NATIONAL Assessment Centi	e Services. w	t i Jartuaj .	MAYCHOSY	205	
Dute In: 26 and sol loss	Job description		Date &Time Completed	De De	me py
REINO: NBB (C17/900745K)	SAS c-filling				
Veh No. GBB 73372	E-mail (bjdda shr	, AlC zlus)		 	,
D.O.A: 28 BK 80 9 1951	I-Motor Claim 1			1	-
00 (60)	I-Motor W/O (w	/Ithle: OD 2hrs. Ti	4hrs).	-	The second
OD (TP.) Reporting Only	I-Photo Uploade				** ***
				 	
TP Insurer:	Assessment/Surve				
Proforred Wksp / INC Assign Wksp / QW: (Ass't Report by P				CLEONES TO
	11. 60000	+	rel:	Faxt	
Owner / Driver: (IN OFFICE)/Non-INC().		
			Tel:		
	riod: (over Type: (/	
Confirmed by (Dater,	Tlmer)	
			P: 21-79%. P: 80	-100%]	
The state of the s		\NO()			
CA TANKE AND AND THE PROPERTY OF AN AREA OF	000()/52,000() ((((((((((((((((((((((((((((((((((((oners division and a	278575	halan ka
South Orange State of the State	不知时在松阳的东	位加州加州省	经的现在分词是关系	77/04 M	y ,
() Walk-In Customar : Customers Info		ential & Stricti	y NO rater of repairer		
() Total Loss Case : to e-mail Insur-	a second control of the control of t	-	· · · · · · · · · · · · · · · · · · ·		
Drive-In ()/Towed-In (); Invoice	YES()/NO	(); Tow	ing Co: (· , "		
		SEX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		67 PG 100	nboy
AND ADDRESS OF THE PROPERTY OF				Marie Strait Commence	
1) Apply for Transport Allowance ()/C	Courtesy Car ()	SOLUTION SERVICE SERVI	Charles and a transfer and the same	,	
The state of the s	Courtesy Car ()	SINLENASTITATIO SALIN	STORES TO STORES	,	
2) QC Check / Post Repair Inspection	(·)	om.cometer vil Sentin	GANGERS LINES TO PERSON		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	(·)	On CONSTRUCTION OF THE PARTY OF		,	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	(·)				Çertin tir.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)			Wasan bidi	Çerin erin
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)			Wann hin	general v.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)			Control Control	Çanting ir.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)			Wasan han	Contract of the Contract of th
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)				QUILLE SALES
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(·)				SPETANON
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:		AR; Assident Rap	ordng (530);		SPETANON
2) QC Check / Post Repair Inspection 3) Uplosed Resurvey Photo [Repair Cost > \$3 Injury: Date Cipal Assumation (Repair Cost > \$3 NA1903068	(·) 3000] () .	DA : Dame to Asse TV : Towley Fee	orting (530); INC	310	SPETANON
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Parte Company Against and State S	(·) 3000] () -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	DA : Damage Asse FF: Towley Fee PF: Follow-Throu PF: Follow-Throu	ording (530); sument (5100); NG th Survey th Survey (Reservey)	380) 30343 5120 330	SPETANON
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Path 2003068 Linit interpreticulars in a priver/Owner: ontact No:	(·) 3000] ()	DA i Dame to Asso TF i Towley Poo PT i Pollow-Throu PT i Pollow-Throu For elalmine stain	ording (330); sument (5100); INC (gh Survey gh Survey (Resurvey) st INC Only (vec 10 Jin 20	380) 380) 30343 5120 330	SPECIALITY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Parte Company Against and State S	(·) 3000] ()	DA! Dame : A sec TV: Towley Pee PT: Pollow-Throu PT: Pollow-Throu Por slaiming stain TR: Re-laspestion	ording (330); sument (5100); INC (\$\frac{1}{2}\$ Survey \$\frac{1}{2}\$ Survey (Resurvey) \$\frac{1}{2}\$ UNC Only (Verf. 10 Jin 20)	380) 30343 5120 330	SPECIALITY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Path 2003068 Linit interpreticulars in a priver/Owner: ontact No:	(·) 3000] () -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	DA! Dame to Asso TF: Towley Fee PT: Follow-Three FT: Follow-Three For claiming stain TR: Re-laspestion NI: Iday DA + Sh NTUC Additional	ording (330); sument (5100); INC th Survey th Survey (Resurvey) st INC Only (wof 10 Jin 20 ART Survey	380) 380) 30343 5120 330 93) 375	SPECIALITY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Inspection Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Inspection Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post Photo [Repair Inspection Post Photo [Repair Cost > \$3 Injury: Participal Anglesis and Photo [(·) 3000] ()	DA! Dame to Assort Tri Towley Fee PT: Follow-Three PT: Follow-Three Por elainstit stain TR: Re-laipeation NI: Idau DA + Sh NTUC Additional DIL:	cording (330); sument (5100); INC (gh Survey gh Survey (Resurvey) st INC Only (ver 10 Jin 20 ART Survey Services:	380) 380) 30343 5120 330 93) 375	SPECIALITY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Particular Service Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Particular Service Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Inspection Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Inspection Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Cost > \$3 In	(·) (DA! Dame : And TFI Towley Fee FFI Fellow-Throu FFI Fellow-Throu Forelainding stain TR: Re-laspestion NI: Idau DA + Sh NTUC Additional OIL NS: Courtory Car NS: Repair Co-or	ording (330); essment (5100); INC (gh Survey gh Survey (Resurvey) et INC Only (wof 10 Jin 20 ART Survey Services: 7 Tot Altowance dination 25 TO 1920	380) 380) 303(3) 3120 330 23) 373 3160	SPECIALITY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Particular Service Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Particular Service Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Inspection Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Inspection Photo [Repair Cost > \$3 Injury: Path 20/3068 Entire Photo [Repair Cost > \$3 In	(·) 3000] ()	DA: Dames Assa TF: Towley Fee PT: Follow-Throu FT: Follow-Throu Forelainding stain TR: Re-laspeotion NI: Idao DA + SN NTUC Additional ON: NS: Courley Cal- NS: Repair Co-or	ording (530); or	350) 350) 350) 375 375 375 3160 310 375 3160	O Id-d t
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Participal Anglesis and Post	(·) (DA! Dame : And THI Towley Fee PT : Follow-Throu FT : Follow-Throu Forelainding stain TR: Re-laspestion NI : Idau DA + Sh NTUC Additional OIL! NS: Courtory Cal NS: Courtory Cal NS: Repair Co-or Chill: Foat Rendri NG: RY DV / Collect TE (NII): TP (NII)	ording (330); essment (5100); INC (gh Survey gh Survey (Resurvey) et INC Only (wof 10 Jin 20 ART Survey Services: 7 Tot Altowance dination 25 TO 1920	350) 350) 30343 3120 330 93) 373 5160	O Id-01
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Parts Since Assign and Assign	(·) (DA: Dames Assa TF: Towley Fee PT: Follow-Throu FT: Follow-Throu Forelainding stain TR: Re-laspeotion NI: Idao DA + SN NTUC Additional ON: NS: Courley Cal- NS: Repair Co-or	ording (330); sument (5100); INC (th Survey th Survey (Resurvey) stINC Only (well 10 Jin 20 (RT Survey Services: Trpr Attowner dination / FOF 9020 numerican txcess Centilization in INC) *** Limiting Colors Fee Charge	350) 350) 373 373 375 375 3160 31 31 31 31 31 31 31 31 31 31 31 31 31	O Id-01
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Path 2003068 Injury:	(·) (DA: Dames Asset IV: Towley Fee PT: Follow-Throught: Follo	ording (530); sument (5100); INC (th Survey th Survey (Resurvey) stINC Only (well 9 Jin 20 ART Survey ART Survey Jordan (FDP 1929 dination /FDP 1929 appetion Excess Constinution in INC) *** All Survey in INC) *** All Survey All Survey ART Survey A	340) 40345 3120 375 3160 375 3160 3175 318 318 318 318 318 318 318 318 318 318	O I G = C 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Parts Since Assign and Assign	(·) 3000] ()	DA! Dames Asset IV I Towley Fee PT I Vollow-Three PNS: Courloiy Cal PNS: Courloiy Cal PNS: Repair Co-or PNS: Repair Co-or PNS: Repair Co-or PNS: PART Heneir PNS: DV / Collect TY (NII) I TY (NII) PNII I Idao Mobile Pooles doted	ording (330); sument (5100); INC (th Survey th Survey (Resurvey) stINC Only (well 10 Jin 20 (RT Survey Services: Trpr Attowner dination / FOF 9020 numerican txcess Centilization in INC) *** Limiting Colors Fee Charge	350) 350) 373 373 375 375 3160 31 31 31 31 31 31 31 31 31 31 31 31 31	O I G = C 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	26/04/2019 16:58
Date Of Accident	23/04/2019 19:50
Exact Location Of Accident	ALONG AYE TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE
THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB7337Z
Insured/Policyholder	
Name Of Registered Owner	VENTA ELECTRICAL CONTRACTOR
Co Reg No	309665000C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97372042
Alternative Phone No	OFFICE-98120597
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	DMCVSN3000341901
Cover Note Number	
Driver	
Name of Driver	AYYAMPILLAI ANAND
NRIC No	G6518582U
Date Of Birth	09/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97372042
Fax Number	
Contact Number	OTHERS-98120597

NOEMAIL

Address

Postcode

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)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

11250

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)

NO

Mulliper of Lassenger

2

Passenger 1

NAME:

: SIVA

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

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

SMH6488R

Vehicle Make/Model/Colour

HONDA

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

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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 Date & Time:

(If driver is not the policyholder)

Date & Time:

DE LOUIS SIGNATURE NAME:
NEISCAFIN NO.: BUSIN WAR HOW

11) (120 433 +2	(A	GBB	7337z
-----------------	----	-----	-------

RY		
B)	SMH	6488R
1,000		01001

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentia	ent details. I was driven as left to it is
ahead of	me baked have I followed when which R
cauldult s	me baleed have I followed when vehich B etop in the 2 collided water my ver portion.
ECLARATION	

I/We declare th og particulars are true in every respect.

Policyholder's Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe Name:

NEIC/FIN No.:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 23 4 19 Time: 19:10 (24 hr format)
Exect Location of Accident *	Aye tands (Curenti
INSURED / POLICY HOLDER / VEHICLE PARTICU	LARS / DETAILS OF OWN VEHICLE
Vehicle Registration Number *	GBB 7337 2 Make & Type *:
Name of Registered Owner*	VOUTH ELECTRICAL CONTRACTOR
NRIC / FIN / Passport /Co Regn No. *	309650006
Contact Number *	9737 2042 Email/Fax No:
Exact Purpose for which vehicle	72-17 2X1 At 0Ah 77
was being used at Time of Accident	☐ Private Usage / ☐ Commercial or Company's Usage
Are you claiming under your own	☐ Yes / ☑No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	☐ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only
Name of Insurance Company *	TA
Type of Policy *	China EQ / Etiga / MSIG / Tokio Marine/ Great American
Policy No. (Certificate No.) / Cover Note No.	comprehensive / Third Party / Third Party Fire & Theft
DRIVER	DmcVSW3 0005 41 90 1
Name of Driver *	AYYAMPILLAI ANAM Gender Maley Female
NRIC / FIN / Passport Number *	G 65185824
Date of Birth *	9 12 1/783 (dd/mm/yyyy)
Occupation *	□ Indoor / ❷Outdoor
Date of Driving Pass (Pass Date) *	6/8/20/8
Contact Number *	9812 0497
Address	11/2 CL 4
Email Address / Fax Number *	Email:
Relationship of the Driver with the Insured *	Owner / Employee Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate	
Vehicle Number & Insurance Company *	
GENERAL INFORMATION OF THE ACCIDENT	[Ins Co: 1)
Type of Collision	Chain Collision / Side-Swipe / Front to Rear Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / PR) / Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	DN6 / DYes (Police Report required)
Was any injured conveyed to hospital	DM6/ DYes
by ambulance?	
Was any foreign vehicle involved in this accident? *	☐ No / ☐ Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(2)
Was there any witness?	☑Mo / □Yes
Was any other VEHICLE / Property involve /damage?*	□No / EYes
Was there any video captured by Car Camera? DETAILS OF POLICE ACTION	DMo / DYes
Was the Accident Reported to the Police?*	DNo / Dres If Yes, Please state which Police Station
Was Notice of Intended Prosecution given?	PNo / Dyes If Yes, against whom?
Number of Passengers (Including DRIVER)?*	(>)
Passengers	Name: Sua Name:
CHARLES CHARLES CONTRACTOR OF THE CONTRACTOR OF	Gender : Male / Female Gender : Male / Female
Have you been approached by unknown pers	on(s) soliciting/offering accident claims assistance? Yes (No.

Vehicle Registration Number *	1) SMH 6488R	2)
Vehicle Make / Model / Colour	Honda	
Damage to Vehicle/Property?	1/100-00-1	
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

____. ***

er a a c

1.



WORK PERMIT

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

Engloyer VENTA ELECTRICAL PTE. LTD.



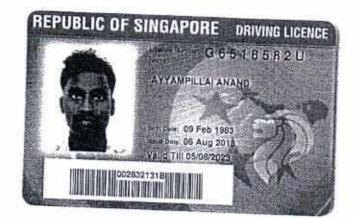
NINNA AYYAMPILLAI ANAND Work Permit 720 Sector 0 34778094 CONSTRUCTION







K0165395



VISIT PASS Immigration Regulations

06-03-3016

Download SGWorkPass App to check status

Name AYYAMPILLAI ANAND

085185820

Date of Birth

teation per-

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS 195UED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

4

NP 428A

Licence No:Q6518582U



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CR SN ANOIGIA. Cov. Type: C AUTOSAFE

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.

DMCVEN3000341901

Engine No :1KD190553E Chassis No: MDY2318003810

 Index Mark and Registration Number of Vehicle

GBB7337=

Name of Policy Holder

VENTA ELECTRICAL CONTRACTOR

 Effective date of the Commencement of Insurance for 7 JANUARY 2019 the purposes of the Regulations, Ordinance or Enactment

EXCESS SECT I\$\$500.00

Date of Expiry of Insurance

5 JANUARY 2020

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 DRDER OF A COURT OF LAW OR BY PEASON OF ANY EMACTHENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

Countersidord By

(II 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

(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

(1) USE FOR HIRE OR REWARD OR RACING, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING 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.

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 Please see reverse

TRUST PTE LTD

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0295

EMAIL: itrust@singnet.com.sg

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory