

NATIONAL Assessment Centre Services

(Date: Jan 2005)

MAA418085786

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 03/07/2008 16:19 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/CT2180/2075/4 | SAS e-filing | | |
| Veh No: PC 25228 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 30/06/2008 16:00 | 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: ABC 8426M | 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%, F: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| N/A1804229 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | | | 1st Bill | Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| QC Checked by (Engr-In-Charge): | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| Auditors' Comments :- | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| Cat. 1: | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| Cat. 2 / 3: | 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 ability.
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 | 03/07/2018 16:19 |
| Date Of Accident | 30/06/2018 16:00 |
| Exact Location Of Accident | ALONG GEYLANG ROAD AND LORONG 19 GEYLANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | PC2522S |
| Insured/Policyholder | |
| Name Of Registered Owner | ROYAL LIMOUSINE SERVICES PTE LTD |
| Co Reg No | 201403143E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90593384 |
| Alternative Phone No | OFFICE-90593384 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DXB1SN30Z4351800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ADAM BIN DARSIN |
| NRIC No | S6841087H |
| Date Of Birth | 02/10/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/07/2014 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90593384 |
| Fax Number | |
| Contact Number | OTHERS-90593384 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 408C FERNVALE ROAD #07-06 |
| Postcode | 793408 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles 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 | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180702/2059

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 | GBC8426M |
| Vehicle Make/Model/Colour | NISSAN CABSTAR |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MANICKAM ANNAMALAICHAMY |
| NRIC/Passport Number | F7804298L |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------|
| Name | ADAM BIN DARSIN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | PC2522S |
| 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.
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 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:
 - (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;
- (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.

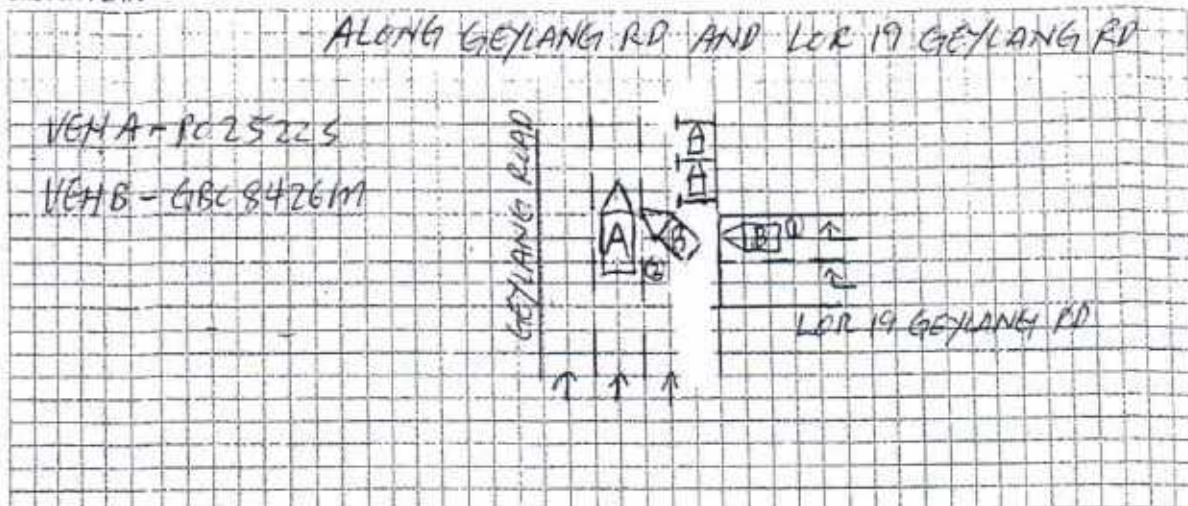


Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refn to police report

1/20180702/2019

DECLARATION

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


Policyholder's Signature
Date & Time:

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

03/01/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180702/2059

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180702/2059

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 02/07/2018 14:27 | Vide Report No.: | Station Diary No.: 101 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: ADAM BIN DARSIN | | | Address: APT BLK 408C FERNVALE ROAD #07-06 SINGAPORE 793408 | |
| ID Type / ID No.: NRIC NO / S6841087H | | | Contact No.: Home/Office: | Mobile: 90593384 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 49 | Date of Birth: 02/10/1968 | Type of Informant: Driver | |
| Race: Javanese | | | Language: English | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/06/2018 16:00 | Type of Location: Straight Road |
| Location: Along Road 1 GEYLANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|---|---------------|---------------------|-----------------|
| GBC8426M | Lorry | NISSAN | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 | Multi-Colored | Slightly Damaged | 2 |
| PC2522S | Van | TOYOTA | HIACE HIGH ROOF COMMUTER TURBO AUTO | Silver | Slightly Damaged | 0 |



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20180702/2059

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Manickam Annamalaichamy | ID No. | F7804298L |
| Related Vehicle | GBC8426M (Lorry) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: 06/08/2018 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ADAM BIN DARSIN | ID No. | S6841087H |
| Related Vehicle | PC2522S (Van) | Contact No. | 90593384 |
| Hospital/Clinic | FAMILY DOCTORS AT 365 | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 02/07/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 30 June 2018 at about 1600hrs, I was driving my company's vehicle (van) along Geylang Road. There were a few cars parked within the parallel lots of the road, just after a minor road from Lorong 19 Geylang Road.

I was driving between 30km/h-40km/h as there were a lot of vehicles ahead of mine. Subsequently, a lorry from the mentioned minor road hit onto the right side of my van. We came to a stop and went to check on our vehicles. We exchanged particulars and agreed on making a police report. The impact have caused the right side of my van to have multiple dents and paint from the other vehicle. The lorry's front left has a deep dent. We then left the scene and I informed my supervisor, Chris, on the matter.

On 1 July 2018 I went to Bedok North NPC to report on the matter. I was given an Annex E. However on 2 July 2018, I felt pain on my back (right side). I went to a clinic to make a check and received 03 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20180702/2059

3 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20180702/2059

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180702/2059

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20180702/2059

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 NUR SYAHIRAH BINTE MOHAMED
SALLEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Date/Time:
02/07/2018 14:27

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature:

Singapore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/06/2018 (dd/mm/yy) Time of Accident: 16:00 (24-HR-FORMAT)

Vehicle No.: PL 25225 Vehicle Make & Model: Toyota Hiace

Exact location of Accident: Haylan Rd & Lot 19 Haylan

Policyholder's Name / IC No.: Loyal Limousine Services Pte. Ltd. / 901403143E

Driver's Name / IC No.: Adam Bin Darsin / 56841087H (As Above) ☐

Driver's Contact No.: 9059 3384 Company Contact No.: 8447 7447

Driver's Address: A08C Farnvale Rd #01-06 S(793408)

Insurance Company: Min Tai Ping Email address (if any): -

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Jurong West NPC

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No.: GBC8426M (5)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6841087H



NAME: ADAM BIN DARSIN

RACE: JAVANESE

Date of Birth: 02-10-1968 M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICEN.



License Number: S6841087H

NAME: ADAM BIN DARSIN

Valid Until: 02 Oct 1968

Valid Until: 23 Sep 2004

0010064170

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S6841087H

NAME: ADAM BIN DARSIN

Issue Date: 06/06/2016

Please visit www.lta.gov.sg to check the status of your vocational licence



S6841087H

02-02-2005

APT BLK 400C FERNVALE ROAD #07-06
SINGAPORE 753408

S6841087H 001172013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:


| Class | Description | Valid Until |
|----------|---|-------------|
| Class 1B | NO MOTOR VEHICLE EXCEEDING 3000 CC | 01 Jan 1968 |
| Class 2A | MOTOR VEHICLE BETWEEN 250 CC AND 400 CC | 01 Jan 1968 |
| Class 2 | MOTOR VEHICLE EXCEEDING 400 CC | 13 Jul 2014 |
| Class 3 | MOTOR VEHICLE AND MOTOR TRACTOR OF THE WEIGHT OF WHICH THE APPLICANT HAS NOT ENDED DRIVING TRAINING | 20 Jul 2014 |

S / No. 9000274349

Licence No: S6841087H

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------|------------|
| 02 | TAXI VL | 06/06/2016 |
| 03 | BUS VL | 06/06/2016 |
| 04 | BUS ATTENDANT | 06/06/2016 |



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)

AM0001
COMPENSATION
1275597

| | | | |
|--|-------------------------------------|--------------------------|---------------------|
| CERTIFICATE No. | 000120102121000 | EXP. DATE: 22 MARCH 2018 | EXP. TIME: 11:00:00 |
| 1. Index Mark and Registration Number of Vehicle | RT20235 | EXP. DATE: 22 MARCH 2018 | EXP. TIME: 11:00:00 |
| 2. Name of Policy Holder | MTR ROYAL LINGUINE SERVICES PTE LTD | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 23 MARCH 2017 | EX. SECT. 1 | 11:00:00 |
| 4. Date of Expiry of Insurance | 22 MARCH 2018 | EX. SECT. 11 | 11:00:00 |
| 5. Persons or Classes of Persons entitled to drive * | EX. CH. WINDSCREEN | | |

ANY PERSON PROVIDED NO. 16 IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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 REGARDS FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, JACK-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILE DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

RISK PURCHASE CO. : MY CREDIT PTE LTD AS MY ORDER

* 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.

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). Please see reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory