

NATIONAL Assessment Centre Services

| | | | |
|---|--|------------------------|----------|
| Date In: 13/06/2019 17:49 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/AWA19010524/K4 | E-mail (within 8hrs, A/C 2hrs): | | |
| Veh No: GBC1623G | i-Motor Claim Form | | |
| D.O.A: 11/06/2019 15:20 | i-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| OD: <input checked="" type="radio"/> 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: GBE6344T | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1904278 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) 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) FT: 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 | |
| | | 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 | 13/06/2019 17:49 |
| Date Of Accident | 11/06/2019 15:20 |
| Exact Location Of Accident | 566 SIXTH AVENUE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBC1623G |
| Insured/Policyholder | |
| Name Of Registered Owner | HOCK TONG HUAT PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-86942026 |
| Alternative Phone No | OFFICE-86942026 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | ALLIED WORLD ASSURANCE COMPANY, LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | AVCPSB0092171800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOGANATHAN MANIVANNAN |
| NRIC No | S7209744J |
| Date Of Birth | 26/03/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/02/2017 |
| Driving Experience | 2 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86942026 |
| Fax Number | |
| Contact Number | OTHERS-86942026 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 467 TAMPINES STREET 44 #06-144 |
| Postcode | 520467 |
| 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 | SIDE SWIPE |
| 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) | 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 | GBE6344T |
| Vehicle Make/Model/Colour | TOYOTA / DYNA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | ALEX TANG |
| NRIC/Passport Number | F1499872K |
| Contact Number | 94887222 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-----------------------|
| Name | LOGANATHAN MANIVANNAN |
|------|-----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

ARM

GBC1623G

YES

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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:

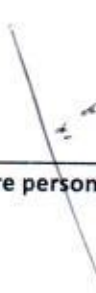
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' 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/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

HOCK TONG HUAT PTE LTD
20 Kaki Bukit View
Singapore 415956
Tel: 6288 5772 Fax: 6283 0185

Policy holder's signature
Date / time:

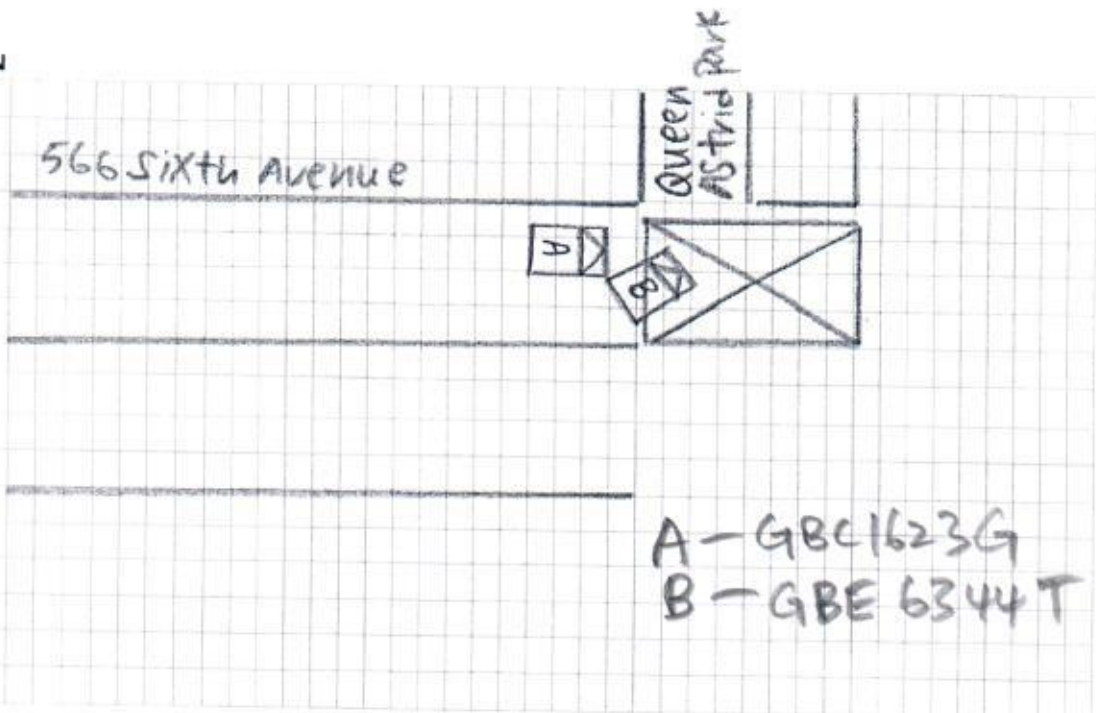


Driver's signature
(if driver is not policy holder)
Date / time:

 13/6/2019

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along 566 Sixth Avenue. Vehicle B which was in front of me suddenly made a wide turn to Queen Astrid Park which lorries are not allowed to enter. However, he still ignore the sign and make a turn and collide onto my front right portion of my vehicle.

DECLARATION

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

HOCK TONG HUAT PTE LTD

20 Kaki Bukit View

Singapore 415956

Policy holder's signature
Tel: 6288 5772 Fax: 6283 0185

Date & time:

Driver's signature

(If driver is not policy holder)

Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:

13/6/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|------------------------|------------|
| Date of accident | 11/06/2019 | (DD/MM/YY) |
| Time of accident | 15:20 | (HH:MM) |
| Exact location of accident | Along 566 Sixth Avenue | |

DETAILS OF VEHICLE

| | | | |
|--|----------------------------------|--|---|
| Vehicle registration number | GBC 1623 G | | |
| Vehicle make and model | Nissan Urvan | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | Allied World | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|------------------------------|-------------------------------|---------------------------------|
| Name | Hock Tong Huat Pte Ltd | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | 20 Kaki Bukit View S(415956) | | |

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | Loganathan Manivannan | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 87209744J | | |
| Contact | 8694 2026 | | |
| Address | Apt Blk 467 Tampines Street 44 #06-144 S(520 467) | | |
| Email address | | | |
| Date of birth | 26/03/1972 | | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | | |
| Driving date pass | 07/02/2017 | | |

on 13/6/19 (1605H) Call the Teamwork to send Certificate of Insurance (AWA) Page 1
Email: Teamwork?
waiting for Certificate?

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|---|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____ |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|-------------|
| Vehicle registration number | GBE 6344T |
| Vehicle make model | Toyota Dyna |
| Name | Alex Tang |
| NRIC / Fin / Passport number | F1499872K |
| Contact | 9488 7222 |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|---|
| Name | Loganathan Manivannan |
| Injuries sustained | Arm |
| Which vehicle person in? | GBC 1623 G |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7209744J



Name

LOGANATHAN MANIVANNAN

மணிவண்ணன்

Race

INDIAN

Date of birth

26-03-1972

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

558



NRIC No. S7209744J



Date of issue

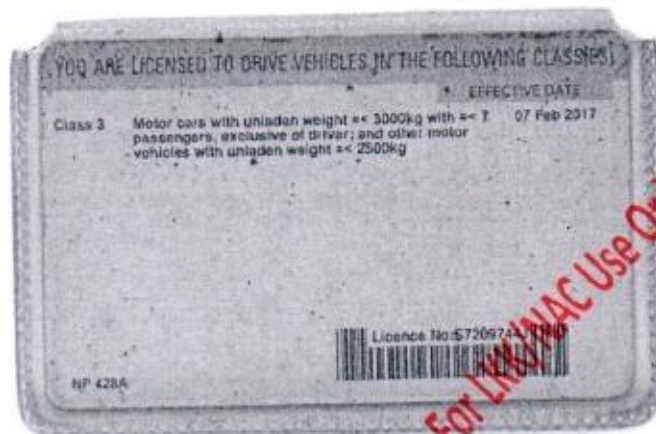
19-03-2016

APT BLK 467 TAMPINES STREET 44 #06-144
SINGAPORE 520467

NRIC No: S7209744J

Date: 16/05/2016

For LKK/NAC Use Only



CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
 THE ROAD TRANSPORT ACT 1963 OF MALAYSIA
 THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1973
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

M2300/C
 N CB
 MOE3506
 Cov.Type: C
 KUKSBSB

CERTIFICATE No. AVCP5B0092171800 ChaNo: JN1MG4E2520795695

1. Index Mark and Registration Number of Vehicle GBC 1623 G

2. Name of Policyholder HOCK TONG HUAT PTE LTD

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 01 July 2018 (23:55 Hours)

4. Date of Expiry of Insurance 30 June 2019

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
 ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

- A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER:
1. USE FOR HIRE OR REWARD OR 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.

Estimated Value : MARKET VALUE WITH COE/PAP
 Hire Purchase Owner :
 Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 29 of the Road Traffic Ordinance 1958 (Malaysia) or Section 2 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Examined By

h