

NATIONAL Assessment Centre Services			
Date In: 06/04/2019 09:57	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19006103/K4	SAS e-filing		
Veh No: GBE 2272T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 03/04/2019 13:30	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: SGL71724	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			
General Remarks:			
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.			
() Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()			

Remarks:	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Actions

NA1902476		Invoice Preparation Checklist		Amc (\$)	Amc (\$)
		Inc Bill	Add Bill		
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
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) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		ON*			
		*N5: Courtesy Car / Tp Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:		TP (N11): TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idao Mobile 30			
Cat. 2 / 3:		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	06/04/2019 09:57
Date Of Accident	03/04/2019 13:30
Exact Location Of Accident	EXIT OF BLK 41 HOLLAND DRIVE OPEN SPACED CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2272T
Insured/Policyholder	
Name Of Registered Owner	SIN LEONG HING ALUMINIUM INDUSTRY
Co Reg No	23005400E
Email Address	LKT.MABEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97505587
Alternative Phone No	OFFICE-97505587

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3011471801
Cover Note Number	

Driver

Name of Driver	LEE PENG CHYE
NRIC No	S1541887G
Date Of Birth	04/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97505587
Fax Number	
Contact Number	OTHERS-97505587
EMail Address	LKT.MABEL@GMAIL.COM

Address	BLK 18C HOLLAND DRIVE #34-437
Postcode	274018
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	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEE PENG HWEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190405/2207

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	SGL7172U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HUAY HONG
NRIC/Passport Number	S1813218D
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE PENG CHYE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBE2272T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEE PENG HWEE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBE2272T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

SIN LEONG HING ALUMINIUM INDUSTRY

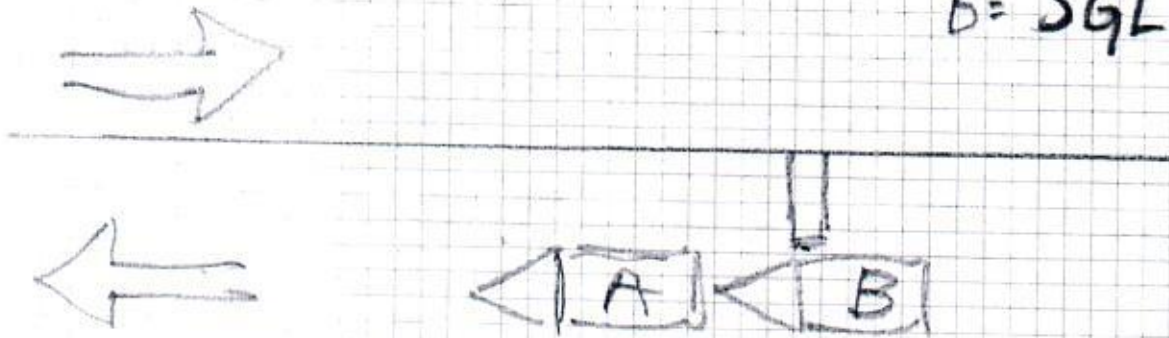
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

6/4/2019

SKETCH PLAN

A = GBE 2272T
B = SGL 71724



EXIT OF BLK 41 HOLLAND DRIVE
OPEN SPACED CARPARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20190405/2207

新加坡鋁工業
SIN LEONG HING ALUMINIUM INDUSTRY

DECLARATION


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.:

6/4/2019



SINGAPORE POLICE FORCE



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 4

Report No. T/20190405/2207

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 21:15		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: LEE PENG CHYE		Address: APT BLK 18C HOLLAND DRIVE #34-437 SINGAPORE 274018			
ID Type / ID No.: NRIC NO / S1541887G		Contact No.: Home/Office: Mobile: 97809888			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 04/08/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 13:30	Type of Location: Car Park
Location: Along Road 1 HOLLAND DRIVE EXIT OF BLK 41 HOLLAND DRIVE OPEN SPACED CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBE2272T	Lorry	TOYOTA		Silver	Slightly Damaged	1
SGL7172U	Car	TOYOTA		Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20190405/2207

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Report No. T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Passenger			
Name	LEE PENG HWEE		ID No. S1429531C
Related Vehicle	GBE2272T (Lorry)		Contact No. NIL
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	05/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE PENG CHYE		ID No. S1541887G
Related Vehicle	GBE2272T (Lorry)		Contact No. 97809888
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	05/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG HUAY HONG		ID No. S1813218D
Related Vehicle	SGL7172U (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/04/2019 at about 1330hrs, I was driving lorry GBE2272T and my brother, namely Lee Peng Hwee, was my passenger. I was exiting open spaced carpark of Blk 41 Holland Dr car park and waiting for traffic to be clear to turn into Holland Dr when I felt an impact from the rear portion of the vehicle. I alighted from the vehicle and discovered one car SGL7172U front portion had collided to the rear portion of the lorry.

I exchanged particulars with the car driver and my brother and I had seen doctor and was given 3 days of MC each.



**SINGAPORE
POLICE FORCE**



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 4

Report No. T/20190405/2207

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

4 of 4

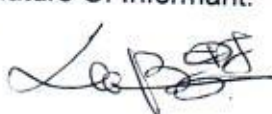

Report No. T/20190405/2207

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: D / Staff Sgt MOHAMMED HARIS BIN MOHAMED PAHORASI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 21:15
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

Register new vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	GBE227ZT	Vehicle Scheme:	Normal
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	TOYOTA DYNA 160 MANUAL
Chassis No.:	JTFAT35Y50K204607	Engine No.:	1KDZ496903
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2982 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1680 kg	Maximum Laden Weight:	3500 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	07 Oct 2015	Original Registration Date:	07 Oct 2015
Manufacturing Year:	2015	Open Market Value:	\$27,856.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transients:	0	Additional Registration Fee Rate:	5.00%

Owner Particulars

Owner Name:	SIN LEONG HENG ALUMINIUM INDUSTRY
Owner ID Type:	Business
Owner ID:	23005400E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	1024
Registered Street Name:	YISHUN INDUSTRIAL PARK A
Registered Unit No.:	# 01 - 25
Registered Building Name:	-
Registered Postal Code:	768763
COE No. / Expiry Date:	2015100705000615D / 06 Oct 2025
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$41,517.00

Transaction Details

Business Transaction Ref. No.:	20151007142636051917
Business Transaction Date:	07 Oct 2015
Business Transaction Time:	14:26:36

Message

The above vehicle has been successfully registered.

Please note that \$42,378.00 will be deducted from your GIRO account.

[OK]

Reported on 5/4/2019
@ 14.50 Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (3/4/2019) (DD/MM/YYYY), TIME: (13:30 PM) (HH:MM)

LOCATION: Service Road to Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 2272T
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

EXIT OF BLK 4/
HOLLAND DRIVE
OPEN SPACED
CARPARK

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9750 5587
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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) Slight

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGL 71724 MODEL: _____
b) DRIVER'S NAME: ONG HUAY HONG
c) NRIC/FIN/PASSPORT: S1813218D CONTACT: _____

9. THIRD PARTY VEHICLE

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

LKT.mabel@gmail.com

Email = lkt.mabel@gmail.com

fax = 6744 9002

VIDEO =

Waiting for DL, Company Chop,
& Police Report?

OK
Gibson
on 16/12/2019

*No of passenger
(including driver)

(2)

1-mg le

*No of passenger
(including driver)

()

*No of passenger
(including driver)

()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1541887G



Name

LEE PENG CHYE

李 炳 财

Race

CHINESE

Date of birth

04-08-1962

Sex

M

Country/Place of birth

SINGAPORE



6044206



NRIC No. S1541887G



Date of issue

15-10-2018

Address

APT BLK 18C HOLLAND DRIVE
#34-437
SINGAPORE 274018

REPUBLIC OF SINGAPORE DRIVING LICENCE

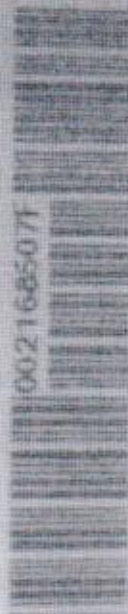
Licence Number S1541887G

Name

LEE PENG CHYE

Birth Date 04 Aug 1962

Expiry Date 15 Apr 2013



002168507F

YOU ARE LICENSED TO DRIVE VEHICLES IN

THE FOLLOWING CLASSES

EFFECTIVE DATE

- | | | |
|---------|---|-------------|
| Class 3 | Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 22 Mar 1985 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight \leq 7250kg | 12 Sep 1990 |

NP 428A

Licence No: S1541237G

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)

CERTIFICATE No.

DMCVSN3011471801

Engine No : 1KD2496903

Chassis No: JTFAT35Y50K204607

 1. Index Mark and Registration
 Number of Vehicle

GBE2272T

2. Name of Policy Holder

SIN LEONG HING ALUMINIUM INDUSTRY

 3. Effective date of the Commencement of Insurance for
 the purposes of the Regulations, Ordinance or Enactment

 12 APRIL 2018
 (13:36 HOURS)

 EXCESS SECT I S\$500.00
 EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11 APRIL 2019

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'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.

6. Limitations as to use *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

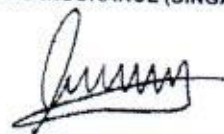
HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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).
 Please see reverse



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory