

NATIONAL Assessment Centre Services

[wef: 1 Jan'05] MNA/1818664

Date In: 12/9/18-19-21	Job description	Date & Time Completed	Done by
Ref No: NA/FC218016699/24	SAS e-filing		
Veh No: YM15544	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/9/18-15-30	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: SKG 2936 V	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: ()

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

NA1818664	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	for Bill	Add-Bill
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) i-T: 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):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*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	

Ref. 1:

Ref. 2 / 3:

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	12/09/2018 19:01
Date Of Accident	10/09/2018 13:30
Exact Location Of Accident	50 JURONG ISLAND OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM1554Y
Insured/Policyholder	
Name Of Registered Owner	FOUR SEASONS HOTEL SINGAPORE
Co Reg No	47940800M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE639E6SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18090069MFCV
Cover Note Number	

Driver

Name of Driver	MASWAN BIN KAHALIT
NRIC No	S0097251G
Date Of Birth	05/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96589134
Fax Number	
Contact Number	OFFICE-96589134
Email Address	NOEMAIL

Address	BLK 181 JELEBU ROAD #02-08
Postcode	670181
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	COLLIDED INTO PARKED VEHICLE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

REFER TO 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	SKG2936U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG GIM YAM
NRIC/Passport Number	
Contact Number	97340405
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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.

Four Seasons Hotel Singapore

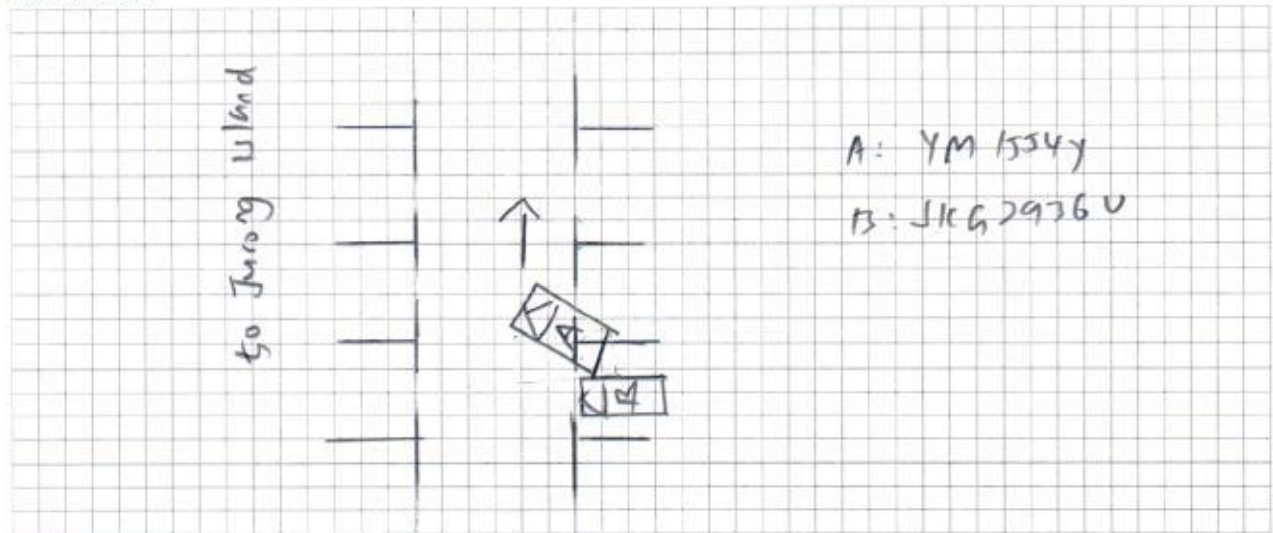
12 SEP 2019

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 statement.

DECLARATION

I declare the foregoing particulars are true in every respect.

Four Seasons Hotel Singapore

12 SEP 2018
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.:

Statement

10 Sep 2018

Statement of Maswan Bin Kahalit
Designation: Despatch/Driver
ID No: 10224199

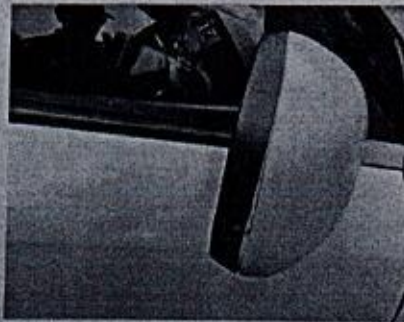
Accident Report

On 10 Sep 2018 at about 1330 hrs, I was delivering moon cakes to Linde Gas (S) Pte Ltd at No: 50 Jurong Island. I was driving the hotel truck registration number YM 1554Y. Together with me were Banquet staff Tan Zhi Hui and JNC Jilson. After delivering the moon cakes, I drove off and was making a U turn but as the road was too narrow and I had to reverse back into an empty car park lot. As I was driving forward and out of the lot, the left tail end of the truck hit the right side mirror of a Suzuki Swift that was parked on the left of the empty lot. There was only slight damage to the side mirror casing of the car. Photos of the damage were taken. There was no damage to the hotel truck.

The Suzuki car owner, Mr Ng who was in the office, and saw the accident through the glass windows of his office came out and we exchanged particulars. His particulars are:

Mr Ng Gim Yam
Vehicle No: SKG 2936U
HP: 97340405
Email:nggy74@yahoo.com.sg

I told him that the truck belongs to my company and I would have to report the accident to my company and would get back to him.



Statement signed by Maswan.

Recorded by Jeffrey

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 9 / 18) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: 50 Jurong Island open space carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 6547
b) INSURANCE COMPANY: PCF
c) POLICY NUMBER: 21809009MFCV
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Wuling
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Four Seasons Hotel Singapore (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ms. Wan Bin Kahalig (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S00972516 CONTACT: 96589134
c) ADDRESS: Blk 151 Jelebu Road 402-08 (67081)

*d) DATE OF BIRTH: (5 / 7 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/9/1983

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 2936V MODEL:
b) DRIVER'S NAME: Ng Him Yam
c) NRIC/FIN/PASSPORT: CONTACT: 97340405

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)

(3)

1 male,
1 female

* No of passenger
(Including driver)

(0)

* No of passenger
(Including driver)

()

Email =

fax =

VIDEO =

Nivitha (LKK Auto)

From: BenignoMunoz_Santos@jltasia.com
Sent: Tuesday, 11 September 2018 6:13 PM
To: Sereneler@msfirstcapital.com.sg; admin-d@lkkauto.com
Subject: RE: Accident Reporting [Insured: Four Seasons Hotel Singapore - Accident involving YM1554Y on 10 September 2018]

11:28am 12/09/18
Mr. Masawan.

Hi Nivitha,

Please call the driver Masawan at 96589134.

Thank you.

Regards,

Ben Santos | Non-Marine Claims | Jardine Lloyd Thompson Pte Ltd

Co. Registration No: 196900157N

138 Market Street #07-01 | CapitaGreen | Singapore 048946

Tel: 63336311 | DID: 64119026 | Fax: 65363046

BenignoMunoz_Santos@jltasia.com | www.asia.jlt.com

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From: Santos, Benigno - SGP026

Sent: Tuesday, 11 September, 2018 5:59 PM

To: 'Serene Ler'; Nivitha (LKK Auto)

Subject: RE: Accident Reporting [Insured: Four Seasons Hotel Singapore - Accident involving YM1554Y on 10 September 2018]

Dear Serene,

Noted and many thanks for your prompt reply.

Regards,

Ben Santos | Non-Marine Claims | Jardine Lloyd Thompson Pte Ltd

Co. Registration No: 196900157N

138 Market Street #07-01 | CapitaGreen | Singapore 048946

Tel: 63336311 | DID: 64119026 | Fax: 65363046

BenignoMunoz_Santos@jltasia.com | www.asia.jlt.com

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From: Serene Ler [mailto:Sereneler@msfirstcapital.com.sg]

Sent: Tuesday, 11 September, 2018 5:52 PM

To: Santos, Benigno - SGP026; Nivitha (LKK Auto)

Subject: FW: Accident Reporting [Insured: Four Seasons Hotel Singapore - Accident involving YM1554Y on 10 September 2018]

Importance: High

Dear Ben,

ACCIDENT REPORTING – YM1554Y

We refer to your email below.

Nivitha (LKK Auto)

From: Serene Ler <Serener@msfirstcapital.com.sg>
Sent: Tuesday, 11 September 2018 5:52 PM
To: BenignoMunoz_Santos@jltasia.com; Nivitha (LKK Auto)
Subject: FW: Accident Reporting [Insured: Four Seasons Hotel Singapore - Accident involving YM1554Y on 10 September 2018]
Attachments: Incident report 10 Sep YM1554Y.pdf; Photo of car mirror damage.docx; Four Seasons Hotel (S) 2018 Motor Pol No. D-18090069MFCV-12 - Client-2.pdf
Importance: High

Dear Ben,

ACCIDENT REPORTING – YM1554Y

We refer to your email below.

We will arrange LKK Consultants to assist Insured for the accident reporting.

Aside to Nivitha, another case for your urgent attention. Kindly assist in accident reporting for our Insured and let us have copy of the SAS.

Thank you and Regards,
Serene Ler
Motor Claims

MS First Capital Insurance Limited

A Member of **MS&AD** Insurance Group

36 Robinson Road, City House, #16-01 | Singapore 068877 | Tel: 6507 3848 | Fax: 6507 3849 | Reg. No. 195000106C
Motor Claims: motor_claims@msfirstcapital.com.sg | Website: www.msfirstcapital.com.sg

*With effect from 15 January 2018, we will be known as **MS First Capital Insurance Limited**. Our new website will be www.msfirstcapital.com.sg.

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.first-insurance.com.sg for details of PDPA Personal Data Collection Statement.

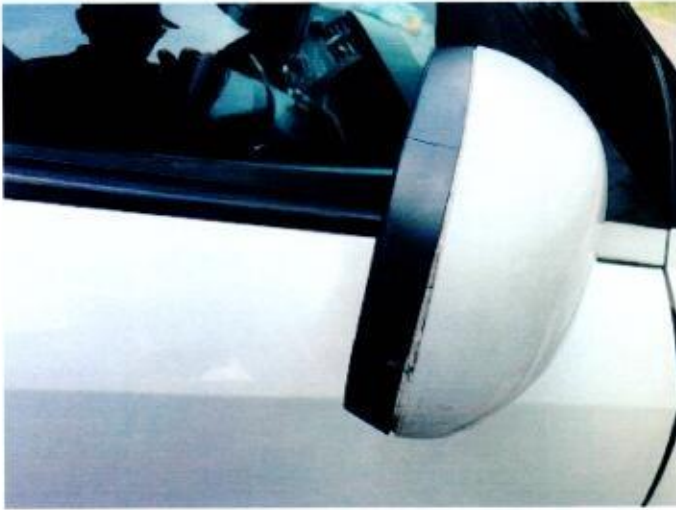
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From: BenignoMunoz_Santos@jltasia.com [mailto:BenignoMunoz_Santos@jltasia.com]
Sent: Tuesday, September 11, 2018 5:15 PM
To: Serene Ler <Serener@msfirstcapital.com.sg>
Cc: Alex_Lee@jltasia.com
Subject: Re: Insured: Four Seasons Hotel Singapore - Accident involving YM1554Y on 10 September 2018
Importance: High

Dear Serene,



Another motor incident for your kind attention.

Attached are the following:

- 1) Incident report
- 2) Photographs
- 3) Certificate of insurance

Kindly appoint a surveyor to assist the client for accident reporting. Thank you.

Regards,

Ben Santos | Non-Marine Claims | Jardine Lloyd Thompson Pte Ltd
Co. Registration No: 196900157N

138 Market Street #07-01 | CapitaGreen | Singapore 048946

Tel: 63336311 | DID: 64119026 | Fax: 65363046

BenignoMunoz_Santos@jltasia.com | www.asia.jlt.com

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From: Yongkiong Yeow [<mailto:yongkiong.yeow@fourseasons.com>]

Sent: Tuesday, 11 September, 2018 10:49 AM

To: Santos, Benigno - SGP026

Subject: Insured: Four Seasons Hotel Singapore: Hotel Van YM1554Y accident 10 Sep 2018

Hi Benigno,

Reference to the above, i would like to alert that there is a possible claim by the other party.

The photo of the car with the damaged part and the incident report as enclosed.

Let me know if further information is needed.

Best Regards,

Yong Kiong Yeow
Assistant Director of Finance
Four Seasons Hotel Singapore
190 Orchard Boulevard
Singapore 248646
Voice: (65) 6831 7052
Fax: (65) 6733 0657
Email: yongkiong.yeow@fourseasons.com
Web: <http://www.fourseasons.com/singapore>

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ONE MICHELIN STAR
Cantonese Cuisine

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Please note we intercept and monitor incoming / outgoing e-mail and therefore you should neither expect nor intend any e-mail to be private in nature. We have checked this e-mail for viruses and other harmful components and believe but not guarantee it virus-free prior to leaving our computer system. However, you should satisfy yourself that it is free from harmful components, as we do not accept responsibility for any loss or damage it may cause to your computer systems.

(Email)Disclaimer



Security Incidents

Page 1 of 1



Security Incidents - Incidents (General)/Vehicle Accident or Damage Subject's Name:Mr. Gim Yam Ng
Security Incidents

to:

Antoine.Chahwan, Sherona.Shng, carolyn.tan, yongkiong.yeow, John.Wu, giovanni.speciale, Fyona.Yong
09/11/2018 09:35 AM

Hide Details

From: "Security Incidents" <sharepoint@fourseasons.com> Sort List...

To: Antoine.Chahwan@fourseasons.com, Sherona.Shng@fourseasons.com, carolyn.tan@fourseasons.com,

yongkiong.yeow@fourseasons.com, John.Wu@fourseasons.com, giovanni.speciale@fourseasons.com, Fyona.Yong@fourseasons.com

Reported By: Maswan Bin Kahalit
Incident Category: Incidents (General)
Subcategory: Vehicle Accident or Damage
Department: Executive Office
Subject's Name: Mr. Gim Yam Ng
Incident Involving: Other
Date of Incident: 09/10/2018 13:30:00
Reported Date of Incident: 09/10/2018 16:30:00

Incident Details:

On above date and time, Maswan was delivering moon cakes to Linde Gas (S) Pte Ltd, 50 Jurong Island. He was driving the hotel truck registration number YM 1554Y. Together with him were Banquet staff Tan Zhi Hui and JNC Jilson. After delivering moon cakes, Maswan drove of and was making an u-turn but as the road was too narrow, he had to reverse back into a car park lot. As he was driving out of the lot, the left tail end of the truck hit the right side mirror of a Suzuki Swift that was parked on the left of the lot. There was slight damage to the side mirror casing of the car. There was no damage to the hotel truck. See photograph attached.

The car owner, Mr Ng was in the office and saw the accident through the glass windows. He came out and exchanged particulars with Maswan. His particulars are:

Mr Ng Gim Yam

Vehicle No: SKG 2936U

HP: 97340405

Email:nggy74@yahoo.com.sg

Attachments:

[Photo of car mirror damage.docx](#)

[Click here for full details](#)



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0097251G

Name

MASWAN BIN KAHALIT



Race

BOYANESE

Date of birth

05-07-1953

Country/Place of birth

SINGAPORE

Sex
M

S0097251G

REPUBLIC OF SINGAPORE

Identity Number S0097251G



05 Jul 1953
13 Jun 2014

002314011C

5377272



NRIC No. S0097251G



Date of Issue
14-10-2014

Address

APT BLK 181 JELEBU ROAD
#02-08
SINGAPORE 670181

YOU ARE LICENSED TO DRIVE

THE FOLLOWING CLASSES

EXPIRATION DATE

Class 2B	Motorcycles ≤ 200 cc	11 Aug 1978
Class 2A	Motorcycles between 201 cc and 400 cc	11 Aug 1978
Class 2	Motorcycles > 400 cc	11 Aug 1978
Class 3	Motor Cars ≤ 3000 kg with ≤ 17 passengers, exclusive of the driver, and other motor vehicles ≤ 3000 kg	19 Sep 1983
Class 4	*Motor vehicles which are not designed to carry load or passengers and the weight of which is ≤ 3000 kg *Motor vehicles which are not designed to carry load and the weight of which is ≤ 3000 kg	18 Apr 1988

NP 428A

CERTIFICATE OF INSURANCE

COPY

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)

Type of Policy: : COMMERCIAL VEHICLE - FLEET
Type of Cover: : Comprehensive
Certificate No.: : D-18090069MFCV
Vehicle No / Chassis No: : YM1554Y / FE639EA47668
Name of Insured: : FOUR SEASONS HOTEL SINGAPORE
Period Of Insurance: : 01.04.2018 To 31.03.2019
Insured Estimated Value: : Market Value At Time Of Loss

Excess :

SGD300.00 SECTION I

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured'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.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

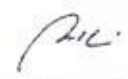
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

JENNY/B0020/MZ300C

Issued at Singapore on 29.03.2018



Authorised Signature