

**NATIONAL Assessment Centre Services** (Part 1 Jansel) **17 MAY 19 / 00576**

Date In: <b>01/05/2019 10:43</b>	Job description	Date & Time Completed	Done by
Ref No: <b>1807/116/1901-34 RAY</b>	SAS e-filing		
Veh No: <b>SLE 5955G</b>	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: <b>18/07/2019 00:00</b>	i-Motor Claim Form		
OD: TP: <b>Reporting Only</b>	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/Wkspr</u>		

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

TP Particulars: Veh No: **UNKNOWN** 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:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resturvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

**NA1905742**

Claimant's Particulars:	Invoice Preparation Checklist:	Am't (\$) In 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		
Additional Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. J:	For claimline against JNC Only (wef 10 Jan 2015)		
Cal. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QIP		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice date/	Fee Charged	
	Invoice total	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	01/08/2019 10:43
Date Of Accident	18/07/2019 00:00
Exact Location Of Accident	PIE (TUAS) AFTER TOH GUAN ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5985G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-90078858

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 X (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	999994246
Cover Note Number	

### Driver

Name of Driver	IRFAN SALIHIN BIN MOHAMAD IRWAN
NRIC No	S9600207F
Date Of Birth	01/01/1996
Occupation	INDOOR
Date Of Driving Pass	20/04/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-90078858
EEmail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 271C JURONG WEST STREET 24 #02-58
Postcode	643271
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?	YES
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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190719/2024 AND D/20190731/2037

### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)

**DETAILS OF INJURED PERSON 1**

Name	IRFAN SALIHIN BIN MOHAMAD IRWAN
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SLE5985G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

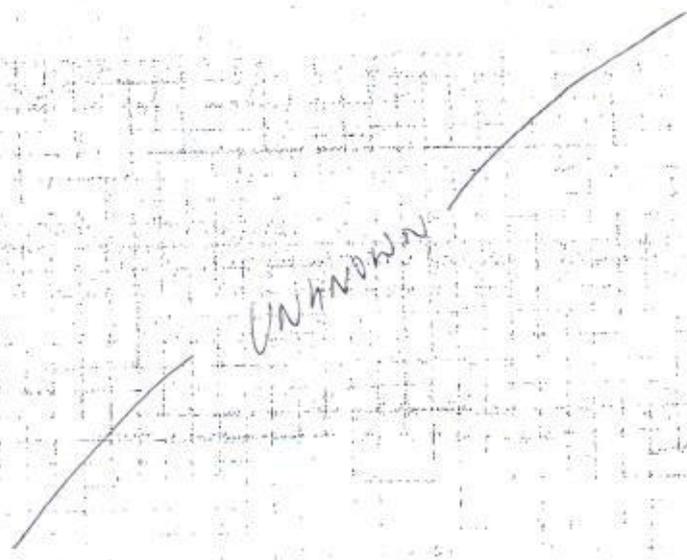


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report  
 7/20190719/2017  
 B/20190731/2017

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:

 01/08/2019  
 Reporting Centre Personnel's Signature  
 Name:   
 NRIC/PIN No.:





Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**CONTINUATION OF REPORT**

Driver			
Name	IRFAN SALIHIN BIN MOHAMAD IRWAN	ID No.	S9600207F
Related Vehicle	SLE5985G (Car)	Contact No.	90078858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 18/07/19 at about 0000hrs, I was driving my car SLE5985G along PIE towards Tuas after Toh Guan Road exit. As I was going home after grocery shopping, I felt tired, and had accidentally dozed off while-driving. After dozing off for a short period of time, I suddenly felt an impact. I realized that the front of my vehicle had collided into the rear of a 10 foot lorry. We immediately both stopped our vehicles. The lorry then filtered to the road shoulder, and the other driver then got out and came to assist me. I was still able to walk properly and I hence managed to get out of my car.

An off duty officer happened to be driving past, and he assisted us by calling for ambulance and police. Soon after, ambulance arrived and assessed me. I felt chest pains, and they hence conveyed me to Ng Teng Fong General Hospital as they wanted to make a further check on me. I was then given a 5 day MC by the doctor. He informed that I was suffering from chest contusion.

I did not manage to get the particulars of the other parties, as well as the off duty officer who helped us. I also do not have the vehicle plate number of the lorry. My car does not have any in-car camera. I wish to inform that my car was a rental car. My car was seriously damaged and it was towed away as it could not be driven anymore. I also did not receive any case cards from the Police, as I had already been conveyed to the hospital.



**SINGAPORE  
POLICE FORCE**



T/20190719/2024

3 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190719/2024

**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:

J/  
TAN JUN HERN, DAMIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/07/2019 10:22

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt QHAIRIL BIN ZULKEFLEE  
Contact No.: 65476187

Classification Of Case:

Authentication Stamp  
NP168



Signature :

SN 127

**Singapore Police Force**



**SINGAPORE  
POLICE FORCE**



D/20190731/2037

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20190731/2037

Police Station Of Origin  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Date/Time Report Made 31/07/2019 12:28		Vide Report No.		Station Diary No. 5	
Name Of Informant NG JI HUI		Address APT BLK 470B FERVALE LINK #18-432 SINGAPORE 792470			
ID Type / ID No. NRIC NO / S8315757G		Contact No. Home/Office		Mobile 87818338	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Company director		Sex Male	Age 36	Date of Birth 26/05/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 18/07/2019 00:00 - 31/07/2019 11:45		Location Of Incident 1557 KEPPEL ROAD CANTONMENT CENTRAL SINGAPORE 089066			

**Brief details.**

On 18/07/2019, a client of us, namely Irfan Salihin Bin Mohamad Irwan S9600207F, met with an accident involving a car which he rented from us. He had lodged a police report regards to the accident. Ever since, my company have been trying to contact him for claiming purposes. However, his phone is ringing but not answering. As such, we already engaged a lawyer to take up civil action.

I am lodging this report to produce to my lawyer for legal actions.

Signature Of Officer Recording The Report: D / Sgt 1 NOORHIDAYAT BIN WAHID		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 31/07/2019 12:28	
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN Contact No.: 68727964		Classification Of Case:	

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190731/2037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190731/2037

Signature Of Officer Recording The Report: D / Sgt 1 NOORHIDAYAT BIN WAHID
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN Contact No.: 68727964

Signature Of Informant:
Date/Time: 31/07/2019 12:28
Classification Of Case:

Authentication Stamp

# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 07 / 2019 (DD/MM/YYYY), TIME: (00 , 00 ) (HH:MM)

LOCATION: PIE

1. DETAILS OF VEHICLE SLE 5985G
  - a) VEHICLE NUMBER: \_\_\_\_\_
  - b) INSURANCE COMPANY: AIG
  - c) POLICY NUMBER: 999994246
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY FIRE & THEFT
  - e) MAKE & MODEL: TOYOTA AXIO
  - f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - a) NAME: CAR LEASING PIE LTD (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 201602573 M CONTACT: 87818338
  - c) ADDRESS: 1557 NEBBEL ROAD BLOK C #01-00  
(S) 089066

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: IRFAN SALIHIN BIN MOHAMAD IRWAN (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S9600207F CONTACT: 90078858
  - c) ADDRESS: BLK 271C JURONG WEST STREET 7 24 #02-58  
(S) 642271

- \*d) DATE OF BIRTH: (01 / 01 / 1996) (DD/MM/YYYY)
  - e) OCCUPATION: (INDOOR / OUTDOOR)
  - f) DATE OF DRIVING PASS: 20 / 04 / 2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIAER
  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_
  6. WAS ANYBODY INJURED (YES / NO) UNKNOWN - DRIVER INJURED
  7. a) REPORTED TO POLICE (YES / NO) NO  
IF YES, PLEASE STATE WHICH POLICE STATION: COMMONWEALTH NP

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
9. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)

No of passengers  
(including driver)

EMAIL = edw.n@arcove.com.sg

VIDEO =

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO: S9600207F



Name  
 IRFAN SALIHIN BIN  
 MOHAMAD IRWAN

Race  
 BOYANESE

Date of birth  
 01-01-1996

Sex  
 M

Country of birth  
 SINGAPORE

SG 9600207F

**For LKK/NAC Use Only**

REPUBLIC OF SINGAPORE DRIVING LICENCE



IRFAN SALIHIN BIN MOHAMAD IRWAN  
 IRWAN01

Issue date: 01/01/2016  
 Expiry date: 01/01/2021

002433579A

SG 9600207F

4700327



NRIC No: S9600207F



**For LKK/NAC Use Only**

Date of issue  
 23-05-2011

APT BLK 271C JURONG WEST STREET 24 #02-58  
 SINGAPORE 643271

NRIC No: S9600207F Date: 20/09/2012 No: 7212122

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASS	VEHICLE CLASSIFICATION	EXPIRES DATE
Class 2B	Motorcycles <= 250 CC	30 May 2015
Class 2A	Motorcycles between 251 CC and 400 CC	19 Sep 2018
Class 3	Motor cars <= 3500 kg with not more than 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Apr 2018

**For LKK/NAC Use Only**

S / No. 9000318507

S9600207F

NP 428A

Licence No: S9600207F

**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)

M 2 400

		(The below excess is subject to GST)	
<b>THIRD PARTY FIRE &amp; THEFT</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$2500.00 SECT II</b>
<b>CERTIFICATE NO.</b>	<b>SLE5985G</b>	<b>WINDSCREEN EXCESS</b>	<b>NA</b>
<b>POLICY NO.</b>	<b>999994246</b>	<b>SUM INSURED</b>	<b>YES</b>
<b>1 ) VEHICLE REGISTRATION NO.</b>		<b>INSURING WITH COE/PARF</b>	<b>YES</b>
<b>2 ) NAME OF INSURED</b>		<b>SLE5985G</b>	
<b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>CAR COVE LEASING PTE LTD</b>	
<b>4 ) DATE OF EXPIRY OF INSURANCE</b>		<b>12 February 2019</b>	
<b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>		<b>11 February 2020</b>	
<p>Any person who is driving on the Insured's order or with their permission.            S\$1,500.00 Section I &amp; S\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.            An additional Section II excess of \$500.00 per accident is applicable in the event of an accident occurring outside Singapore.            The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.</p>			
<p>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.</p>			
<b>6 ) LIMITATION AS TO USE*</b>			
<p>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 by any person to whom the vehicle is hired.</p>			
<p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.</p>			
<b>LOSS OF USE</b>		<b>Not Included</b>	
<b>HIRE PURCHASE COMPANY</b>		<b>Heritage Auto Enterprise Pte Ltd</b>	
<p>*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.</p>			

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).

Issued in Singapore 04 Mar 2019

691991-000  
 Moh Kok Heng  
 3 Tampines Grande, AIA Tampines  
 #02-38  
 SINGAPORE 528799

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC