

NATIONAL Assessment Centre Services

(wef 1 Jan 05) NA19092604

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 15/1/15-17:57 | Job description | Date & Time Completed | Done by |
| Ref No: NA/172197482/24 | SAS e-filing | | |
| Veh No: 65011486 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 17/2/15-15:00 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: YP9466A | 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% P: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--------------------------|---|-------------|----------|
| NA1905305 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Ant (\$) | Ant (\$) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | Ant (\$) | Ant (\$) |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | Ant (\$) | Ant (\$) |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | Ant (\$) | Ant (\$) |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | Ant (\$) | Ant (\$) |
| | For claiming against INC Only (wef 10 Jan 2005) | Ant (\$) | Ant (\$) |
| | 6) TR: Re-inspection \$75 | Ant (\$) | Ant (\$) |
| | 7) N1: Idac DA + SMRT Survey \$160 | Ant (\$) | Ant (\$) |
| | 8) NTUC Additional Services:- | Ant (\$) | Ant (\$) |
| | QD: | Ant (\$) | Ant (\$) |
| | *N5: Courtesy Car / Tpt Allowance \$5 | Ant (\$) | Ant (\$) |
| | *N6: Repair Co-ordination \$10 | Ant (\$) | Ant (\$) |
| | *N7: Post Repair Inspection \$25 | Ant (\$) | Ant (\$) |
| | *N8: DV / Collect Excess Coordination \$5 | Ant (\$) | Ant (\$) |
| | TP (N11): TP (Non INC) against INC \$20 | Ant (\$) | Ant (\$) |
| | 9) N12: Idac Mobile \$30 | Ant (\$) | Ant (\$) |
| | 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 | 15/07/2019 17:57 |
| Date Of Accident | 13/07/2019 15:00 |
| Exact Location Of Accident | MACPHERSON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | GBD1148G |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD |
| Co Reg No | 200312801G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65060111 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1423831905 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEO CHOON GUAN |
| NRIC No | S0161466E |
| Date Of Birth | 14/03/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/06/1978 |
| Driving Experience | 41 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90826379 |
| Fax Number | |
| Contact Number | OFFICE-90826379 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 107 POTONG PASIR AVENUE 1 #08-462 |
| Postcode | 350107 |
| 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 | 3 |
| 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? | 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

REFER TO POLICE REPORT - T/20190713/2115.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP9466A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

| | |
|-------------------------------------|-----------|
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |
| Passenger 1 | NAME: ; |
| | GENDER: ; |
| Passenger 2 | NAME: ; |
| | GENDER: ; |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBF7473S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |
| Passenger 1 | NAME: ; |
| | GENDER: ; |

DETAILS OF INJURED PERSON 1

| | |
|---|----------------|
| Name | YEO CHOON GUAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBD1148G |
| 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.:

SKETCH PLAN

Macpherson Rd

A: GND11486
B: YP 6466A
C: GBR-74735

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190713/2115.

[A large diagonal line is drawn across the remaining lines of this section.]

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:

[Handwritten signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 7 / 19) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Mucherson Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6B011486
 b) INSURANCE COMPANY: C72
 c) POLICY NUMBER: DMCUSH1473821905
 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: private use
 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: M/S Jiffy Innovators (International) Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 65060111
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yeo Chuan Guan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50161466E CONTACT: 90826379
 c) ADDRESS: Blk 127 Pring Pear Avenue 1A 08-462 (350157)

*d) DATE OF BIRTH: (14 / 3 / 1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 6 / 1978

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: Y99466A MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 4B027335 MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (3)

* No of passenger
 (including driver)
 (2)



SINGAPORE POLICE FORCE



T/20190713/2115

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

1 of 4

Report No. T/20190713/2115

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 13/07/2019 17:23 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: YEO CHOON GUAN | | | Address: APT BLK 107 POTONG PASIR AVENUE 1 #08-462 SINGAPORE 350107 | | |
| ID Type / ID No.: NRIC NO / S0161466E | | | Contact No.: Home/Office: Mobile: 90826379 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 14/03/1954 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: OTHERS | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 13/07/2019 15:00 | Type of Location: Straight Road |
| Location: Along Road 1 MACPHERSON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| GBD1148G | Lorry | | | | Seriously Damaged | 0 |
| GBF7473S | Lorry | | | | Seriously Damaged | 1 |
| YP9466A | Lorry | | | | Seriously Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20190713/2115

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

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Report No. T/20190713/2115

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | YEO CHOON GUAN | ID No. | S0161466E |
| Related Vehicle | NIL | Contact No. | 90826379 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | MOHAMED JAMIL BIN ALI | ID No. | S1199070C |
| Related Vehicle | NIL | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,
I WAS DRIVING MY LORRY ALONG THE STRAIGHT ON THE MIDDLE LANE OF 3 .

ALL THE VEHICLE WERE TRAVELLING IN A STRAIGHT ROW.

AS I WAS GOING STRAIGHT , SUDDENLY THE LORRY INFRONT JAMMED BRAKED AND STOPPED.I APPLIED TO MY E- BRAKES AND STOPPED ON TIME. I NEVER HIT THE LORRY BUT UNFORTUNATELY, THE LORRY BEHIND MY VEHICLE COLLIDED AT THE BACK OF MY LORRY.

DUE TO THE IMPACT, I MOVED FORWARD AND HIT THE LORRY INFRONT.

THE LORRY DRIVER INFRONT SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL.

ALL THE VEHICLES WERE DAMAGED

THE LORRY DRIVER WAS CONVEYED STRAIGHT AFTER THE ACCIDENT.I ONLY MANAGED TO EXCHANGE PARTICULARS WITH THE LORRY DRIVER BEHIND MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20190713/2115

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20190713/2115

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190713/2115

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

4 of 4

Report No. T/20190713/2115

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/07/2019 17:23

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0161466E

Name: YEO CHOON GUAN

Birth Date: 14 Mar 1954

Issue Date: 02 May 2003

000443594E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0161466E

Name: YEO CHOON GUAN

楊春源

Race: CHINESE

Date of Birth: 14-03-1954

Country of Birth: SINGAPORE

Sex: M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 01 Jan 1973

Licence No. S0161466E

For LKK/NAC Use Only

1707778

Barcode

NRIC No. S0161466E

Fingerprint

Blood Group: B+

Date of Issue: 22-02-1994

Address: APT BLK 107 POTONG PASIR AVENUE 1 #08-462 SINGAPORE 1335

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, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

| | | |
|---|---|---|
| CERTIFICATE No. | DMCVSN1423831905 | Engine No : ZD30339134K Chassis No: JN1SC2F2420855838 |
| 1. Index Mark and Registration Number of Vehicle | GBD1148G | |
| 2. Name of Policy Holder | M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 26 JUNE 2019 | EXCESS SECT IS\$500.00 EX ON WINDSCREENS\$100.00 |
| 4. Date of Expiry of Insurance | 25 JUNE 2020 | |
| 5. Persons or Classes of Persons entitled to drive * | | |

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.

6. Limitations as to use: *


- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

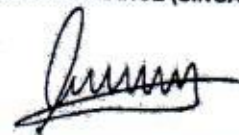
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:


Authorised Officer


Authorised Signatory