

# NATIONAL Assessment Centre Services. [ver 1 Jan'08]

1901/9026324

Date In: 25/02/2019 20:30	Job description	Date & Time Completed	Done by
Ref No: N88/M8G/190035534	SAS e-filing		
Veh No: SUN 780B	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 25/02/2019 14:20	I-Motor Claim Form		
OID: 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: PEDESTRIAN	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1901/477	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON*
	*NS: Courtesy Car / Tpt Allowance \$3
	*NS: Repair Co-ordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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 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. 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	25/02/2019 20:38
Date Of Accident	25/02/2019 14:20
Exact Location Of Accident	PLAYFAIR RD B/F MACTAGGART RD/BURN RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7180B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	-
Email Address	ERIC.FOO29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96233433
Alternative Phone No	OFFICE-96233433

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29114756 MKF
Cover Note Number	

### Driver

Name of Driver	FOO CHIN JIN
NRIC No	S1665304G
Date Of Birth	29/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96233433
Fax Number	
Contact Number	OTHERS-96233433
Email Address	ERIC.FOO29@GMAIL.COM

Address	BLK 560 CHOA CHU KANG NORTH 6 #08-74
Postcode	680560
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190225/2200

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

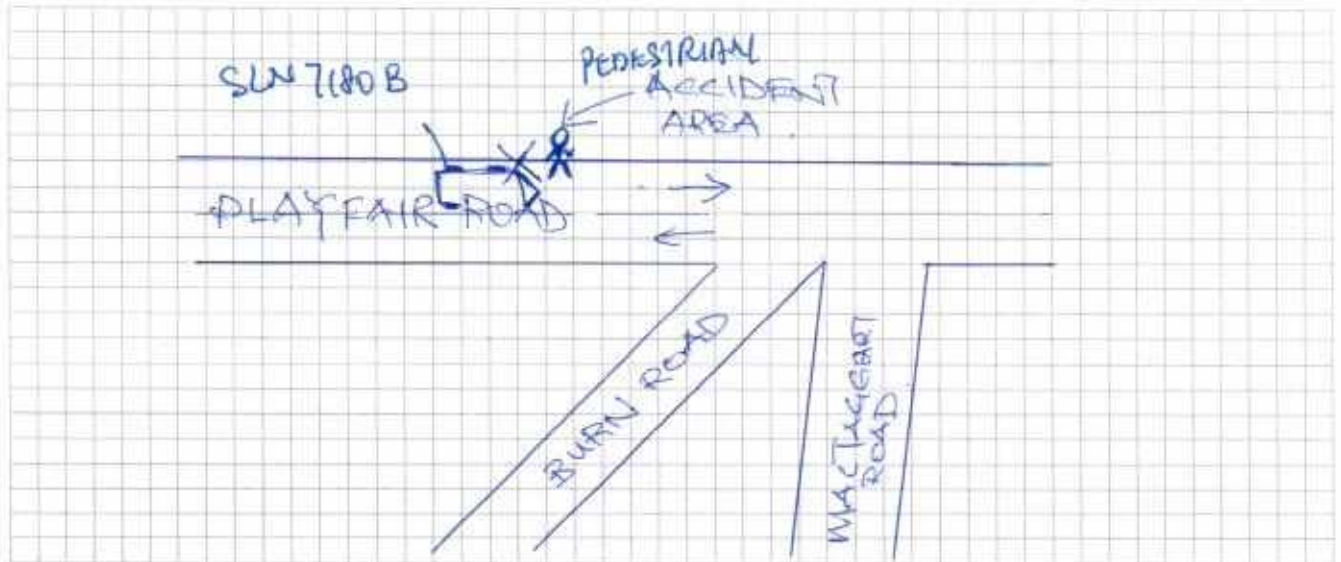
Policyholder's Signature  
Date & Time:

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

Accident happened along playfair road before Burn Road and MacTaggart Road.  
 Pedestrian suddenly crossed the road, I immediately stepped on the brakes and swerved unfortunately I couldn't avoid the pedestrian in time.  
 As the traffic was heavy, my speed at that time was below 25 km/hr.  
 I called for the ambulance and assisted the paramedics / police. Pedestrian was conscious at the point in time.

Police Report 7/20190225/2200

## 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.:



# SINGAPORE POLICE FORCE



T/20190225/2200

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20190225/2200

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/02/2019 20:35		Vide Report No.:		Station Diary No.: 170	
<b>Informant's Particulars</b>					
Name of Informant: FOO CHIN JIN		Address: APT BLK 560 CHOA CHU KANG NORTH 6 #08-74 SINGAPORE 680560			
ID Type / ID No.: NRIC NO / S1665304G		Contact No.: Home/Office: Mobile: 96233433			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 54	Date of Birth: 29/04/1964	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 25/02/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 PLAYFAIR ROAD MACTAGGART ROAD Along playfair road before mactaggart road, burn road junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN7180B	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190225/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20190225/2200

**CONTINUATION OF REPORT**

**Brief Details.**

On 25/02/2019 at about 1420hrs i was driving along Playfair road before Mactaggart road and burn road junction 01 pedestrian suddenly crossed the road. I immediately stepped on my brakes and swerved my vehicle however i wasn't able to stop in time and couldn't avoid the pedestrian. During that time the traffic was very heavy and i was travelling below 25km/hr. Subsequently i get out from my vehicle and called for ambulance. Shortly after Police and paramedics arrived at scene and the pedestrian was conveyed to hospital and my in-car camera SD card was handed over to the Traffic police at scene. I was later handed over a case card vide E/20190225/0084. I suffered damage to my front left bumper.





**SINGAPORE  
POLICE FORCE**



T/20190225/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20190225/2200

**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:

J7  
Sgt 2 OH DING FENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65472076

Signature Of Informant:

Date/Time:  
25/02/2019 20:35

Classification Of Case:

Authentication Stamp

NP168



**CONFIDENTIAL**  
**SCHEDULE TO VEHICLE RENTAL AGREEMENT**

Date:	01/22/2019	Vehicle Rental Agreement No.	12592
<b>Renter Details</b>		<b>Additional Driver (if any)</b>	
<input checked="" type="checkbox"/> Name	Chin Jin Foo	<input checked="" type="checkbox"/> Name	
<input checked="" type="checkbox"/> Address	Blk 560 Choa Chu Kang North 6 #08-74	<input checked="" type="checkbox"/> Address	
<input checked="" type="checkbox"/> Date of Birth	04/29/1964	<input checked="" type="checkbox"/> Date of Birth	
<input checked="" type="checkbox"/> NRIC/Passport No.	S1665304G	<input checked="" type="checkbox"/> NRIC No.	
<input checked="" type="checkbox"/> Driving License No.	S1665304G	<input checked="" type="checkbox"/> Driving License No.	
<input checked="" type="checkbox"/> Telephone No.	6596233433	<input checked="" type="checkbox"/> Telephone No.	
<input checked="" type="checkbox"/> Mobile No.	6596233433	<input checked="" type="checkbox"/> Mobile No.	
<b>Vehicle Description</b>		<b>Additional Driver (if any)</b>	
<input checked="" type="checkbox"/> Vehicle No	SLN71808	<input checked="" type="checkbox"/> Name	
<input checked="" type="checkbox"/> Make/Model	TOYOTA Prius	<input checked="" type="checkbox"/> Address	
<b>Rental Period</b>		<input checked="" type="checkbox"/> Date of Birth	
<input checked="" type="checkbox"/> Minimum Rental Period	221	<input checked="" type="checkbox"/> NRIC No.	
<input checked="" type="checkbox"/> Date/ Time Checked Out	01/22/2019	<input checked="" type="checkbox"/> Driving License No.	
<input checked="" type="checkbox"/> No. of Days		<input checked="" type="checkbox"/> Telephone No.	
<input checked="" type="checkbox"/> Expected Date/Time of Return	08/31/2019	<input checked="" type="checkbox"/> Mobile No.	
<input checked="" type="checkbox"/> Actual Date/Time of Return			
<b>Rental Charges* &amp; Deposit</b>			
<input checked="" type="checkbox"/> ( ) RR Rental Charges/Day	Per day @ S\$85.00 Per week @ S\$595.00	Deposit Received	S \$500.00
<input checked="" type="checkbox"/> (X) ER Promotion Rental Charges/Day	Per day @ S \$73.95 Per week @ S\$517.66	Total Amount Received*	S \$36.98
<input checked="" type="checkbox"/> (X) CDW Charges/Day	Per day @ S\$4.28 Per week @ S\$29.96	* Inclusive GST	
Rental Period	221 days / 31 weeks	Total Rental Charges	S \$0.00

<b>Insurance Matters (Accident/Theft)</b>				
Liability Assessment / Nature of Incident	Non-Refundable Excess Payable by Renter*			Rental Charge / Replacement Vehicle
	Section 1 (Own Damage)*	Section 2 (3 <sup>rd</sup> Party Damage if applicable)*	Renter or authorised driver(s) is below 26 years of age	
3 <sup>rd</sup> Party Fault	S\$2,140.00	S\$2,140.00	S\$1,605.00	Rental Charges waived or replacement vehicle provided (subject to availability)
Own Fault (inclusive of accidents in Malaysia)	S\$2,140.00	S\$2,140.00	S\$1,605.00	No waiver of Rental Charges & no replacement vehicle provided
Act of God	S\$2,140.00	Not applicable	S\$1,605.00	Rental Charges waived or replacement vehicle provided (subject to availability)
Stolen Vehicle	S\$2,140.00	Not applicable	S\$1,605.00	Rental Charges waived or replacement vehicle provided (subject to availability)
Damage to Windscreen	S\$107.00	Not Applicable	Not Applicable	No waiver of Rental Charges & no replacement vehicle provided
Unreported or late reporting of accidents	Renter is liable for 3 <sup>rd</sup> parties & own vehicle repair costs associated with the accident			No waiver of Rental Charges & no replacement vehicle provided

\* excess payable is accumulative & inclusive of GST

<b>Payment Method</b>			
<input checked="" type="checkbox"/> Driver Wallet		<input type="checkbox"/> Cash	S\$
<input type="checkbox"/> Credit Card		<input type="checkbox"/> Debit Account	
Type		Bank Name	
Card No.		Account No.	

# ACCIDENT STATEMENT

ACCIDENT DATE: (25<sup>th</sup> FEB 2019) (DD/MM/YYYY), TIME: (14:22) (HH:MM)

LOCATION: ALONG PLAYFAIR BEFORE MACTAGGARTY / BURN ROAD JUNCTION

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN7180B  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A29114756 MKF  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: COMPREHENSIVE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: GRAB CAR RENTALS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

### DRIVER

- a) NAME: FOO CHIN JIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S16653044 CONTACT: 96233433  
c) ADDRESS: ART BLK 560, #08-74, CHOA CHU KANG NORTH 6, SINGAPORE 680560

\*d) DATE OF BIRTH: (29 / 04 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 APR 1982

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: CHOA CHU KANG

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = eric.fool29@gmail.com

VIDEO YES, HANDED OVER TO  
POLICE ON SCENE



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1665304G



Name  
**FOO CHIN JIN**

Race  
**CHINESE**  
Date of birth  
**29-04-1964**  
Country of birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1665304G**

Name  
**FOO CHIN JIN**

Birth Date: **29 Apr 1964**

Issue Date: **03 Nov 2014**



Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1665304G**

Name: **FOO CHIN JIN**



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

4848629



NRIC No: **S1665304G**



Date of issue  
**18-10-2010**

Address

**APT BLK 560 CHOA CHU KANG NORTH 6  
#08-74  
SINGAPORE 560560**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	06 Apr 1988
Class 2A	Motorcycles between 201 cc and 400 cc	06 Apr 1988
Class 2	Motorcycles > 400 cc	06 Apr 1988
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	22 Apr 1982



Licence No: **S1665304G**

TP429A

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

Type	Description	Issue Date
12	TAXI VL	14/02/2018





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-041221G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400  
Cars for Hire

### COMMERCIAL VEHICLE - FLEET Comprehensive

Certificate No. A 29114756 MKF

1. Index Mark and Registration Number of Vehicle

SLN7180B

2. Name of Policyholder

Grab Rentals Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/02/2019

4. Date of Expiry of Insurance

31/01/2020

5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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\*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for 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.

\* 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Chief Executive Officer