| NATIONAL Assessment Centre | Services (net savos) | 4, 4 | | N. | |
|---|--|----------------------------|------------------------|-------------|---------------|
| Date In: 12/04/2019 14:14 | Job description | Date & | ime Completed | Done b | i. |
| REFNO. NA/A/G19006557 R4 | SAS e-filing | | | | |
| Veh No. SJR 1940S | E-mail (within 8hrs, AIC 2hrs) | T | | | |
| D.O.A: 12/04/2019 10:40 | i-Motor Claim Form | 1 | i | A | |
| OD : YP / Reporting Only | i-Motor W/O (Within: OD 2hrs | s. TP 4hrs) | | | |
| TD. | Assessment/Survey Report | 1 | | | |
| TP, finsurer: | Ass't Report by Fax / Hand t | o Owner | Vksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: | |) |
| TP Particulars: Veh No: 5 k | M 11684 . INC(| .)/No | n-INC() | | week and week |
| Owner / Driver: (| | Tel: | |) | |
| Policy No: () Perio | d: () | Cover T | уре: (|) | |
| Confirmed by : (| Date: | | Times |) | DAN GIOVANA |
| | te-Est. Status (WO): N: 0-2 | 0%; P: 2 | 1-79%. F: 30-100 | %] | |
| | manty: YES ()/NO (|) | | | |
| Excess: (\$) Loading: \$1,000 | | | | | |
| General Remarks: | | | | <u> </u> | |
| () Walk-In Costoniar : Customer's inform | | trictly NO | efer of repairer. | 100 | |
| () Total Loss Case : to e-mail Insurer | URGENTLY. | | | | |
| Drive-In () / Towed-In (); Invoice: | YES()/NO();T | Towing Co |), (| |) |
| Remarks: (INC horling: 6788 6616) | | Datesel | ime Comple od | Done! | by |
| 1) Apply for Transport Allowance ()/Con | urtesy Car () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] () | | | | |
| Injury: | | | | | |
| Date/Time Actions | NAMES OF THE PROPERTY OF THE PARTY OF THE PA | Q48606033 | tang mesal | | |
| | | \$2373286800 | Propulsty Addition | 86 11 A 100 | |
| | | | | | |
| | | 1 | | | |
| | | | | Section 18 | |
| | | | | | |
| NA 19027 | 65 Invoice Pro | éparation | Checklist | Anit (S) | Add Bill |
| Claumant's Particulars - | 1) AR : Accide | nt Reporting | (\$30); | | |
| Driver/Owner: | 2) DA : Damag 3) TF : Towing | Foc | \$40/\$ | | |
| | 4) FT : Follow- 5) FT : Follow- | Through Sur Through Sur | vey (Resurvey) 5 | 30 | |
| Contact No: | For claiming | against INC | Only (wef 10 Jon 2005) | 75 | |
| Damäged Portion: | 6) TR : Re-lusp 7) N1 : Idao D/ | A + SMRT Su | strey . S1 | | |
| | 8) NTUC Addi | tional Service | 15:- | 1 | |
| QC Checked by (Engr-In-Charge): | *N5; Courle | sy Car / Tp / | | \$5 | |
| TWO BANGS AT TOO PART OF | | Co-ordinatio | | 25 | |
| Auditors Comments : | *N8: DV/C | olleet Execss | Coordination | \$5 | |
| 2at. 1: | 7P(N11):7 | | | 30 | |
| Cat. 2/3; | Involce dated | | Fee Charged | 4100 | Sec. W. |
| | Involce dated | 1 | Fue Charged | - | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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</u> 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

| The Name of the Control of the Contr | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 12/04/2019 14:14 |
| Date Of Accident | 12/04/2019 10:40 |
| Exact Location Of Accident | UPPER ALJUNIED ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJR1940S |
| Insured/Policyholder | |
| Name Of Registered Owner | MARIC MARKETING PTE LTD |
| Co Reg No | Committee of the design of the |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94236623 |
| Alternative Phone No | OFFICE-94236623 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | S COMMON SHOOL MAN |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994659 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHEW MUN LENG |
| NRIC No | S1557782G |
| Date Of Birth | 04/07/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/12/1984 |
| Driving Experience | 34 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94236623 |
| Fax Number | |
| Contact Number | OTHERS-94236623 |
| | |

NOEMAIL

BLK 463 HOUGANG AVENUE 10 Address

#04-964

530463

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

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?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKM1168U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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)

l 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:
 - 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.

Maric Marketing Pte Ltd Co Reg No 201620700D

9 Tagore Lane #03-04

Policyholdes's Signature 787472 Date & Time: . Oh

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

Name:

NRIC/FIN No.:

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| 4 | 222 | |
| <u>+</u> | | |
| Upper Alfunied Rd | +> | |

vehicle A: SJR 1940S venicle B: SKM 1168 4

| | | | | | | | | | ing along t | |
|--------------------|-----------------------|-----|----------|------|--------|-----|---------|----------|-------------|-----|
| rren _[] | | | | | | | | | do an u | |
| | y venicle vehicle. | 2 2 | realised | that | Veride | B(J | KM 1168 | U) had | l collided | int |
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DECLARATION

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

Maric Marketing Pte Ltd

Co Reg No 201620700D Policyholder's Signature Policyholder's Signature Date & Time: Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

| LOOKEN W When his o | |
|--|--|
| LOCATION: Along Upper Aljunied | Road |
| 1. DETAILS OF VEHICLE | |
| a) VEHICLE NUMBER: 518 1940 | 2.0 |
| DINSURANCE COMPANY: AIG | |
| CIPOLICY NUMBER: 999994659 | |
| d)POLICY TYPE: (COMPREHENSIVE / TH | HIRD PARTY / THIRD PARTY FIRE &THEF |
| SIMAKE & MODEL: Toyota Vios | |
| FITYPE: (SALOON / COUPE / MPV /V AN | // LORRY / MOTORCYCLE / OTHERS) |
| 9) VEHICLE CATEGORY: (BRIVATE / COI | MMERCIAL / MOTORCYCLE) |
| TIPURPOSE OF USING AT ACCIDENT TIP | ME: WORK |
| i) ARE YOU CLAIMING UNDER YOUR OV | WN INSURANCE (YES/NO) |
| IF NO, PLEASE STATE (THIRD PARTY CL. | AIM / REPORTING ONLY) |
| 2. INSURED / POLICY HOLDER | |
| A)NAME: Maric Marketing Pte Lt. | |
| b)NRIC/FIN/PASSPORT: 2016 20 70 | |
| C) ADDRESS: 9 Tagbre Jane #03- | -04 Singapore 787472 |
| * CONTINUE TO 2 4 IS DEPOSED A LOS DE | 4 - 4 - 1 |
| + CONTINUE TO 3.d IF DRIVER ALSO POL | LICY HOLDER |
| Industria driver an ANAME: Chew Mun Leng | - |
| Induding driver) a)NAME: Chew Mun Leng | (MALE / FEMALE) |
| DINRIC/FIN/PASSPORT. (IEL 7303) | G 001 T 0 0 0 1 1 1 1 2 2 |
| DINKIC/FIN/PASSPORT: S/5577826 | G CONTACT: 9414 6623 |
| (D1) b) NRIC/FIN/PASSPORT: S15577826 c) ADDRESS: BIK 463 HOUGANG AVE 10 | G CONTACT: 9414 6623 |
| c) ADDRESS: BIK 463 HOUGANG AVE 10 | # 04-964 Singapore 530463 |
| (DI) c)ADDRESS: BIK 463 HOUGANG AVE 10 *d)DATE OF BIRTH: (_04 /_ 07 /_ 1962 | # 04-964 Singapore 530463 |
| c) ADDRESS: BIK 468 HOUGAND AVE 10 *d) DATE OF BIRTH: (04 / 07 / 1962 e) OCCUPATION: (INDOOR / QUIDOOR) | # 04-964 Singapore 530463 |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) | CONTACT: 9413 6623 # 04-964 Singapore 530463 |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER | CONTACT: 9433 6623 # 04-964 Singapore 530463 J(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hiver |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (PLEAR) RAINI | CONTACT: 9413 6623 # 04-964 Singapore 530463 J(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INTERPOLATION OF THE DRIVER 5. a)WEATHER CONDITION: (CLEAR) RAINI b)ROAD SURFACE: (DR) / WET / OTHERS | CONTACT: 9413 6623 # 04-964 Singapore 530463 J(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 *d)DATE OF BIRTH: (04 / 07 / 1962 *e)OCCUPATION: (INDOOR / QUIDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (*CLEAR*) RAINI b)ROAD SURFACE: (**) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) | CONTACT: 9413 6623 # 04-964 Singapore 530463 J(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (CLEAR) RAINI b)ROAD SURFACE: (DR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / 100) 7. a)REPORTED TO POLICE (YES / 100) | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hiver ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INTERPOLATION: (INDOOR) IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (TEAR) RAINI b)ROAD SURFACE: (OR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (O)) 7. a)REPORTED TO POLICE (YES / (O)) IF YES, PLEASE STATE WHICH POLICE STA | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hiver ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (CLEAR) RAINI b)ROAD SURFACE: (DR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STA | CONTACT: 9413 6623 # 04-964 Singapore 530463 _)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (TEAR / RAINI b)ROAD SURFACE: (RR / WET / OTHERS 6. WAS ANYBODY INJURED (YES / (O)) 7. a)REPORTED TO POLICE (YES / (O)) IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE 10 O VEHICLE NUMBER: SKM 1168 W | CONTACT: 9413 6623 # 04-964 Singapore 530463 _)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 *d)DATE OF BIRTH: (04 / 07 / 1962 *e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (*TEAR*) RAINI b)ROAD SURFACE: (**DR*) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (**O)) 7. a)REPORTED TO POLICE (YES / (**O)) IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE 1. af Passenger a) VEHICLE NUMBER: SKM 1168 U 1. cduding driver) b) DRIVER'S NAME: | CONTACT: 9413 6623 # 04-964 Singapore 530463 J(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRESIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IS IF NO, RELATIONSHIP OF THE DRIVES 5. a)WEATHER CONDITION: (TEAR! / RAINI b)ROAD SURFACE: (RE) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (O)) 7. a)REPORTED TO POLICE (YES / (O)) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE at passenger o) VEHICLE NUMBER: SKM 1168 U cluding driver b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: | CONTACT: 9413 6623 # 04-964 Singapore 530463 _)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS ATION:MODEL: |
| *d)DATE OF BIRTH: (04 / 07 / 1962 *d)DATE OF BIRTH: (04 / 07 / 1962 *e)OCCUPATION: (INDOOR / QUIDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. a)WEATHER CONDITION: (*CLEAR!) RAINI b)ROAD SURFACE: (*CR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (**O)) 7. a)REPORTED TO POLICE (YES / (**O)) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE af passenger a) VEHICLE NUMBER: SKM 1168 U c) UNIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hiver ING / OTHERS ATION: CONTACT: CONTACT: |
| c) ADDRESS: BIK 463 HOUGANG AVE 10 *d) DATE OF BIRTH: (04 / 07 / 1962 e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (OTEAR) RAINI b) ROAD SURFACE: (OR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (O)) 7. a) REPORTED TO POLICE (YES / (O)) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE of passenger a) VEHICLE NUMBER: SKM 1168 U c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hiver ING / OTHERS ATION: CONTACT: CONTACT: |
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| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRESIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IS IF NO, RELATIONSHIP OF THE DRIVES 5. a)WEATHER CONDITION: (TEAR / RAINI) b)ROAD SURFACE: (ROR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / ()) 7. a)REPORTED TO POLICE (YES / ()) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE at passenger a) VEHICLE NUMBER: SKM 1168 U c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS ATION: CONTACT: MODEL: MODEL: |
| *d)DATE OF BIRTH: (04 / 07 / 1962 e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRESIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IS IF NO, RELATIONSHIP OF THE DRIVES 5. a)WEATHER CONDITION: (TEAR / RAINI) b)ROAD SURFACE: (ROR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / ()) 7. a)REPORTED TO POLICE (YES / ()) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE at passenger a) VEHICLE NUMBER: SKM 1168 U c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS ATION: CONTACT: MODEL: MODEL: |
| c) ADDRESS: BIK 463 HOUGANG AVE 10 *d) DATE OF BIRTH: (04 / 07 / 1962 e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRESIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (TEAR / RAIN) b) ROAD SURFACE: (OR / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / (O)) 7. a) REPORTED TO POLICE (YES / (O)) IF YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE 6 of passenger o) VEHICLE NUMBER: SKM 1168 U c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE 6 of passenger diver; o) VEHICLE NUMBER: ON THIRD PARTY VEHICLE 6 of passenger of VEHICLE NUMBER: ON THIRD PARTY VEHICLE 7 OF PASSENGER OF VEHICLE NUMBER: ON THIRD PARTY VEHICLE 8 of passenger of VEHICLE NUMBER: ON VEHICL | CONTACT: 9413 6623 # 04-964 Singapore 530463 L)(DD/MM/YYYY) 35 NSURED'S COMPANY? (YES / NO) R WITH INSURED: Hirer ING / OTHERS ATION: CONTACT: MODEL: MODEL: |

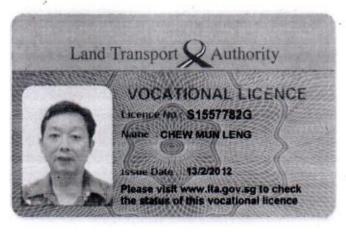
EKR boye (16) Industrial Park 2.

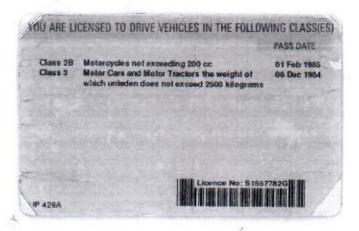
Pax = REPORTINGO TOPQUE5.com 6452 4584

5 (468 933)











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

02

Type Description TAXI VL

Issue Date

07/03/2003



THIRD PARTY

POLICY NO.

CERTIFICATE NO.

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

(The below excess is subject to GST)

POLICY EXCESS S\$1000.00 (Sect II)

WINDSCREEN EXCESS

SUM INSURED

INSURING WITH COE/PARF NA

SJR1940S

MARIC MARKETING PTE LTD

2) NAME OF INSURED 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

18 September 2018

24 April 2019

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

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

5\$2,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience

COMMERCIAL MOTOR

SJR1940S 999994659

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.
- 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

Not Included

HIRE PURCHASE COMPANY

NA

*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 18 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

ORIGINAL