

NATIONAL Assessment Centre Services			
Date In: 13/05/2019 16:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/HQ/190084594	E-mail (within 8hrs, A/C 2hrs):		
Veh No: SMH 9470X	i-Motor Claim Form		
D.O.A: 15/04/2019 16:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wkap / INC Assign Wkap / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FBN 377AU	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

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

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 16:24
Date Of Accident	15/04/2019 16:45
Exact Location Of Accident	ALONG PIE CLOSE TO KEMBANGAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9470X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SHERIDAN.S.THOMAS@AIRBUS.COM
Mobile Phone No	(LOCAL) +65-98630312
Alternative Phone No	OFFICE-98630312

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD,
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994188/100871305
Cover Note Number	

Driver

Name of Driver	THOMAS SHERIDAN PHILLIP
Passport No/FIN	G6008788T
Date Of Birth	03/08/1972
Occupation	INDOOR
Date Of Driving Pass	02/08/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98630312
Fax Number	
Contact Number	OTHERS-98630312
Email Address	SHERIDAN.S.THOMAS@AIRBUS.COM

Address	45 TOH TUCK ROAD #02-18
Postcode	596720
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	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
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	AIRPORT POLICE DIVISION
Police Station Address	ROAD: 35 AIRPORT BOULEVARD , POSTCODE: 819645 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65460000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190416/2121

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN3779U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.
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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.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature



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

Witnessed by Reporting Centre Personnel

Sketch Plan

Accident PIE NEAR 2 KEMBANGAN

MOTORCYCLE

B → A

POSITION OF MVA VEHICLE

A) SMH 9470X

B) FBN 3779U

Describe Circumstance of the Accident *

Accident between myself and a Motorcyclist on the PIE 4.45pm

- At approximately between 4.45pm and 5.00pm I was proceeding along the PIE close to Kembangan on my way home from work, I was utilising the middle lane and the traffic was moving at approximately 60kmh, I was driving in a safe and orderly manner.
- As I was proceeding as outlined, I began to indicate to move over after checking my mirrors into the overtaking lane on the brow of the hill to pass the vehicle in front of me, I did so by giving adequate time for any vehicles approaching in the overtaking lane to view my manoeuvre and there was adequate space in the outside lane to do so, as I began to move I became aware of a Motorcyclist approaching at a very high speed in my rear view mirror at over 100kmh in between the middle lane and overtaking lane.
- I immediately stopped my manoeuvre into the overtaking lane and kept moving to limit the impact but due to the very high and excessive speed of the Motorcyclist he was unable to stop despite slamming his brakes on and sliding for approximately 30m, and proceeded to impact the back of my vehicle, a white Toyota Prius registration SMH 9470X causing minimal damage as per the picture below.
- Upon the impact the Helmet the Motorcyclist was wearing shot forward and rolled approximately 20m as it was not fastened.
- I then immediately parked and stopped my vehicle, placed the Hazard lights on for safety, got out and rushed to see if the Motorcyclist was ok, several witnesses also stopped to aid and both an Ambulance and the Traffic Police were called.
- I checked on the Motorcyclist and confirmed his injuries were not serious which I was amazed at due to the high speed of the impact, I spoke to him and he immediately apologised and took ownership of his mistake to which my reply was, "don't worry, as long as you are ok".
- As I was talking to the Motorcyclist I was approached by a witness who was driving a silver coloured Honda SUV registration SLE 5388Z and he confirmed it was completely the Motorcyclists fault, passed me his memory card out of his Camera for proof along with his contact details on a business card, I thanked him and he left.
- Roughly 10 minutes later the LTA traffic police arrived along with the EMAS recovery team, they cordoned off the area and took my details along with my Drivers License and EP Card, they did the same with the Motorcyclist and took a statement off us both, he confirmed to both officers that he was at fault and apologised once again.
- I explained the event in detail to the AETOS LTA Officer on site, passed him the Memory Card and Business Card details of the witness for his attention, I was then instructed to wait for the Traffic Police to arrive.
- The Ambulance arrived approximately 15 minutes later along with the Traffic Police, the Traffic Police Officer once again took my details and statement and I advised him also I had a Camera installed in my vehicle, he requested my SD Card and I complied happily, he issued me with a holding sheet outlining he had possession of the SD Card to which I signed.
- The Motorcyclist was now attended by the paramedics and taken off but his injuries were minor, prior to this he spoke to me and apologised again and told me that this was not the first time this had happened, I replied that he must take his time in future and please be careful as he was young and still had a learner sign on his vehicle.
- I was then instructed by the Traffic Police that I was ok to leave, I thanked him and he replied that I needed to make a Police Report, I intend to within the 24 hour window.
- I then left the scene.
- The whole event lasted from 4.45pm until 7.05pm.

Police Report 7/7090416/221

Declaration

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

 13/05/2019



Police Station Of Origin:
Airport Police, Airport Police Post
35 Airport Boulevard SINGAPORE 819645
Tel No: 1800-5460000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 15:55		Vide Report No.: G/20190415/0132		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: THOMAS SHERIDAN PHILLIP			Address: APT BLK 45 TOH TUCK ROAD #02-18 BEVERLY, THE SINGAPORE 596720		
ID Type / ID No.: FIN NO / G6008788T			Contact No.: Home/Office: Mobile: 98630312		
Nationality: BRITISH			Email:		
Sex: Male	Age: 46	Date of Birth: 03/08/1972	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: HEAD OF OPERATIONS FOR AIRBUS SERVICE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2019 16:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE close to Kembangan				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3779U	Motorcycle				Slightly Damaged	0
SMH9470X	Car				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/20190416/2121

Police Station Of Origin:
Airport Police, Airport Police Post
35 Airport Boulevard SINGAPORE 819645
Tel No: 1800-5460000

2 of 3

Report No. T/20190416/2121

CONTINUATION OF REPORT

Driver			
Name	THOMAS SHERIDAN PHILLIP	ID No.	G6008788T
Related Vehicle	SMH9470X (Car)	Contact No.	98630312
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

Brief Details.

On 15/04/2019 at about 1640hrs, I was travelling to along PIE from Changi Airport to Toh Tuck Road. At 1645hrs, I was travelling on the middle lane of PIE and I wanted to overtake a car in front of me. I checked my blind spots and looked at my mirrors to ensure it was safe to change to the first lane. After checking my blind spots and mirrors, I signaled to the right before I filtered right. As I was filtering into lane 1, I suddenly spotted a motorcyclist travelling at high speed nearing me and I instinctively pulled back into the middle lane. However, due to the high speed of the motorcycle, he eventually crash into the rear of my vehicle and that made him flew forward. After the motorcycle crashed into me, I immediately stopped my vehicle and went down to check on him. After awhile, the police and ambulance came.

I wish to state that I was travelling at about 60km/h during the incident.



SINGAPORE
POLICE FORCE



T/20190416/2121

Police Station Of Origin:
Airport Police, Airport Police Post
35 Airport Boulevard SINGAPORE 819645
Tel No: 1800-5460000

3 of 3

Report No. T/20190416/2121

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:

APD /

Sgt 2 WONG TECK SHUEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2019 15:55

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



Places

Show Nearby Photos



Related



Places

Show Nearby Photos



Related

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date and Time of Accident * Date: 15 April 2019 Time: 1645-1700
 Exact Location of Accident * PIE

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SMH 9470X

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 TOYOTA Model

Type of Vehicle *

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident *

Travel back home from work

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Pls select: ☒ Third Party ☐ Reporting)

Vehicle Category *

☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver *

Sheridan Thomas

Personal Identification - NRIC (Singaporean/PR) *

- FIN/Passport Number

G6008788T

Date of Birth *

03 dd/ 08 mm/ 1972yy

Driving Date Pass *

02 dd/ 08 mm/ 2017yy

Year of Driving Experience *

28 Year(s)

Occupation *

HO Operations

Month(s) ☐ Indoor ☐ Outdoor

Gender *

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. *

9863 0312

Address of Driver	45, Toh Tuck Road, 02-18, The Beverly, Postcode (596720)
Email Address	sheridan.s.thomas@airbus.com
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Rear
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Changi Airport Police Station
Police Station Address	Changi Airport T2
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	FBN3379U FBN 3779U
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 6008788 T**

Name: **THOMAS SHERIDAN PHILLIP**

Birth Date: **03 Aug 1972**

Issue Date: **02 Aug 2017**

Valid Till: **01/08/2022**

002709558C



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

Employer:
AIRBUS SERVICES ASIA PACIFIC PTE. LTD.

Name:
THOMAS SHERIDAN PHILLIP

Occupation:
OPERATION MANAGER

FIN:
G6008788T

Date of Application:
03-08-2016

Date of Issue:
18-08-2016

Date of Expiry:
24-09-2019

L7122984



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

Class	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	EFFECTIVE DATE
3		13 Jan 2012

NP 428A



Licence No: G6008788T

VISIT PASS

Immigration Regulations

Name

THOMAS SHERIDAN PHILLIP



Date of Birth	Sex	Nationality
03-08-1972	M	BRITISH
Pin	Date of Issue	Date of Expiry
G6008788T	18-08-2016	24-09-2019

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





HOTLINE TEL: (65) 6419-3000

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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

MZ 400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994188/100871305

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

SMH9470X

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 18 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 \$1000 applies to all claims for Drivers below 23 years old and/or with Driving
Experience less than 12 months.

Additional excess of \$500 applies to all claims for accident outside Singapore

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or
has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf
from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the
vehicle is hired. The Policy does not cover 1) Use for racing, pace-making, reliability trial or speed-
testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled
mechanically propelled vehicle; 3) Use for the carriage of passengers for hire or reward by any
to whom the Vehicle is hired; or 4) Use for any purpose in connection with Motor Trade.
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
Mega City.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and
Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).


Issued in Singapore 26 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL NETWORK

46 CHANGI SOUTH STREET 1 #04-01 SINGAPORE 486130


Authorised Representative

ORIGINAL

SSCAN