

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA118 109180

Date In: 23/8-15:21	Job description	Date & Time Completed	Done by
Ref No: NA/A181805365/24	SAS e-filing		
Veh No: JN1532B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/8/18-21:55	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: JN1532B	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

NA18 05310	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile \$0		
Pat 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	23/08/2018 15:31
Date Of Accident	22/08/2018 21:55
Exact Location Of Accident	PIE (CHANGI) AFER TOH GUAN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5303B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	201209815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994638
Cover Note Number	

### Driver

Name of Driver	NOOR AFFANDY BIN JAFFAR
NRIC No	S7709725B
Date Of Birth	09/04/1977
Occupation	INDOOR
Date Of Driving Pass	21/10/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94550259
Fax Number	
Contact Number	OFFICE-94550259
Email Address	NOEMAIL

Address	BLK 919 HOUGANG AVENUE 4 #02-455
Postcode	530919
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : SITI SUJIDAH BINTE ABDULLAH GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180823/2071.

#### 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	SFS1902U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN FOONG SWEE LENG
NRIC/Passport Number	S7530093Z
Contact Number	91719381
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJY3772K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FAUZI BIN MAHMUD

NRIC/Passport Number S7530093Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name NOOR AFFANDY BIN JAFFAR

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJN5303B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name SITI SUJIDAH BINTE ABDULLAH

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJN5303B

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.

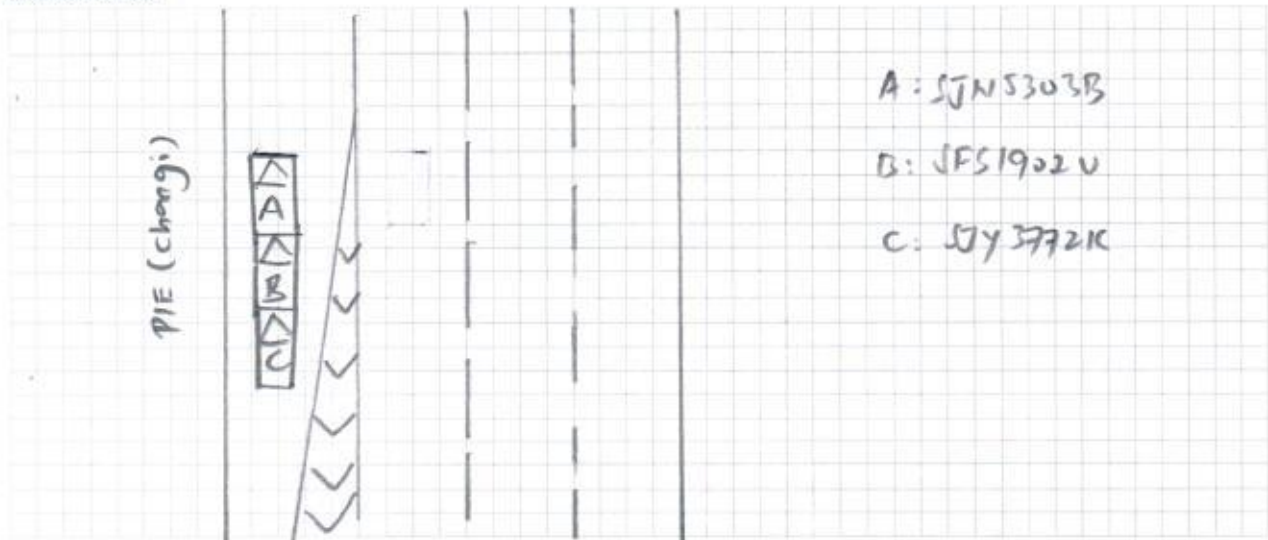


Policyholder's Signature  
Date & Time:

  
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

Refer to police report - 1/2180823/2021.

## DECLARATION

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

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 8 / 18) (DD/MM/YYYY), TIME: (07 : 55) (HH:MM)

LOCATION: PIE (Changi) after Toh Guan Rd Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9 JAMNS33B  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Majalah car leasing (Pte Ltd) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201209815C CONTACT: 94756299  
c) ADDRESS:

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

## DRIVER

- a) NAME: Noor Atiqah Bin Jaffar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57709725B CONTACT: 94550289  
c) ADDRESS: B1C 919 Hongkong Avenue 4 #02-455 (530919)

- \*d) DATE OF BIRTH: (9 / 8 / 1977) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 21/10/1997

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - Neck / back.

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JFS1902U MODEL:  
b) DRIVER'S NAME: Kelvin Wong Swee Leng  
c) NRIC/FIN/PASSPORT: 518031882 CONTACT: 91219381

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JY1772E MODEL:  
e) DRIVER'S NAME: Pauli Bin Mahmud  
f) NRIC/FIN/PASSPORT: 57530932 CONTACT:

Email =

fax =

VIDEO =



**SINGAPORE  
POLICE FORCE**



T/20180823/2071

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4

Report No. T/20180823/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/08/2018 14:22	Vide Report No.: T/20180823/2003	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: NOOR AFFANDY BIN JAFFAR			Address: APT BLK 919 HOUGANG AVENUE 4 #02-455 SINGAPORE 530919		
ID Type / ID No.: NRIC NO / S7709725B			Contact No.: Home/Office: Mobile: 94550259		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 09/04/1977	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2018 21:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Along PIE after Toh Guan Flyover towards Changi Airport				
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 Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS1902U	Car				Slightly Damaged	0
SJN5303B	Car				Slightly Damaged	1
SJY3772K	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20180823/2071

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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180823/2071

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KELVIN FOONG SWEE LENG	ID No.	S1803168Z
Related Vehicle	SFS1902U (Car)	Contact No.	91719381
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NOOR AFFANDY BIN JAFFAR	ID No.	S7709725B
Related Vehicle	SJN5303B (Car)	Contact No.	94550259
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	SITI SUJIDAH BINTE ABDULLAH	ID No.	S8111070J
Related Vehicle	SJN5303B (Car)	Contact No.	94555081
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20180823/2071

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20180823/2071

**CONTINUATION OF REPORT**

Driver			
Name	Fauzi Bin Mahmud	ID No.	S7530093Z
Related Vehicle	SJY3772K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 22/08/2018 at about 2155hrs, I was driving my vehicle bearing registration no: SJN5303B with 1 passenger 'Siti Sujidah Binte Abdullah' along PIE towards Changi after Toh Guan Flyover on a 4 lane road and I was on the most left lane. While travelling at a slow speed due to the heavy traffic, front vehicle had suddenly jammed brake however I had kept my distance and managed to brake without colliding into the vehicle in front however I felt a bump from the rear. I alighted from my vehicle and make a check and observed that another vehicle bearing registration no: SFS1902U had collided to the rear of my vehicle. I also observed that there was a third vehicle involved and the third vehicle had collided to the rear of the vehicle that collided onto me. All the drivers involved in the accident alighted and we exchanged particulars for further insurance claiming. My vehicle suffer slight damaged to the rear however myself and my passenger felt pain and ache to our neck and back. Both myself and my passenger proceeded to Mount Alvernia Hospital and was given 7 days MC due to muscle strain. No government property was damaged. No ambulance and no police attended to this incident.





**SINGAPORE  
POLICE FORCE**



T/20180823/2071

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

4 of 4

Report No. T/20180823/2071

**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:

G /

Sgt 2 AHMAD BIN HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/08/2018 14:22

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7709725B**

Name **NOOR AFFANDY BIN JAFFAR**

Birth Date **09 Apr 1977**

Issue Date **11 Nov 2003**

**000993732F**



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7709725B**

Name **NOOR AFFANDY BIN JAFFAR**

Race **MALAY**

Date of birth **09-04-1977**

Sex **M**

Country of birth **SINGAPORE**




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Oct 1997
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 May 1999

Licence No: **S7709725B**

NP 428A

**4043386**

**S7709725B**

NPIC No **S7709725B**

Date of issue **16-05-2007**

Address  
**APT BLK 919 HOUGANG AVENUE 4  
#02-455  
SINGAPORE 530919**








HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
<b>THIRD PARTY</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$1500.00 (Sect II)</b>
<b>CERTIFICATE NO.</b>	<b>SJN5303B</b>	<b>WINDSCREEN EXCESS</b>	<b>NA</b>
<b>POLICY NO.</b>	<b>999994638</b>	<b>SUM INSURED</b>	<b>NA</b>
		<b>INSURING WITH COE/PARF</b>	<b>NA</b>
		<b>SJN5303B</b>	
<b>1 ) VEHICLE REGISTRATION NO.</b>		<b>MAJULAH CAR LEASING PTE LTD</b>	
<b>2 ) NAME OF INSURED</b>			
<b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>15 May 2018</b>	
<b>4 ) DATE OF EXPIRY OF INSURANCE</b>		<b>14 May 2019</b>	
<b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>			
Any person who is driving on the Insured's order or with their permission.			
S\$1,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.			
S\$3,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.			
The policy does not cover drivers who are below 21 years old with less than 1 year driving experience			
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.			
<b>6 ) LIMITATION AS TO USE*</b>			
1) Use for social, domestic, pleasure purposes and business purposes of insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
<b>LOSS OF USE</b>		<b>Not Included</b>	
<b>HIRE PURCHASE COMPANY</b>		<b>NA</b>	
*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).

Issued in Singapore 18 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000  
Hund  
55 Lorong L Telok Kurau  
#02-59 Bright Centre  
Singapore 425500

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC