

NATIONAL Assessment Centre Services (2001-1-2009) *MAY 19 06 22 44*

Date In: <i>13/05/2019 18:17</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/019008444</i>	SAS e-filing		
Veh No: <i>SKW 33474</i>	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: <i>13/05/2019 20:00</i>	i-Motor Claim Form		
OD: <i>(TP) Reporting Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksa</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *SKW 17654* 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:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claimant against INC Only (wef 10 Jan 2005)		
Cal. 2/3:	6) TR: Re-inspection \$75		
1 / 1 P.	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Issue Mobile		
	10) NI: Issue Mobile		
	11) NI: Issue Mobile		
	12) NI: Issue Mobile		
	13) NI: Issue Mobile		
	14) NI: Issue Mobile		
	15) NI: Issue Mobile		
	16) NI: Issue Mobile		
	17) NI: Issue Mobile		
	18) NI: Issue Mobile		
	19) NI: Issue Mobile		
	20) NI: Issue Mobile		
	21) NI: Issue Mobile		
	22) NI: Issue Mobile		
	23) NI: Issue Mobile		
	24) NI: Issue Mobile		
	25) NI: Issue Mobile		
	26) NI: Issue Mobile		
	27) NI: Issue Mobile		
	28) NI: Issue Mobile		
	29) NI: Issue Mobile		
	30) NI: Issue Mobile		
	31) NI: Issue Mobile		
	32) NI: Issue Mobile		
	33) NI: Issue Mobile		
	34) NI: Issue Mobile		
	35) NI: Issue Mobile		
	36) NI: Issue Mobile		
	37) NI: Issue Mobile		
	38) NI: Issue Mobile		
	39) NI: Issue Mobile		
	40) NI: Issue Mobile		
	41) NI: Issue Mobile		
	42) NI: Issue Mobile		
	43) NI: Issue Mobile		
	44) NI: Issue Mobile		
	45) NI: Issue Mobile		
	46) NI: Issue Mobile		
	47) NI: Issue Mobile		
	48) NI: Issue Mobile		
	49) NI: Issue Mobile		
	50) NI: Issue Mobile		
	51) NI: Issue Mobile		
	52) NI: Issue Mobile		
	53) NI: Issue Mobile		
	54) NI: Issue Mobile		
	55) NI: Issue Mobile		
	56) NI: Issue Mobile		
	57) NI: Issue Mobile		
	58) NI: Issue Mobile		
	59) NI: Issue Mobile		
	60) NI: Issue Mobile		
	61) NI: Issue Mobile		
	62) NI: Issue Mobile		
	63) NI: Issue Mobile		
	64) NI: Issue Mobile		
	65) NI: Issue Mobile		
	66) NI: Issue Mobile		
	67) NI: Issue Mobile		
	68) NI: Issue Mobile		
	69) NI: Issue Mobile		
	70) NI: Issue Mobile		
	71) NI: Issue Mobile		
	72) NI: Issue Mobile		
	73) NI: Issue Mobile		
	74) NI: Issue Mobile		
	75) NI: Issue Mobile		
	76) NI: Issue Mobile		
	77) NI: Issue Mobile		
	78) NI: Issue Mobile		
	79) NI: Issue Mobile		
	80) NI: Issue Mobile		
	81) NI: Issue Mobile		
	82) NI: Issue Mobile		
	83) NI: Issue Mobile		
	84) NI: Issue Mobile		
	85) NI: Issue Mobile		
	86) NI: Issue Mobile		
	87) NI: Issue Mobile		
	88) NI: Issue Mobile		
	89) NI: Issue Mobile		
	90) NI: Issue Mobile		
	91) NI: Issue Mobile		
	92) NI: Issue Mobile		
	93) NI: Issue Mobile		
	94) NI: Issue Mobile		
	95) NI: Issue Mobile		
	96) NI: Issue Mobile		
	97) NI: Issue Mobile		
	98) NI: Issue Mobile		
	99) NI: Issue Mobile		
	100) NI: Issue Mobile		

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 18:17
Date Of Accident	11/05/2019 20:00
Exact Location Of Accident	JALAN SULTAN TOWARDS SYED ALWI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3341U
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90865662
Alternative Phone No	OFFICE-90865662

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	OMAI BIN MOHAMED HANEEFA
NRIC No	S7529637A
Date Of Birth	29/09/1975
Occupation	INDOOR
Date Of Driving Pass	11/02/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90865662
Fax Number	
Contact Number	OTHERS-90865662
Email Address	NOEMAIL

Address	BLK 545 JURONG WEST STREET 42 #04-89
Postcode	640545
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : OSMAN BIN ABDULLAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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/20190513/7005

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	SJW1769U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IMRAN BIN ROFEI
NRIC/Passport Number	S7036312G
Contact Number	

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OMAI BIN MOHAMED HANEEFA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKW3341U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name OSMAN BIN ABDULLAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKW3341U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



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


Name:
NRIC/FIN No.:

SKETCH PLAN



JALAN SULTAN TOWARDS
SYED AIWI ROAD

Vehicle 'A' SKW 3341 U

Vehicle 'B' SJW 1769 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle 'A' was on stationary at the road side of Jalan Sultan, suddenly I felt an impact on my rear portion. Hence to realised Vehicle 'B' Collided into my vehicle 'A' rear portion.

Police Report 7/20050513/7005

DECLARATION

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



Policyholder's Signature
Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20190513/7005

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190513/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 11:17	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: OMAI BIN MOHAMED HANEEFA		Address: APT BLK 545 JURONG WEST STREET 42 #04-89 SINGAPORE 640545	
ID Type / ID No.: NRIC NO / S7529637A		Contact No.: Home/Office:	Mobile: 90865662
Nationality: SINGAPORE CITIZEN		Email: omai2929@gmail.com	
Sex: Male	Age: 43	Date of Birth: 29/09/1975	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2019 20:00	Type of Location: Straight Road
Location: JALAN SULTAN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1769U	Car					0
SKW3341U	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20190513/7005

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190513/7005

CONTINUATION OF REPORT

Driver			
Name	OMAI BIN MOHAMED HANEEFA	ID No.	S7529637A
Related Vehicle	SKW3341U (Car)	Contact No.	90865662
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2019	Date Discharge	12/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Osman Bin Abdullah	ID No.	S0679380J
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2019	Date Discharge	12/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated date and time, I Vehicle A (SKW 3341 U) was on stationary at the road side of Jalan Sultan , Suddenly i felt an impact on my rear portion Hence to realized Vehicle B (SJW 1769 U) collided in to my vehicle rear portion



**SINGAPORE
POLICE FORCE**



T/20190513/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190513/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/05/2019 11:17

Classification Of Case:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/05/2019 (dd/mm/yy) Time of Accident: 20:00 (24-HR-FORMAT)
Vehicle No.: SKW 3341 U Vehicle Make & Model: TOYOTA VIOS G AUTO
Exact location of Accident: Jalan Sultan Towards Syed Aiwi Road
Policyholder's Name / IC No.: Asset Limo 53309913K
Driver's Name / IC No.: Omai Bin Mohamed Haneefa S7529637A (As Above)
Driver's Contact No.: 9086 5662 Company Contact No.: _____
Driver's Address: 18 Sin Ming Lane #06-31 Midview City S573960
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 02

Passenger Name : Passenger _____

Gender : Male

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (IF YES) Injured Person Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (IF YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: IMRAN BIN ROFEI S70363126 Vehicle No: SJW 1769 U

Driver's Contact No: _____ Insurance Company (If any): NTUC

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

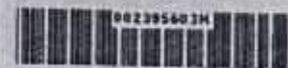
Licence Number: **S7529637A**

Name: **OMAI BIN MOHAMED HANEEFA**

Birth Date: **29 Sep 1975**

Issue Date: **11 Feb 2015**

002395403H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7529637A

Name: **OMAI BIN MOHAMED HANEEFA**

Race: **INDIAN**

Date of birth: **29-09-1975**

Country of birth: **SINGAPORE**

Sex: **M**

S7529637A



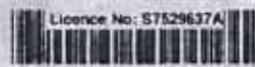


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Feb 1984
Class 2A Motorcycles between 201 cc and 400 cc	05 Oct 1999
Class 2 Motorcycles > 400 cc	13 May 2008
Class 1 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	11 Feb 2015

NP 428A

Licence No: S7529637A



428752

S7529637A

Date of Issue: **19-04-2008**

Address: **APT BLK 545 JURONG WEST STREET 42 #04-89 SINGAPORE 640545**






HOTLINE TEL: (65) 6416 3600

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 160)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) REGULATIONS 1967
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1967 (MALAYSIA)

M.2.01

THIRD PARTY		COMMERCIAL MOTOR	(The below excess is subject to LRT)	
CERTIFICATE NO.	SAW341U	POLICY EXCESS	\$ 22000.00 (Sec 5)	
POLICY NO.	9996428	WINDSOR EXCESS	NA	
1) VEHICLE REGISTRATION NO.		SIM INSURED	NA	
2) NAME OF INSURED		INSURING WITH COE/PAIF	NO	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SKW2341U		
4) DATE OF EXPIRY OF INSURANCE		ASSET L&C		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		10 March 2019		
		00 March 2020		

Any person who is driving in the insured's order or with their permission.
 (L&C) Section 9 herein is applicable for those who is between: (1) zero to (2) zero-100 with maximum 2 year driving experience in Singapore or an additional seven of \$1,000.00 unless it is provided in the event of an accident occurring namely Singapore.

Provided that the person driving is protected in accordance with the licensing or other laws or regulations in drive the Motor Vehicle of his, least as mandated and is not disqualified by order of a Court of Law or by reason of any enactment or regulation or that prohibit 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
- 3) Use for the carriage of passengers for hire or reward to any person in whom the vehicle is hired

The Policy does not cover: 1) Use for business, driving test, racing, performance, rallying, trial or speed-testing, 2) Use whilst driving a water motor boat (other than the research of any area distal thereto) or pleasure motorboat, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE	Not included
HIRE PURCHASE COMPANY	NA

*Limitations mentioned inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160) and Section 16 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

I hereby certify that the policy in which this Certificate is issued is in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 25 Feb 2019

300632 000
Eswell Insurance (Agency) Pte. Ltd.
8 Sun Road
#05-00 Tower
Singapore 109457

AIG Asia Pacific Insurance Pte. Ltd

AUTHORIZED REPRESENTATIVE

ORIGINAL

COPY