

NATIONAL Assessment Centre Services

(and 1 Jax/06)

MAA4906698

Date In: 13/05/2019 15:26	Job description	Date & Time Completed	Done by
Ref No: NBA/AG/19008422/Y	SAS e-filing		
Veh No: GR5 20604	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/05/2019 11:10	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: YN 8694L	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

<p>MAA903398</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal 1:</p> <p>Cal 2/3:</p> <p>P. 1/1</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100), INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2015)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idm DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p> N11:</p> <p> *N3: Courtesy Car / Tpt Allowance \$5</p> <p> *N6: Repair Co-ordination \$10</p> <p> *N7: Post Repair Inspection \$25</p> <p> *N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idm Mobile \$0</p>		<p>Am't (\$)</p> <p>Est Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Pen Charged</p>			
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07-MAY-2019 16:39

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	13/05/2019 15:26
Date Of Accident	04/05/2019 11:10
Exact Location Of Accident	ALONG NORTH CANAL ROAD BESIDE UOB PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2040U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MURUGAN.ARUNACHALM@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-98622025
Alternative Phone No	OFFICE-98622025

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994187/100871285
Cover Note Number	

Driver

Name of Driver	LIM BAO RU
NRIC No	S8512296G
Date Of Birth	05/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98622025
Fax Number	
Contact Number	OTHERS-98622025
Email Address	MURUGAN.ARUNACHALM@AETOS.COM.SG

Address	BLK 543 JELAPANG ROAD #18-62
Postcode	670543
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190506/2111

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	YN8699L
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY HONG HOE ZHENG FENGHE
NRIC/Passport Number	S7402771G
Contact Number	93886491
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers' lawyer/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 claim;
 - (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 and 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' lawyer/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/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

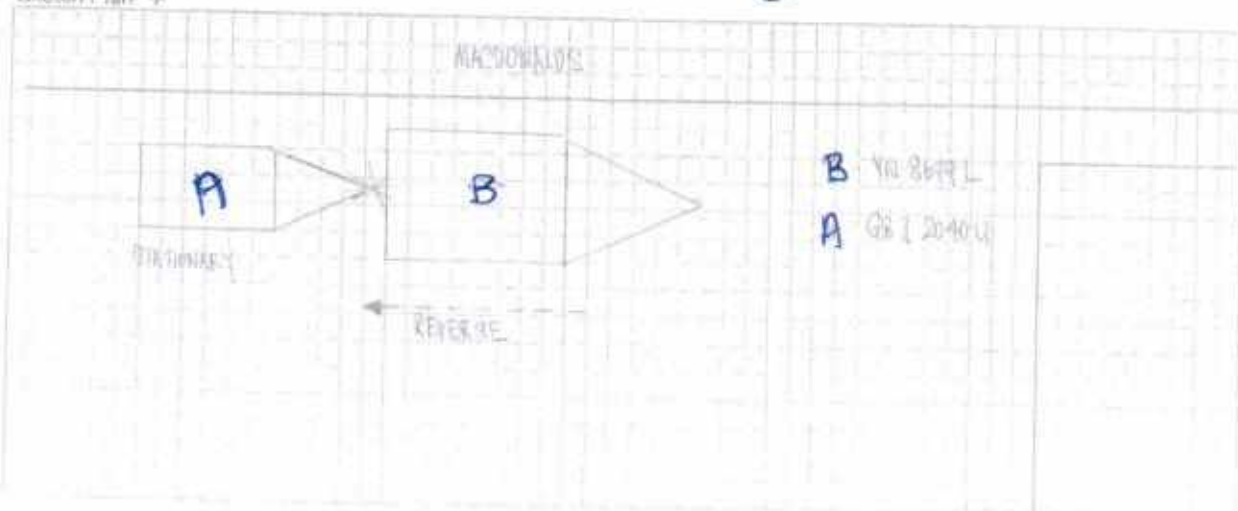


Policyholder's Signature (Name & Time)

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident *

Refer to attached incident report. Thanks

POLICE REPORT T/20190506/2111

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature

*

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

W/assessed by (Reporting Camp's Personnel)
13/05/2019



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident/Arrest		Location of Incident/Arrest	
Private lorry truck collided on to Aetos vehicle.		UOB Plaza – 80 Raffles Place S 048624	
Date/Day:	04-05-2019 (Saturday)	Informant:	CPL (APF) T12331 Lim Bao Ru
Time:	1112hrs	Team:	CVE Team 03
Particulars of Subject/s			
Name	: Lim Bao Ru	Tay Hong Hoe	
Sex/Age	: Male / 34yrs	Male / 45yrs	
NRIC/FIN No:	: S8512296G	S7402771G	
Nationality	: Singaporean	China	
Occupation	: Auxiliary Police Officer	N.A	
Company	: AETOS Security Management Pte.Ltd	N.A	
Vehicle No	: GBJ2040U	YN8699L	
<p>On 4th May 2019 (Saturday), Informant CPL (APF) T12331 Lim Bao Ru was deployed for Cash & Valuable Escort duty from 0730 to 1930hrs. CPL Lim Bao Ru has been assigned as Team 3 driver together with teammates CPL (APF) T11176 Cecilia Tan Lay Hoon (Tansaction Officer) and PC (APF) P0790 Syharum Bin Saimin (Guardsman). Aetos vehicle registration number GBJ2040U.</p> <p>After completing the cash bags delivery at Certis Cisco CPC @ Paya Lebar, the team then proceeded to UOB Plaza for banking duties. Upon reaching UOB Plaza, CPL Bao Ru parked Aetos vehicle GBJ2040U at the road side near McDonalds at least one car length distance behind a lorry truck, registration number YN8699L.</p> <p>Then CPL (APF) T11176 Cecilia Tan Lay Hoon and PC (APF) P0790 Syharum, teammates of CPL Bao Ru alighted to complete their banking assignment at UOB plaza.</p> <p>At about 1112hrs, suddenly the vehicle YN8699L that was parked in front of Aetos vehicle made an abrupt and fast reverse motion. The reverse motion was too sudden and CPL Bao Ru had no time to react. He tried to horn the vehicle in front but it was too late. This resulted in the collision between the back of YN8699L and the front of GBJ2040U.</p> <p>Immediately after, CPL Bao Ru alighted from Aetos vehicle to assess the damage at the same time the lorry truck driver Mr Tay also alighted from his vehicle. The driver claim he was not aware that there was a vehicle behind his lorry. The collision resulted in a bad dent on the front of Aetos vehicle.</p> <p>CPL Lim Bao Ru then took a few pictures and both parties exchange particulars for the purpose of insurance claim.</p> <p>No one was injured in this incident.</p>			

Signature
13/05/2019



**SINGAPORE
POLICE FORCE**



T/20190506/2111

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190506/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 16:32		Vide Report No.:		Station Diary No.: 122	
Informant's Particulars					
Name of Informant: LIM BAO RU			Address: APT BLK 543 JELAPANG ROAD #18-62 SINGAPORE 670543		
ID Type / ID No.: NRIC NO / S8512296G			Contact No.: Home/Office: Mobile: 98622025		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 05/05/1985	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: APO		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/05/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 NORTH CANAL ROAD				
Along North Canal Road beside UOB Plaza near to McDonalds				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2040U	Van				Slightly Damaged	0
YN8699L	Lorry				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190506/2111

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20190506/2111

CONTINUATION OF REPORT

Driver			
Name	LIM BAO RU	ID No.	S8512296G
Related Vehicle	GBJ2040U (Van)	Contact No.	98622025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY HONG HOE	ID No.	S7402771G
Related Vehicle	YN8699L (Lorry)	Contact No.	93886491
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 04/05/2019, I parked my vehicle(GBJ2040U) at the roadside behind a lorry(YN8699L) near to McDonalds with at least one car length distance behind the lorry. At about 1115hrs, suddenly the lorry in front of me made an abrupt and fast reverse. I tried to horn the lorry but he did not stop and collided into the front of my vehicle.

I immediately alighted to check if the driver was injured and assess the damaged of my vehicle. The driver was not in pain and there was no visible injury on him. He informed he was unaware that I was behind his vehicle. The front of my vehicle has a very big dent. We exchanged particulars and parted ways. There is an in vehicle camera in my vehicle and I am lodging this report as my company require me to do so.

The company(Supplier of Good Food Mood) is reluctant to disclosed more information about their company.



**SINGAPORE
POLICE FORCE**



T/20190506/2111

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190506/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

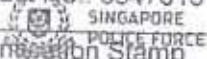
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 BRENBAN LIM WEI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

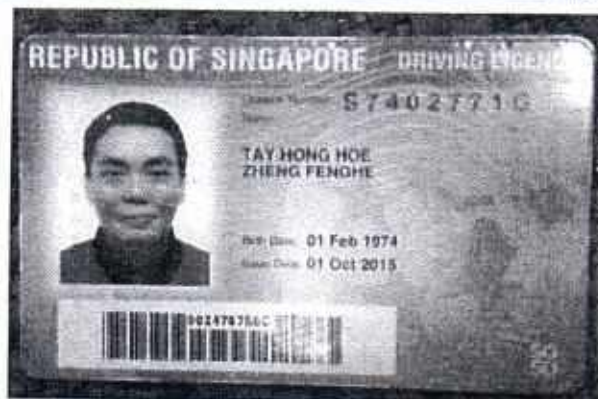
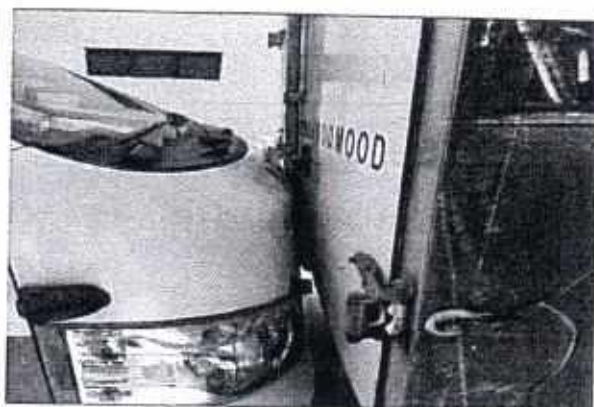


SIGNATURE

Signature Of Informant:

Date/Time:
06/05/2019 16:32

Classification Of Case:



That's all.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centres ("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: 04/05/2019 Time: 1112hrs
 Exact Location of Accident * Along North Canal Rd beside UOB Plaza

DETAILS OF OWN VEHICLE

Vehicle Registration Number * GBJ2040U

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 Nissan Model NV350 Urvan
 Type of Vehicle* ☐ Saloon ☐ MPV ☐ CRV ☒ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others _____
 Exact Purpose for which vehicle was being used at time of accident * Work Purpose (Valuable escort vehicle)
 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 * LIM BAO RU
 Personal Identification - NRIC (Singaporean/PR) * S8512296G
 - FIN/Passport Number *
 Date of Birth * 05 dd/ 05 mm/ 1985 /yy
 Driving Date Pass * 19 dd/ 08 mm/ 2016 /yy
 Year of Driving Experience * 03 Year(s) 09 Month(s)
 Occupation * Aetos auxiliary police officer ☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. * 98622025

Address of Driver:	APT Blk 543, Jelapang Road # 18-62
	Postcode (670543)
Email Address	murugan.arunachalm@aetos.com.sg
Was driver an employee of the Insured's Company?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	Moving Vehicle Against - Parked Vehicle
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name	Clementi N.P.C
Police Station Address	20 Clementi Avenue 5, Singapore 129858
Police Station Contact	Tel No. 1800-8729999 Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	YN8699L
Vehicle Make/ Model/ Colour	MITSUBISHI CANTER
Details of Properties	
Name of Driver	TAY HONG HOE ZHENG FENGHE
Personal Identification - NRIC (Singaporean/PR)	S7402771G
- FIN/Passport Number	
Contact Number	93886491
Address	
Name of Insurance Company	
No. of Passenger (including Driver)	02
(Note - Please use page 6 if you need to add more vehicles.)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8512296G



Name

LIM BAO RU

林保如

Race

CHINESE

Date of birth

05-05-1985

Sex

M

S8512296G



Country/Place of birth
SINGAPORE

5332072



NRIC No S8512296G



Date of issue

23-07-2014

Address

APT BLK 543 JELAPANG ROAD
#18-02
SINGAPORE 670543



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 19 Aug 2016

NP 420A





HOTLINE TEL: 655 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2-400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994187/100871285

OWN DAMAGE EXCESS S\$1,000.00 (1)
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

GBJ2040U

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 9 Feb 2019

4) DATE OF EXPIRY OF INSURANCE 31 Mar 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 \$3000 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.

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 *

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. This Policy does not cover

1) use for driving 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 anyone disabled using a mechanically propelled vehicle; and 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

In the event of accident claim, the repairs to the Vehicle must be carried out by one of our AIG Authorized Repairers or Esteem Performance Pte Ltd or Sng Ah Tee Motor & Panel Service Pte Ltd or Megacity Automotive Engineering.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued In Singapore 24 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL NETWORK

48 CHANGI SOUTH STREET 1 #04-01 SINGAPORE 486130

Authorised Representative

ORIGINAL

SECANA