

NATION AL Assessment Centre Services

Date In: 12/06/2019 16:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/FCI19010428/K4	E-mail (within 8hrs. Aft 2hrs):		
Veh No: GBH 4400L	i-Motor Claim Form		
DOA: 11/06/2019 10:40	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA5159X	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

NA1904273		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile 30			
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

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 12/06/2019 16:35
 Date Of Accident 11/06/2019 10:40
 Exact Location Of Accident EAST COAST PARKWAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH4400L
Insured/Policyholder
 Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD
 Co Reg No -
 Email Address JENNY@HALEX.COM.SG
 Mobile Phone No (LOCAL) +65-96147697
 Alternative Phone No OFFICE-96147697

Vehicle Particulars

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

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number D-19093232MFCV/23
 Cover Note Number

Driver

Name of Driver SELVARAJ IDHAYARAJA
 Passport No/FIN G2785765K
 Date Of Birth 07/05/1986
 Occupation OUTDOOR
 Date Of Driving Pass 01/01/2006
 Driving Experience 13 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96147697
 Fax Number
 Contact Number OTHERS-96147697
 EMail Address JENNY@HALEX.COM.SG

Address HALEX CONSTRUCTION PTE LTD

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) 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA5159X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DARREN TEO YIAN HUI (DARRAN ZHANG YANHUI)

NRIC/Passport Number S7632220A

Contact Number 82284334

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Reported on 12/6/2019
@ 1005AM

ACCIDENT STATEMENT

ACCIDENT DATE: 11/6/2019 (DD/MM/YYYY), TIME: 10:40 (HH:MM)

LOCATION: East Coast Parkway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8H 4400L
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ☒

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96147697
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/07/2006 ✓

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA5159X MODEL: _____
b) DRIVER'S NAME: DARREN TEO YIAN HUI (DARREN
c) NRIC/FIN/PASSPORT: S7632220A CONTACT: 82284334 ZHANG YAN HUI

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

(81122298)

Email = jenny@halex.com.sg

fax = jenny@halex.com.sg ✓

VIDEO =

Waiting for Certificate?

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

12/6/19
Call Driver
he told
the workshop
they will come and
take
the vehicle.

SKETCH PLAN

IMPORTANT NOTICE

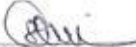
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

12/6/2019

SKETCH PLAN

East Coast Parkway.

A - GBN4400L

B - SLA5159X



FB -> Suddenly stop the road.
A -> try to stop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pis Refer to the Attached

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:

[Signature]

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

12/6/2019

Summary,

Incident having time 3LA 5159X - Hyundai-V
Car Suddenly stop at Road (never slow). So,
I try to stop My lorry GR30000L but
Cannot stop bit a hit front side Hyundai.
After I collect Mr. Darren Geo Yian Hui
(87632220A) Driving license & Contact
Number. Otherwise any people no injuries.
Vehicle A damages was slightly damages at
the front portions.

Shu
SELVARAJ IDHAYARAJA

12/06/2019.

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 06 / 2019) (DD/MM/YYYY) TIME (10 : 43) (HH:MM)

LOCATION: East Coast Parkway, Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH4400L
 b) INSURANCE COMPANY: _____
 c) POLICY NO: _____
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
 e) MAKE/MODEL: _____
 f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
 h) PURPOSE OF USING AT TIME OF ACCIDENT: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY): _____

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: 4A _____

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: SELVARAJ GOMAYARAJA (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: G2785765K CONTACT: 9616-7697
 C) ADDRESS: Halex Construction Pte Ltd, 206, Hongkong Street 21, #03-105, Singapore 0302
 D) DATE OF BIRTH: _____ (DD/MM/YYYY)
 E) OCCUPATION: (INDOOR/OUTDOOR)
 F) YEARS OF DRIVING EXPERIENCE: 13 years (2006)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. A) WEATHER CONDITION: (CLEAR) RAINING/OTHERS _____
 B) ROAD SURFACE: (DRY) WET OTHERS _____

6. WAS ANYBODY INJURED: (YES/NO)

7. REPORTED TO POLICE: (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SLA5159X MODEL: HR-V
 B) DRIVER'S NAME: DARREN TEO YAN HUI (DARREN ZHANG YANHUI)
 C) NRIC/FIN PASSPORT NO: 97632220A CONTACT: 8228 4334

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: _____ MODEL: _____
 B) DRIVER'S NAME: _____
 C) NRIC/FIN PASSPORT NO: _____ CONTACT: _____

(Signature)

MINISTRY OF
MANPOWER

SELVARAJ IDHAYARAJA
C/O
HALEX CONSTRUCTION PTE. LTD.
204 HOUGANG STREET 21
#03-105
SINGAPORE 530204

13 May 2019

Your application is approved

உங்கள் விண்ணப்பம் ஏற்றுக்கொள்ளப்பட்டது

NAME OF FOREIGN WORKER
SELVARAJ IDHAYARAJA
WORK PERMIT NO.
0 37088110

Dear SELVARAJ IDHAYARAJA

Your application for a Work Permit has been approved in principle. This letter is proof of this and you can:

- Use it as a visa to enter Singapore.
- Start work on the second day of your arrival.

If you do not enter Singapore by 11 Aug 2019, this approval will expire.

வேலை அனுமதிச்சீட்டுக்கான உங்கள் விண்ணப்பம் கொள்கை அளவில் ஏற்றுக்கொள்ளப்பட்டுள்ளது. அதற்கான சான்றே இந்தக் கடிதமாகும். மேலும், நீங்கள்:

- இதை சிங்கப்பூருக்குள் நுழைவதற்கான ஒரு விசாவாகப் பயன்படுத்த முடியும்
- சிங்கப்பூருக்கு வந்திறங்கிய மறுநாள் வேலையைத் தொடங்க முடியும்

நீங்கள் சிங்கப்பூருக்குள் 11 Aug 2019 -க்குள் நுழையவில்லை எனில், இந்த அனுமதி காலாவதியாகிவிடும்.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

Before you leave home
நீங்கள் தாய்நாட்டிலிருந்து
புறப்படுவதற்கு முன்னா

Check your employment details on
page 2.

பக்கம் 2-இல் ஊழல்கப்பட்டுள்ள
உங்கள் வேலைவாய்ப்பு
விவரங்களைச் சரிபார்க்கவும்.

Within 14 days of your arrival
நீங்கள் வந்துசேர்ந்த 14
நாட்களுக்குள்

The steps to receive your Work
Permit card must be completed.

உங்களின் அசல் கல்விச்
சான்றிதழ்கள் அல்லது
திறன்களின் சான்றிதழ்கள்
அனைத்தையும் கொண்டு
வாருங்கள்.

▲ IMPORTANT

Make sure this approval is still valid using www.mom.gov.sg > search for 'validity check' > click 'Work Permit Validity Check via Work Permit Online (Non-login)'.

இந்த ஒப்புதல் இன்னமும் செல்லுபடியாகிறதா என்பதை அறிய, www.mom.gov.sg > என்ற இணையத்தளத்தில் 'validity check' என்பதைத் தேடிக்கண்டறிந்து, 'Work Permit Validity Check via Work Permit Online (Non-login)' என்பதைக் கிளிக் செய்யவும்.



SB Transmission Ref No:8978867

Check your employment details

If you find a problem, please contact your employer or employment agent.

உங்களுடைய வேலைவாய்ப்பு விவரங்களைச் சரிபார்க்கவும்

நீங்கள் ஒரு பிரச்சனையைக் கண்டறிந்தால், உங்களுடைய முதலாளியை அல்லது வேலைவாய்ப்பு நிறுவனத்தைத் தொடர்புகொள்ளுங்கள்.

YOUR NAME உங்கள் பெயர் SEI.VARAJ IDHAYARAJA PASSPORT NUMBER பாஸ்போர்ட் எண் N4466725 NAME OF EMPLOYER முதலாளியின் பெயர் HALEX CONSTRUCTION PTE. LTD. BASIC MONTHLY SALARY அடிப்படை மாத சம்பளம் S\$ 595 MONTHLY HOUSING, AMENITIES AND SERVICES DEDUCTIONS மாதாந்தரக் குடியிருப்பு, வசதிகள் மற்றும் சேவைகளுக்கான பிடித்தங்கள் S\$ 0	DATE OF BIRTH / SEX பிறந்த தேதி / பாலினம் 07 MAY 1986 / MALE WORK PERMIT NUMBER / FIN வேலை அனுமதி எண் / FIN 0 37088110 / G2785765K INDUSTRY தொழில்துறை RECLAMATION FIXED MONTHLY ALLOWANCES நிலையான மாதாந்திர ஈட்டுப்படிகள் S\$ 0 MONTHLY DEDUCTION FOR OTHERS பிற மாதாந்திரப் பிடித்தங்கள் S\$ 0	NATIONALITY தேசிய இனம் INDIAN DATE OF APPLICATION விண்ணப்ப தேதி 13 MAY 2019 OCCUPATION தொழில் RECLAMATION WORKER FIXED MONTHLY SALARY நிலையான மாதச் சம்பளம் S\$ 595 MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS நிலையான மாதாந்திர ஈட்டுப்படி மற்றும் பிடித்தங்களைக் கணக்கில் எடுத்துக் கொண்ட பிறகுள்ள மாதச் சம்பளம் S\$ 595 AGENCY FEE TO BE PAID TO S'PORE EA (EXCLUDE FEES FOR OVERSEAS EXPENSES) சிங்கப்பூர் வேலைவாய்ப்பு முகவருக்கான ஏஜன்சி கட்டணம் (வெளிநாட்டு செலவுகளுக்கான கட்டணங்கள் நீங்கலாக) N.A.
HOUSING PROVIDED வீட்டுவசதி வழங்கப்பட்டுள்ளதா YES	S'PORE EMPLOYMENT AGENCY (EA) சிங்கப்பூர் வேலைவாய்ப்பு முகவர் N.A.	

IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

உங்கள் வேலைவாய்ப்பு ஒப்பந்தத்தின் நகல் ஒன்றைப் பெற்றுக்கொள்ளுங்கள். அதில் உங்கள் வேலையின் வரையறை, வேலைநாட்கள் மற்றும் மணிநேரங்கள், அடிப்படை மாதாந்தர ஊதியம் மற்றும் கழிப்புத்தொகைகள் மற்றும் விடுமுறைக்கான உரிமைகள் போன்ற நிபந்தனைகள் குறிப்பிடப்பட்டிருக்க வேண்டும்.

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 பிணைப் பத்திரம், தீர்வை, வேலை அனுமதிச்சீட்டு விண்ணப்பம் அல்லது புதுப்பித்தல் அல்லது இரத்து, மருத்துவக் காப்பீடு அல்லது பரிசோதனைகள், பயிற்சி வகுப்புகள் மற்றும் நீங்கள் தாய்நாட்டிற்குச் செல்வதற்கான பயணக் கட்டணம் ஆகியவற்றுக்காக நீங்கள் எந்தக் கட்டணங்களையும் செலுத்த வேண்டாம். இவ் கட்டணங்கள் உங்களுடைய முதலாளியால் செலுத்தப்பட வேண்டும்.

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy : **COMMERCIAL VEHICLE - FLEET**
 Type of Cover : **Comprehensive**
 Certificate No. : **D-19093232MFCV/23**
 Vehicle No / Chassis No : **GBH4400L / KDY2318027142**
 Name of Insured : **SIANG HOCK CAR RENTAL PTE LTD**
 Period Of Insurance : **01.04.2019 To 31.03.2020**
 Insured Estimated Value : **Market Value At Time Of Loss**
 Financial Institution : **MV CREDIT PTE LTD**

EXCESS : AS INDICATED BELOW

Authorised Driver*
ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
 - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
 - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

- Use in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic and pleasure purposes.

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 of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
 (Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 01.04.2019

Authorised Signature