

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA449040896

Date In: 21/03/2019	Job description	Date & Time Completed	Done by
Ref No: NHA/NA9005644	SAS e-filing		
Veh No: SLD 1872E	E-mail (by date sheet, AIC sheet)		
D.O.A: 28/03/2019 12:25	I-Motor Claim Form		
QID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: UNKNOWN CAR	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: ()

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

Injury: ()

Date of Incident: ()	Location: ()

NA1902292	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forclaiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpr Allowance \$5	
	10) NI: Repair Coordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (NI) / TP (Non-INC) \$30	
	14) NI: Idas Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	29/03/2019 14:21
Date Of Accident	27/03/2019 07:40
Exact Location Of Accident	AYE TOWARDS TUAS RD IN BETWEEN EXIT 10A AND 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1872E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JSHIMI43432@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98599040
Alternative Phone No	OFFICE-98599040

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	999994316
Cover Note Number	

Driver

Name of Driver	SHIMIZU JUNICHI
NRIC No	G3809413R
Date Of Birth	30/01/1964
Occupation	INDOOR
Date Of Driving Pass	09/09/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98599040
Fax Number	
Contact Number	OTHERS-98599040
E-Mail Address	JSHIMI43432@GMAIL.COM

Address	G11-02 KIM SENG WALK GREAT WORLD SERVICE APARTMENTS
Postcode	239404
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2153

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	UNKNOWN
Vehicle Make/Model/Colour	MERCEDES BENZ (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW WEI KWANG ERIC (LIU WEIGUANG ERIC)
NRIC/Passport Number	S7433688D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR8290M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NASRI BIN MOHAMED KASSIM

NRIC/Passport Number

S7821841Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SHIMIZU JUNICHI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLD1872E

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law firms/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.



[Signature]

27.03.19 10:55

[Signature] 29/03/2019

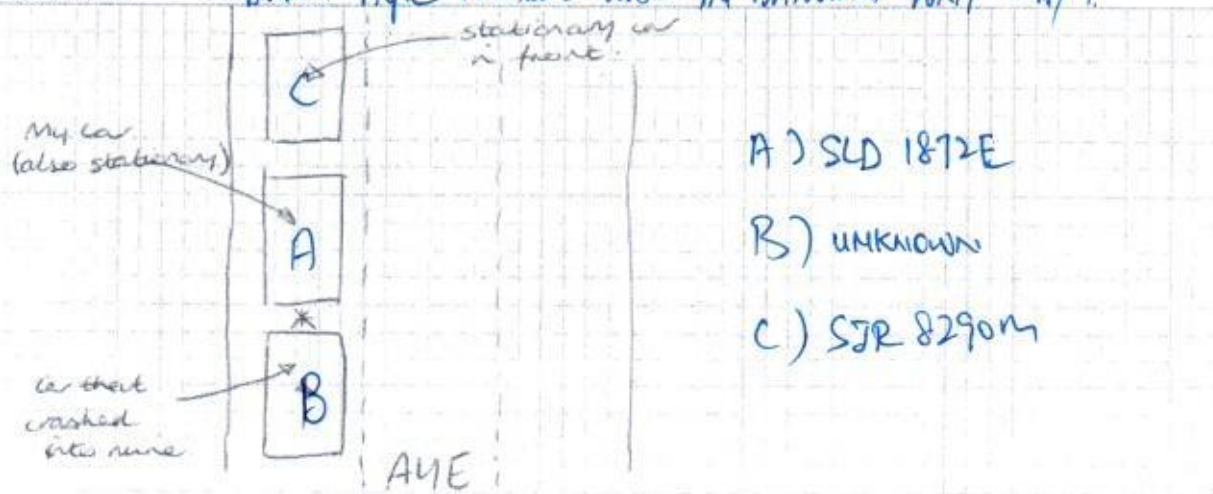
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan *

Along AYE Towards TUBS IN BAYVIEW PARK 10A/9



Describe Circumstance of the Accident *

On the 27/03/2019 at about 07400hrs, I was driving my vehicle, SLD1872E along AYE going towards Tuas Rd (between exit 10A and B).

At the point of time, there were a lot of vehicles on the road and there was traffic jam.

I was driving on the first lane when I noticed the vehicle ahead of me, SJR8290M with driver namely, "Nasri Bin Mohamed Kassim, S78218412" stopping on the brakes,

and eventually putting his vehicle to a complete stop due to the traffic jam. Upon seeing this, I then slowly stepped my brakes too and eventually putting my vehicle to a complete stop.

While in stationary position, an unknown white coloured "Mercedes" vehicle suddenly collided against the rear of my vehicle.

Due to the impact, my front bumper had collided against the rear bumper of the vehicle ahead of me causing a chain collision.

After the collision, I went out of my vehicle and made a check. I then discovered that driver which had collided against my rear had blood flowing out from his head.

I am lodging this report for insurance purposes.

POLICE REPORT 1/20190327/2153

Declaration

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



Policyholder's Signature

* *Imrich Shing* 28-03-2019
Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel

gn 29/03/2019



**SINGAPORE
POLICE FORCE**



T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20190327/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 18:30		Vide Report No.:		Station Diary No.: 106	
Informant's Particulars					
Name of Informant: SHIMIZU JUNICHI			Address: APT BLK 2 KIM SENG WALK #11-02 SINGAPORE 239404		
ID Type / ID No.: FIN NO / G3809413R			Contact No.: Home/Office: 68689233 Mobile: 98599040		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 55	Date of Birth: 30/01/1964	Type of Informant: Driver		
Race: Others			Language:		Institution / School Name:
Occupation: PRINTING MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 07:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE going towards Tuas Rd. in between exit 10A and 9				
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
SJR8290M	Car				Slightly Damaged	0
SLD1872E	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20190327/2153

CONTINUATION OF REPORT

Brief Details.

On the 27/03/2019 at about 0740hrs, I was driving my vehicle, SLD1872E along AYE going towards Tuas Rd (In between exit 10A and 9). At the point of time, there were a lot of vehicles on the road and there was a traffic jam. I was driving on the first lane when I noticed the vehicle ahead of me, SJR8290M with driver namely, "Nasri Bin Mohamed Kassim, S7821841Z" stepping on the brakes and eventually putting his vehicle to a complete stop due to the traffic jam. Upon seeing this, I then slowly stepped my brakes too and eventually putting my vehicle to a complete stop.

While in stationary position, an unknown white coloured "Mercedes" vehicle suddenly collided against the rear of my vehicle. Due to the impact, my front bumper had collided against the rear bumper of the vehicle ahead of me causing a chain collision. After the collision, I went out of my vehicle and made a check. I then discovered that the driver which had collided against my rear had blood flowing out from his head. His front bumper was badly damaged.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190327/2153

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:

J /

Sgt 2 MUHAMMAD 'AMMAR AMSYAR BIN
RAHMAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Signature Of Informant:

Date/Time:

27/03/2019 18:30

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force



gal 29/03/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 27 Mar 2019 Time: 7:40 AM
Exact Location of Accident * Around 9km to Turs on AYE

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLD1672E

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)
Personal Identification - NRIC (Singaporean/PR)
- FIN/Passport Number
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer _____ Model _____
Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others _____
Exact Purpose for which vehicle was being used at time of accident * on one's way to work
Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)
Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *
Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
Fleet Policy ☐ Yes ☐ No
Policy Number
Motor CI

DRIVER

☐ Same as Insured above

Name of Driver * Junichi Shimizu
Personal Identification - NRIC (Singaporean/PR) *
- FIN/Passport Number * G38049413R
Date of Birth * 30 dd/ 01 mm/ 1964 /yy
Driving Date Pass * 9 dd/ 9 mm/ 1983 /yy
Year of Driving Experience * 36 Year(s) 6 Month(s)
Occupation * Office Worker ☒ Indoor ☐ Outdoor
Gender * ☒ Male ☐ Female
Contact Number / Mobile Phone / Fax No. * 9859 9040

Address of Driver *	Great World Service Apartments G11-02 2Kim Seng Walk Postcode (239404)
Email Address *	jshim43432@gmail.com
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) *	Chain collision (Behind Car collision to me, then my car collided in chain)
Weather Conditions *	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface *	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
OTHER INFORMATION	
a. Was anybody injured in the accident? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness) *	<input checked="" type="radio"/> Yes <input type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police? *	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number *	I don't know UNKNOWN
Vehicle Make/ Model/ Colour	White Mercedes vehicle
Details of Properties	
Name of Driver	LAW WEI KWANG ERIC
Personal Identification - NRIC (Singaporean/PR)	S7433588D
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	NTUC Income Insurance Co-operative United
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	SJR8290M
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Nash Bin Mohamed Kassim
Personal Identification - NRIC (Singaporean/PR)	S7821841Z
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	India International Insurance
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

TOPPAN FORMS CO., LTD SINGAPORE BRANCH



Name
SHIMIZU JUNICHI

FIN
G3809413R



K0838187

VISIT PASS
Immigration Regulations

03-10-2018

Name
SHIMIZU JUNICHI

FIN
G3809413R

Date of Birth Sex
30-01-1964 M

Nationality
JAPANESE

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass
App to check status





DRIVING License

le conducteur est	E
-------------------	---

ssible par l'autorité com-
pays d'immatriculation du
s remorques légères sont
poids maximum autorisé
is 750 kg (1.650 livres).

Exclusions:
(pays I-VII)

Autorité
Seau ou cachet de l'autorité
Seau ou cachet de l'autorité

Signature du titulaire

EXCLUSIONS

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S7433688D**

Name: **LAW WEI KWANG ERIC
(LIU WEIGUANG ERIC)**

Birth Date: **23 Oct 1974**

Issue Date: **21 Oct 2003**

1000941894E



Qu
29/03/2019

3RP Pooty

**CERTIFICATE OF INSURANCE**

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

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S\$1,000.00 ** (I)**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

SLD1872E

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER****3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT**

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months
Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

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.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Hong Leong Finance 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 16 Jan 2019

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ