was injured. Traffic Police was at scene.

ID in charge : Sr Staff SGT Goh Wei Li  
From Traffic Police

Contact: 91 65476252

bike - injured right hand.





# SINGAPORE POLICE FORCE



T/20210508/2001

1 of 3

Report No. T/20210508/2001

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
08/05/2021 00:06

Vide Report No.:  
T/20210502/2068

Station Diary No.:  
3

**Informant's Particulars**

Name of Informant:  
SABARUDDIN BIN ABDULLAH

Address:  
APT BLK 420 ANG MO KIO AVENUE 10 #07-1143  
SINGAPORE 560420

ID Type / ID No.:  
NRIC NO / S16281991

Contact No.:  
Home/Office: Mobile: 89489734

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 56 21/06/1964

Type of Informant:  
Rider

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
DRIVER

Driving Licence Information:  
Class: 2B,3,4,5

Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
01/05/2021 20:20

Type of Location:  
Straight Road

Location:

YISHUN AVENUE 2

Weather:  
Drizzling

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Light

Type of Collision:

Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS542D	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS542D	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100029 8	04/01/2021	03/01/2022



**SINGAPORE  
POLICE FORCE**



T/20210508/2001

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/20210508/2001

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SABARUDDIN BIN ABDULLAH	ID No.	S1628199I
Related Vehicle	FBS542D (Motorcycle)	Contact No.	89489734
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/05/2021	Date Discharge	01/05/2021
No. of Days granted Medical Leave	08	Degree of Injury	Serious

**Brief Details.**

I wish to make the following amendments to the traffic accident report which I lodged on 02/05/2021, for which the report no. is T/20210502/2068:

- 1) Amendment from "As I was riding beside a van on my left, and accidentally grazed the right side of the van, with the left side of my bike handle bar." to "An unknown vehicle travelling on my left side, for which I am unable to recall the registration no., grazed against the left side of my bike handle bar". The reason for this amendment is because I was made aware that the unknown vehicle was a van by the Traffic Police IO and thus, I not wish to state that "I was riding beside a van on my left".
- 2) Amendment from "I jumped of my bike" to "I fell off my bike".

This is all the amendments that I wish to make.





**SINGAPORE  
POLICE FORCE**



T/20210508/2001

3 of 3

Report No. T/20210508/2001

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

**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:

L /

SC2 MOHAMMED RIDHWAN HOUSSENE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/05/2021 00:06

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (01/05/2021) (DD/MM/YYYY), TIME: (20:20) (HH:MM)

LOCATION: Yishow Ave 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 5420  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: D21M7M/C01000298  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA Aerox  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SARABUDDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 87489734  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ARBON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GRF 6572X MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: SARABUDDIN ARBON22@gmail.com  
 VIDEO



Our ref : CMTD2101407/PAULOONG

Date : 24-MAY-2021

SABARUDDIN BIN ABDULLAH  
420 ANG MO KIO AVENUE 10  
#07-1143  
SINGAPORE 560420

For Your Urgent Attention

Dear Sirs

Accident on : 01-MAY-2021  
at / along : Lentor Ave, LAMP POST 158  
Involving : FBS542D/GBF6572X

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We have received a claim in connection with the above accident and your vehicle FBS542D was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at [www.sompo.com.sg](http://www.sompo.com.sg) for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

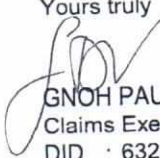
Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

  
GNOH PAU LOONG  
Claims Executive  
DID : 63295217  
Fax : 62213147cc ENSURE PTE. LTD. (MOTORCYCLE)  
38 TOH GUAN ROAD EAST  
#01-57 ENTERPRISE HUB  
SINGAPORE 608581

- Please assist

REMNR

## Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTMC01000298  
Insured : SABARUDDIN BIN ABDULLAH  
Motor Vehicle (Regn No.) : FBS542D  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 04 JANUARY 2021 17:16  
Policy Expiry Date : 03 JANUARY 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : SUNNY NG  
Named Driver 2 : SABARUDDIN BIN ABDULLAH  
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
SUNNY NG, SABARUDDIN BIN ABDULLAH

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

### Limitations As To Use

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.03)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 04 JANUARY 2021 17:16

### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY100 4IDPHM4J4\_D0MYAJ