

NATIONAL Assessment Centre Services

[ref: 1 Jan 2005]

Date In: 02/08/2018 12:45	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18014058/KY	SAS e-filing		
Veh No: GBE571T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/08/2018 18:50	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: GGG 2418E	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

NA1804856

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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:			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	02/08/2018 12:45
Date Of Accident	01/08/2018 18:50
Exact Location Of Accident	KPE TOWARDS SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE571T
Insured/Policyholder	
Name Of Registered Owner	M/S GOLDEN BEN PRINTER PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98189608
Alternative Phone No	OFFICE-98189608
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1752751700
Cover Note Number	
Driver	
Name of Driver	SALIM BIN ABDULLAH
NRIC No	S1411042I
Date Of Birth	05/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98189608
Fax Number	
Contact Number	OTHERS-98189608
EMail Address	NOEMAIL

Address	BLK 418 CANBERRA ROAD #09-355
Postcode	750418
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

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	GBG2418E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD SANI BIN MOHD MDET
NRIC/Passport Number	S9710032B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE


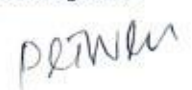
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

KPE TO SLE		Vehicle No
		A - GB5571T
		B - GBG2418E
		Legend
		Vehicle Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/8/2018, around 6:50pm. I was driving along KPE. It was traffic heavy at the time. A car in front of me suddenly brake and I also follow to brake. Suddenly I heard a loud bang from behind and realise that was a van (GBG 2418E) hit my van.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

2/8/2018

Reported on 2/8/2018 @ 10:50 AM. ①

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 11/8/18	Time 1:30 PM	2 Exact location of accident KPE to SLE	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **GBE571T**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **Golden Ben**
(capital letters) **Printer P/L**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
NTUC ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **5101811595**

9 Driver ☐ Same as Owner
Name **Salim Bin Abdullah**
(capital letters)
NRIC / Passport no. **514110157**
Class of licence **3**
HP **9818 9608**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/> 1 Chain Collision	<input type="checkbox"/> 13 Collision - Change/Cross Lane
<input type="checkbox"/> 2 Collided into Bicyclist	<input type="checkbox"/> 14 Collision - Cross Junction
<input type="checkbox"/> 3 Collided into Motorcyclist	<input type="checkbox"/> 15 Collision - Head on Collision
<input type="checkbox"/> 4 Collided into Parked Vehicle	<input type="checkbox"/> 16 Collision - Head to Rear
<input type="checkbox"/> 5 Collided into Pedestrian	<input type="checkbox"/> 17 Collision - Major/Minor Rd
<input type="checkbox"/> 6 Collided into Property	<input type="checkbox"/> 18 Collision - Opening Door of Vehicle
<input type="checkbox"/> 7 Collision - Collision	<input type="checkbox"/> 19 Collision - Roundabout
<input type="checkbox"/> 8 Collision - Collision	<input type="checkbox"/> 20 Collision - U-Turn
<input type="checkbox"/> 9 Collision - Collision	<input type="checkbox"/> 21 Drink Driving / Drug Influence
<input type="checkbox"/> 10 Collision - Collision	<input type="checkbox"/> 22 Fire, Explosion or Lightening
<input type="checkbox"/> 11 Collision - Collision	<input type="checkbox"/> 23 Flood
<input type="checkbox"/> 12 Collision - Collision	<input type="checkbox"/> 24 Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/> 13 Collision - Collision	<input type="checkbox"/> 25 Hit by Fallen Tree / Other Objects
<input type="checkbox"/> 14 Collision - Collision	<input type="checkbox"/> 26 No Collision
<input type="checkbox"/> 15 Collision - Collision	<input type="checkbox"/> 27 Side Swipe
<input type="checkbox"/> 16 Collision - Collision	<input type="checkbox"/> 28 Theft

Registration No. **GBG218E**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from Insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (->)

outdoor

Yes Employee



13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads.

REFER TO ATTACHED

Alternatively, please refer to one of the sketches on page 2


10 Indicate the point of initial impact with an arrow (->)



11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A 

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf ->

Waiting for Certificate
Email: progauto@progauto.com.sg ✓

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Email:													
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner													
	state the vehicle number and name of insurer of driver's own vehicle (where applicable)															
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present															
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Tel no. Progressive Automotive															
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?											
		Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?															
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>															
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>															
	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr															
	17 What warnings were given by driver or other party?															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)?															
	20 If your vehicle is commercial, state weight of load carried at time of accident															
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)															
Declaration	22 State number of Passengers (Including Driver) 8 Vivigien (F)															
	I/We declare the foregoing particulars are true in every respect															
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____															

No
Fry

Name:
TP: Muhammad Sani Bin Mohd mdef 59710032B

Signature

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1411042I

SALIM BIN ABDULLAH

05 Jan 1960

24 Mar 2012

00205270911



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1411042I



Name
SALIM BIN ABDULLAH

Race
MALAY

Date of birth

05-01-1960

Country/Place of birth
SINGAPORE

Sex
M

S1411042I

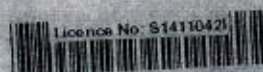
YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles < 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

EFFECTIVE DATE

10 Apr 1985
10 Apr 1985
10 Apr 1985
13 Aug 1983

Licence No. S1411042I



NP 428A

5265486



NRIC No. S1411042I



Date of issue
05-02-2014

Address

APT BLK 418 CANBERRA ROAD
#09-355
SINGAPORE 750418



Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Kampung Ubi Industrial Estate
Singapore 408716

Tel: 6741 5336 / 6741 5761
Fax: 6741 7208 / 6844 4802
24-Hrs Towing: 9679 7155
Email: progauto@progauto.com.sg
reporting@progauto.com.sg
Website: www.progauto.com.sg

Authorised Workshop for

AIG Asia Pacific Insurance Pte Ltd
AXA Insurance Singapore Pte Ltd
Budget Direct Insurance
Direct Asia Insurance (Singapore) Pte Ltd
ECICS Limited
EQ Insurance Company Ltd
ERGO Insurance Pte Ltd
FWD Singapore Pte Ltd
India International Insurance Pte Ltd
Liberty Insurance Pte Ltd
MSIG Insurance (Singapore) Pte Ltd
Tokio Marine Insurance Singapore Ltd

Services

Accident Repairs & Insurance Claims • Panel Beating • Spray Painting • Mechanical Repairs
Servicing & Maintenance • Engine Diagnostics • Tyres & Batteries • 24-Hrs Towing & Recovery

Safe Harbour Insurance

208 Hougang St 21 #04-207 Singapore 530208

Tel: 6382 3203

Name : M/S Golden Ben Printer Pte Ltd
(Attn: Ms Viviyen Tan)
Address : 61 Tai Seng Avenue
#04-04 Crescendas Print Media Hub
Singapore 534167

TESTIMONIAL

It has and always been a great pleasure to serve you and we appreciate your support in our services.

As listening and understanding what you need are our core values, we gladly welcome any feedback for us to improve upon. Alternatively, if you think we had done well to serve you, we would appreciate it if you give us your encouragement to spur us to serve you and others even better.

Simply pen down your comments below and email or fax to **6382 2504**.

We look forward to learn what you like about our service. Our appreciation goes to you for spending your valuable time in writing your comments. Thank you.

Regards,

Crew of Safe Harbour Insurance

<i>Name:</i>	<i>Tel:</i>	<i>Vehicle No:</i>
<i>Comments:</i>		

A BIG THANK YOU for your feedback!

This is a computer generated letter. No signature is required.

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1752751700	Engine No : 1KD2548785
		Chassis No: JTFHT02P400175668
1. Index Mark and Registration Number of Vehicle	GBE571T	
2. Name of Policy Holder	M/S GOLDEN BEN PRINTER PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 AUGUST 2017	EXCESS SECT IS\$500.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	25 AUGUST 2018	
5. Persons or Classes of Persons entitled to drive *		

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.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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.

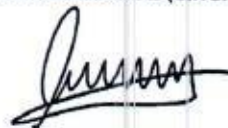
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer



Authorised Signatory