| 10 10/10/18-16:44 | 11 * * * | | |
|---|--|---|--|
| | Job description | Date &Time Completed | Done by |
| Ref No: NA / A/6/80 2223/74 | SAS e-filing | | |
| Veh No: 571075 613. | E-mail (within Shrs, AIC 2) | rs) | |
| D.O.A : 5/11/14-14:25 | i-Motor Claim Form | | |
| OD (TP) ! Reporting Only | i-Motor W/O (Within: O | D 2hrs, TP 4hrs) | 744 |
| OD THE Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Repo | ort | |
| | Ass't Report by Fax / Ha | nd to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F: | ax: |
| TP Particulars: Veh No: 691 | DIAGIX. IN | C()/Non-INC() | |
| Owner / Driver: (| No promise | Tel: |) |
| Policy No: (| Period: (|) Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| | Note-Est. Status (WO): N: | 0-20%; P: 21-79%. P: 80-10 | 00%] |
| Year of Registration: () | Warranty: YES ()/NO |) | |
| Excess: (\$) Loading: \$1 | 1,000 ()/\$2,000 () | | |
| General Remarks:- | | and Target Commonweal and the | See Section 1 |
| () Walk-In Customer: Customer's in | | | *************************************** |
| | urer URGENTLY. | Cinday 110 15/01 d. raponer. | |
| | | ; Towing Co: (| |
| | | ; Towing Co: (|) |
| Remarks: (INC hotline: 6788 6616) | and the second s | Date&Time Completed | Done by |
| Apply for Transport Allowance () | / Courtesy Car () | ** , | |
| 7) OC Charle / Days 2 | | | |
| QC Check / Post Repair Inspection | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > | \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > | () \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | \$3000] () | | gage to the control of the control o |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | () \$3000] () | | Secondaria |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | \$3000] () | | MALCANA . |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | () \$3000] () | | Secret. |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | () | | BALCACAT. |
| Date/Time Actions | | Checklist | Ant (5) Amt (3 |
| Injury: Actions Allows Allows | Invoice! | Preparation Checklist | Ant (5) Amt (3) |
| Date/Time Actions | Invoice I | reparation Checklist dent Reporting (530); age Assessment (5100); INC (580) | friBill Add Bi |
| Injury: Actions Allows Allows | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi | dent Reporting (530); age Assessment (\$100); INC (\$80) ng Fee \$40/\$ | fúßill Add Bi |
| Date/Time Actions Actions Liminat's Particulars:- Ever/Owner: | 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo | dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/\$ w-Through Survey \$1: | fúßill Add Bi |
| Date/Time Actions | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi | dent Reporting (530); age Assessment (5100); INC (580) age Fee 540/5 w-Through Survey 51: w-Through Survey (Resurvey) 5: age against INC Only (wef 10 Jan 2005) | 45 20 30 |
| Date/Time Actions Actions Liminat's Particulars:- Ever/Owner: | Invoice I 1) AR: Acci 2) DA: Dar 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in | dent Reporting (530); age Assessment (5100); INC (580) age Fee S40/5 w-Through Survey \$1: w-Through Survey (Resurvey) \$ age against INC Only (wef 10 Jan 2005) spection \$5 | 45 20 30 75 |
| Date/Time Actions | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao | dent Reporting (530); age Assessment (5100); INC (580) age Fee 540/5 w-Through Survey 51: w-Through Survey (Resurvey) 5: age against INC Only (wef 10 Jan 2005) | 45 20 30 75 |
| Date/Time Actions Actions | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao 3) NTUC Ad QD* | dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Fee \$40/\$ w-Through Survey \$1: w-Through Survey (Resurvey) \$ age against INC Only (wef 10 Jan 2005) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Date/Time Actions | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) i*T: Follo For claimi 6) TR: Re-iv 7) N1: Idae 3) NTUC Ad OD* *N5: Cour | dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Fee \$40/\$ w-Through Survey (Reservey) \$1: w-Through Survey (Reservey) \$5: age against INC Only (wef 10 Jan 2005) apection \$7: DA + SMRT Survey \$1: ditional Services: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Date/Time Actions Checked by (Engr-In-Charge): | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-i 7) N1: Idao 3) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost | dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Assessment (\$100); INC (\$80) age Fee \$40/5 w-Through Survey (Resurvey) \$1 w-Through Survey (Resurvey) \$2 ageainst INC Only (wef 10 Jan 2005) ageainst INC Only (wef 10 Jan 2005) apection \$7 DA + SMRT Survey \$10 ditional Services: age Cer / Tpt Allowance \$1 age Co-ordination \$1 Repair Inspection \$2 | 75 Add Bi |
| Date/Time Actions Checked by (Engr-In-Charge): | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao 3) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost *N8: DV / | dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Assessment (\$100); INC (\$80) age Fee \$40/5 w-Through Survey (Reservey) \$1 w-Through Survey (Reservey) \$2 age against INC Only (ref 10 Jan 2005) age agains | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Date/Time Actions Checked by (Engr-In-Charge): | Invoice I 1) AR: Acci 2) DA: Darr 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao 3) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost *N8: DV / | dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Assessment (\$100); INC (\$80) age Fee S40/5 w-Through Survey (Resurvey) \$1 w-Through Survey (Resurvey) \$2 w-Through Survey (Resurvey) \$2 age against INC Only (wef 10 Jan 2005) appetion \$7 DA + SMRT Survey \$10 ditional Services: acsy Car / Tpt Allowance \$2 ar Co-ordination \$3 ar Co-ordin | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

12/11/20

- 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 witholding 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.
- 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

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Date Of Report 10/12/2018 16:44 Date Of Accident 05/12/2018 14:25

Exact Location Of Accident DEFU AVE 1 TWDS HOUGANG AVE 7

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

MARIC & ASSOCIATES PTE LTD

Co Reg No 201828898W Email Address NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

Vehicle Particulars

Manufacturer

HONDA

SJK756B

Model

FREED 1.5G A

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

PRIVATE HIRE

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

999994428

Cover Note Number

Driver

Name of Driver

LEE SWEE SENG BERNARD

NRIC No. S7517080G Date Of Birth 21/06/1975 Occupation OUTDOOR Date Of Driving Pass 08/09/1996

Driving Experience 22 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-86850320

Fax Number

Contact Number

OFFICE-86850320

EMail Address

NOEMAIL

BLK 320 HOUGANG AVENUE 5 Address

#10-26

Postcode 530320

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 - CHANGE/CROSS LANE

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD1792X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

Driver's Signature

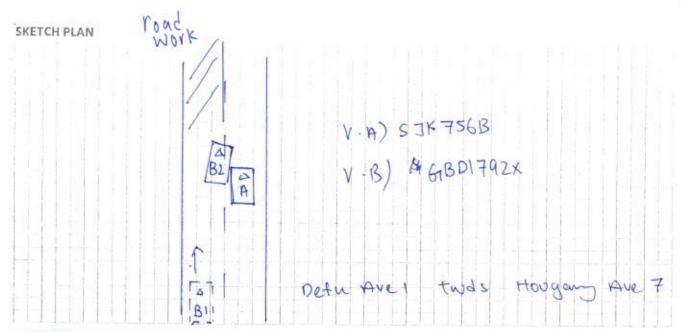
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Un | the | stated | dute | and | time, | 1 | rehu | e A | wa | 1 tro | elling |
|------|--------|--------|--------|--------|--------|--------|-------|--------|------|---------|---------|
|)N | the | stated | venue. | I W | ias tr | avelli | y st | rayht | In | my | lane, |
| 5662 | ien ly | vehuk | . B 1 | on | my | left | cut | int | o M | y lav | ic, I |
| mme | diate | ly Jai | mned | brake | . Hou | NEVEN | veh | icle ' | B' 5 | still o | razid |
| thro | ugh | my vo | thicle | front | l let | t poi | tion. | rehi | le B | 1 919 | not |
| stop | od ad | all | and | procee | d to | MOV | e fo | ware | l I | chase | . after |
| nım | who | eh he | final | ly st | op. | my | vehul | e d | amag | e wo | 13 01 |
| The | 12 | H MAN | Side | MIVVI | l | 10 | | 1 . | | | |

DECLARATION

regoing particulars are true in every respect.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT DATE: 05/12/ 18 (DD/MM/YYYY), TIME: 14 | 25 (HH:MM) |
|--|--|
| 0 / | ave 7 |
| 1. DETAILS OF VEHICLE OVEHICLE NUMBER: SOK 756B | |
| CIPOLICY NUMBER: 99994428 | |
| DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PAR | TY FIRE &THEFTI |
| EJMAKE & MODEL: Hondy FILLS | on the state of |
| F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYC | LE / OTHERS) |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCY | CLE) |
| h) PURPOSE OF USING AT ACCIDENT TIME: WOY F | <u> </u> |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY |) |
| 2. INSURED / POLICY HOLDER | (+2 |
| | E / FEMALE) |
| DINRIC/FIN/PASSPORT: 20182898W CONTACT: | |
| c)ADDRESS: 9 Tagore lane # 03-04 | |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER | |
| | / FEMALE) |
| DINRIC/FIN/PASSPORT: 34 \$1 +080 th CONTACT: | 8685 0320 |
| | The state of the s |
| #10-26 \$538320 *d)DATE OF BIRTH: (21 / 06/1975)(DD/MM/YYYY) | |
| e)OCCUPATION: (INDOOR / OUTBOOR) | 8 # |
| f)YEARS OF DRIVING EXPRERIENCE: 22 | |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? | (YES / NO) |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: | HIVEY |
| 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS | |
| 6. WAS ANYBODY INJURED (YES / MO) | 4 |
| 7. a) REPORTED TO POLICE (NES / NO) | |
| | |
| IF YES, PLEASE STATE WHICH POLICE STATION: | * |
| 8 THIRD PARTY VEHICLE | * |
| 8. THIRD PARTY VEHICLE 4 Ho of passenger a) VEHICLE NUMBER: GIBD 1792 X MODEL: | |
| 8. THIRD PARTY VEHICLE THE PARTY VEHICLE GIBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: | W 100 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| 8. THIRD PARTY VEHICLE 4 No of passenger a) VEHICLE NUMBER: G1BD1792X MODEL: (Induding driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: | |
| 8. THIRD PARTY VEHICLE Who of passenger of VEHICLE NUMBER: GBD1792X MODEL: (Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT: CONTACT: | |
| 8. THIRD PARTY VEHICLE THE OF passenger O) VEHICLE NUMBER: GIBD 1792X MODEL: (Induding driver) b) DRIVER'S NAME: (Induding driver) b) DRIVER'S NAME: (Induding driver) CONTACT: 9. THIRD PARTY VEHICLE WHO OF PASSENGER OF VEHICLE NUMBER: (Induding driver) DRIVER'S NAME: | |
| 8. THIRD PARTY VEHICLE Who of passenger o) VEHICLE NUMBER: GBD 1792X MODEL: (Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE Who of passenger o) VEHICLE NUMBER: MODEL: | |
| 8. THIRD PARTY VEHICLE 15 No of passenger o) VEHICLE NUMBER: GIBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) c) VEHICLE NUMBER: MODEL: (Including driver) e) DRIVER'S NAME: | |
| 8. THIRD PARTY VEHICLE 15 No of passenger o) VEHICLE NUMBER: GIBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) c) VEHICLE NUMBER: MODEL: (Including driver) e) DRIVER'S NAME: | |
| 8. THIRD PARTY VEHICLE 15 No of passenger o) VEHICLE NUMBER: GIBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) PARTY VEHICLE (Including driver) PAR | |
| 8. THIRD PARTY VEHICLE 4 No of passenger a) VEHICLE NUMBER: G1BD1792X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) d) VEHICLE NUMBER: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: | |
| 8. THIRD PARTY VEHICLE THO of passenger o) VEHICLE NUMBER: GBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: TOPOULE 5 com | |
| 8. THIRD PARTY VEHICLE THO of passenger o) VEHICLE NUMBER: GBD 1792 X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: (Including driver) f) NRIC/FIN/PASSPORT: TOPOULE 5 com | |
| 8. THIRD PARTY VEHICLE 4 No of passenger a) VEHICLE NUMBER: G1BD1792X MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) d) VEHICLE NUMBER: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: (Including driver) f) NRIC/FIN/PASSPORT: | |

NOTICE OF COMPLIANCE

This is to confirm that LEE SWEE SENG BERNARD, NRIC No.: S7517080G has reported to the Police a non-injury traffic accident which occurred at Defu Ave 1 on 05/12/2018 at 1425hrs, involving the following vehicles:

SJK756B

GBD1792X

7517080G

 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Mohamed Azmi Bin Mohamed Riduan

Date: 06/12/2018

Time: 1230hrs

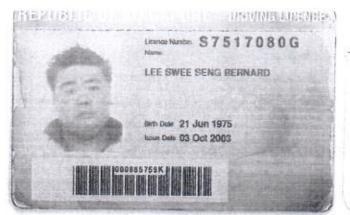
S/D Ref: 3

Police Post/Unit: Hougang Neighbourhood Police Post



Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7517080G



LEE SWEE SENG BERNARD





87517080G

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS: PASS DATE Class 28 Motorcycles not exceeding 200 cc Class 2A Motorcycles between 201 cc and 400 cc Class 3 Motor Cars and Motor Tractors the weig class 3: 08 sep 1996 NP 428A



08-05-2018

APT BLK 320 HOUGANG AVENUE 5 #10-26 SINGAPORE 530320



CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

RCAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

THIRD PARTY FIRE & THEFT

COMMERCIAL MOTOR

(The below excess is subject to GST) POLICY EXCESS

S\$1000.00 (Sect II)

CERTIFICATE NO.

SJK756B

WINDSCREEN EXCESS

NA

POLICY NO.

999994428

SUM INSURED

NA

1) VEHICLE REGISTRATION NO.

INSURING WITH COE/PARF

SJK756B

Maric & Associates Pte Ltd

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

28 September 2018 24 April 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

5\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

\$\$2,000.00 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 or 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.

6) LIMITATION AS TO USE.

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 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.

LOSS OF USE

ORIGINAL

Not Included

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE 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).

Issued in Singapore 28 Sep 2018

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC