

2004 1 12

2004 1 Jan 2005

Date In: 06/08/2009 16:59	Job description	Date & Time Completed	Done by
Ref No: N38/M4190/3797/Y	SAS e-filing		
Veh No: GRH 3002J	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 25/07/2009 16:10	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / MNC Assign Wksp / QW: ( )		Tel: ( )		Fax: ( )	
TP Particulars: ( )		Veh No: <u>CY2187</u>		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 Resurvey Photo [Repair Cost > \$3000] ( )		

*Injury :*

[illegible]

Claimant's Particulars		Invoice Preparation Checklist		Am. (\$)	Am. (\$)
		In Bill	Add. Bill		
NA/906013		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (\$80)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
		5) RT: Follow-Through Survey (Resurvey)	\$30		
		Escalating against INC Only (w/ 10 Jan 2015)			
QC Checked by (Engr-In-Charge):		6) TR: Re-inspection	\$75		
		7) NI: Idm DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		* N3: Courtesy Car / Tpl Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
		* N8: DV / Collect Excess Coordination	\$5		
		TP (N11) : TP (N in INC) against INC	\$20		
		9) N12: Idm Mobile	\$0		
Cal. 1:		Invoice dated	Pen Charged		
Cal. 2/3:		Invoice dated	Fee Charged		

07-MAY-2019 16:39



## 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 willful 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	06/08/2019 16:59
Date Of Accident	25/07/2019 16:10
Exact Location Of Accident	TUAS SOUTH AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3002J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87515122
Alternative Phone No	OFFICE-87515122

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

### Driver

Name of Driver	ISWANDI BIN MOHD SALLEH
NRIC No	S7511741H
Date Of Birth	20/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87515122
Fax Number	
Contact Number	OTHERS-87515122
Email Address	NOEMAIL

- Address BLK 409 BUKIT BATOK WEST AVENUE 4  
#12-160  
Postcode 650409  
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 COLLIDED INTO BICYCLIST  
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) 2  
Passenger 1  
NAME: : SAHDAM HOSIN BIN RAHMAN  
GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CHOA CHU KANG NPC  
Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

### 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 Witness 1

Name SAHDAM HOSIN BIN RAHMAN  
Phone Number 82609533  
Email Address

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties BICYCLIST

Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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 Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful 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 compliance with requirements under any regulations, laws or court orders.

  
Policyholder's Signature

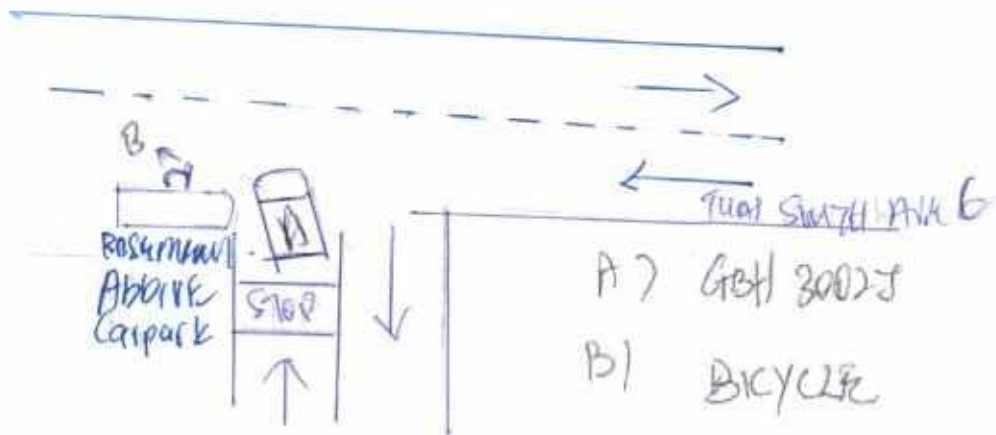
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/7/2014 10:15 AM

  
Reporting Centre Personnel's Signature  
Name: Roshan  
MOC/TIR/Its:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2.1 to Attachment (Police Report) 7/20190725/2153

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:



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

26/7/2019  
10:05 am

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
IDUC/IDM No.:

*[Signature]*  
Rach Imthor



# SINGAPORE POLICE FORCE



T/20190725/2153

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20190725/2153

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 17:51	Vide Report No.:	Station Diary No.: 114
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: ISWANDI BIN MOHD SALLEH			Address: APT BLK 409 BUKIT BATOK WEST AVENUE 4 #12-160 SINGAPORE 650409		
ID Type / ID No.: NRIC NO / S7511741H			Contact No.: Home/Office: Mobile: 87515122		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 20/04/1975	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 25/07/2019 16:10	Type of Location:
Location:  TUAS SOUTH AVENUE 6				
Along 23 Tuas South Avenue 6, along Abbive company.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Cyclist			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3002J	Van				Slightly Damaged	1

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20190725/2153

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20190725/2153

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ISWANDI BIN MOHD SALLEH		ID No.	S7511741H
Related Vehicle	GBH3002J (Van)		Contact No.	87515122
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 25/07/2019, at about 1610hrs, I was driving my van (GBH3002J) along 23 Tuas South Ave 6 exiting from the Abbive Company. I then stopped at the stop line, after checking for my blind spot, I proceed to turn to my left towards Tuas South Avenue 6. However when I was about to complete the turn, a cyclist then collided into left side of my vehicle.

I alight from my vehicle to make a check on the cyclist, i believed that he is from china. After ascertain that he is not injured, i told him to wait for me while i proceed to my vehicle to get my mobile phone which i can take down his particulars however he then rode off when i came back with my phone.

I wish to state that due to the collision, my front left bumper was dented and there was a hole caused by the nut of the bicycle. I do have in-car camera however i have yet to review the footage.





**SINGAPORE  
POLICE FORCE**



T/20190725/2153

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20190725/2153

**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 /  
Sgt 2 LIEW KIAN HOW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case

TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

25/07/2019 17:51

Classification Of Case:

Authentication Stamp

NP168

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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**.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident Date: 25 Jul 2019 Time: 16:10 hrs  
 Exact Location of Accident Tuas South Avenue 6

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH 3002 J

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)  
 Personal Identification - NRIC (Singaporean/PR)  
 - FIN/Passport Number  
 - Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model  
 Type of Vehicle  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Pls select ☐ Third Party ☒ Reporting)

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company  
 Type of Policy  
☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
☐ Yes ☐ No

Policy Number

Motor CI

## DRIVER

Name of Driver  
 Personal Identification - NRIC (Singaporean/PR)  
 - FIN/Passport Number

Date of Birth

Driving Date Pass

Year of Driving Experience

Occupation

Gender  
☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

7515122

Address of Driver	Apt B1K 409 Bukit Batok West Avenue 4 # 12-160 Singapore 650409		
Email Address			
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes	<input type="radio"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	SIDE		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others
<b>OTHER INFORMATION</b>			
a. Was anybody injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (if Yes, please state which Police Station.)	
Police Station Name	refer to Attachment (Police Report)		
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (if Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	* B1K409		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			



<b>Details of Witness 1</b>	
Name	SAHDAM HOSIN BIN FAHMAN
Phone	82609533
Email Address	

<b>Details of Witness 2</b>	
Name	
Phone	
Email Address	

<b>Details of Injured Person 1</b>	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

<b>Details of Injured Person 2</b>	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

<b>Details of Injured Person 3</b>	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

(Note - Please use page 7 if you need to add more injured person)

REPUBLIC OF SINGAPORE  
NATIONAL IDENTITY CARD NO. S7511741H



ISWANDI BIN MOHD SALLEH

**For LKK/NAC Use Only**

Race

MALAY

Date of birth

20-04-1975

Sex

M

Country of birth

SINGAPORE

3204175



NRIC No. S7511741H



**For LKK/NAC Use Only**

Date of issue

20-04-2005

Address

APT BLK 409 BUKIT BATOK WEST AVENUE 4  
#12-160  
SINGAPORE 650409

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

License Number: S7511741H  
Name: ISWANDI BIN MOHD SALLEH

**For LKK/NAC Use Only**

Class Date: 20 Apr 1975  
Issue Date: 30 Apr 2010

Barcode: 001802332A

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

Class	Vehicle Description	Class Date
Class 3	Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	30 Apr 2010

**For LKK/NAC Use Only**

License No: S7511741H

Barcode: 001802332A



# 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.Z.405

Comprehensive Commercial Auto Plus

(The below excess is subject to GST)

**CERTIFICATE NO.** 999994313

<b>POLICY EXCESS</b>	SS\$1,000.00 (1)
<b>WINDSCREEN EXCESS</b>	SS\$100.00

<b>SUM INSURED</b>	Market Value
<b>INSURING WITH COE/PARF</b>	Yes

GBH3002J

Goldbell Car Rental Pte Ltd

1) **VEHICLE REGISTRATION NO.**  
2) **NAME OF POLICYHOLDER**  
3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT**

01 January 2019

31 March 2020

4) **DATE OF EXPIRY OF INSURANCE**

5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

Any person who is driving on the Insured's order or with their permission.

Additional Excess of \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.  
Additional excess of \$500 applies to all claims for accident outside Singapore.

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) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- 1) Use for driving 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 anyone disabled using a mechanically propelled vehicle;
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 4) Use for any purpose in connection with Motor Trade.

<b>LOSS OF USE</b>	Not Included
--------------------	--------------

<b>HIRE PURCHASE COMPANY</b>	DBS Bank Ltd
------------------------------	--------------

\*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).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY