

NATIONAL Assessment Centre Services

Print: 1 Jan 2005 11:19:34

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 24/1/05 09:33 | Job description | Date & Time Completed | Done by |
| Ref No: NA1406599 | SAS e-filing | | |
| Veh No: 6BH 9808L | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 24/1/05 08:30 | 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/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 66498 | 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 |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|---------------------|----------------------|
| NA1406599 | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | |
| Ref 1: | 9) N12: Idac Mobile \$0 | | |
| Ref 2 / 3: | 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 | 29/08/2019 09:33 |
| Date Of Accident | 28/08/2019 08:30 |
| Exact Location Of Accident | YISHUN INDUSTRIAL ST 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBH9808L |
| Insured/Policyholder | |
| Name Of Registered Owner | K & M ELECTRICAL PTE LTD |
| Co Reg No | 200912721Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | HIACE VAN TURBO 5DR MT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | AVCPSP0093861800 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KRISHNAN ANBARASAN |
| Passport No/FIN | G2390331N |
| Date Of Birth | 11/02/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/04/2015 |
| Driving Experience | 4 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98077600 |
| Fax Number | |
| Contact Number | OFFICE-98077600 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | 51 ADMIRALTY ROAD WEST #B-03-18 COCHRANE LODGE 1 |
| Postcode | 757443 |
| 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 - CHANGE/CROSS LANE |
| 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) | 2 |
| Passenger 1 | NAME: : CHUAH KOK SEONG GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8529999 - FAX NO: 68522299 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190828/2151.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | PC643P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | LI JIANGCHAO |
| NRIC/Passport Number | G2596646K |

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------|
| Name | CHUAH KOK SEONG |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBH9808L |
| 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.

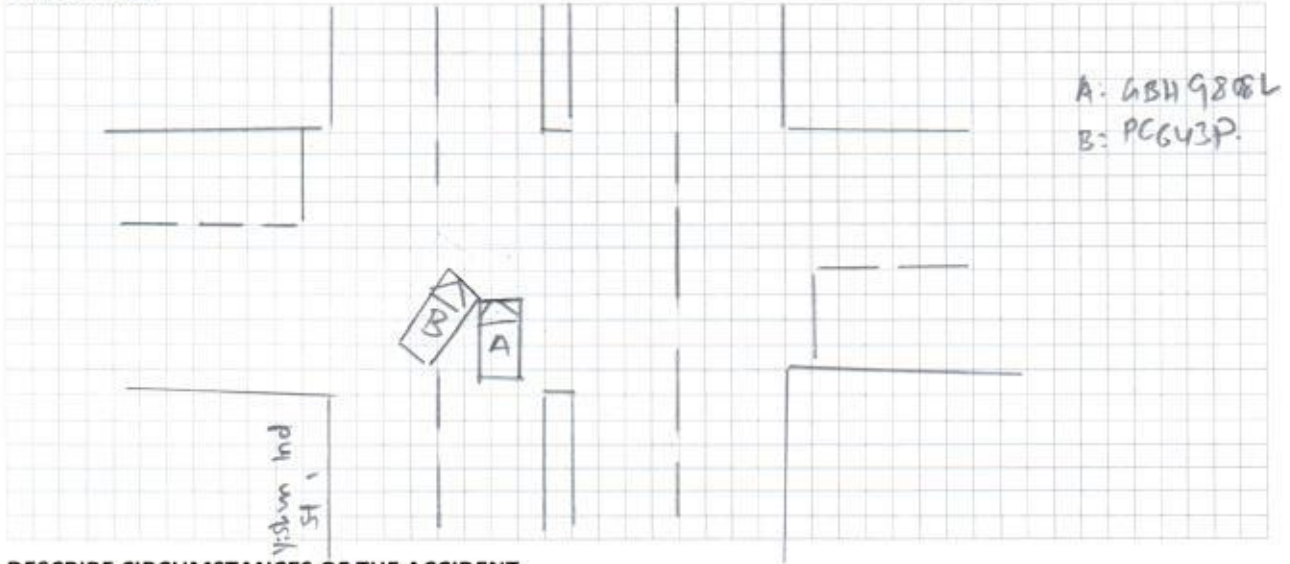


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2018/151.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (28/8/19) (DD/MM/YYYY), TIME: (08:32) (HH:MM)

LOCATION: Yishun Ind St 1.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4B49808L
 b) INSURANCE COMPANY: Allied world.
 c) POLICY NUMBER: AVCPSB6043861800.
 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: Working.
 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: KCM Electrical Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 98077600.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Krishnan Anbarasan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 62390331N. CONTACT: 98077600.
 c) ADDRESS:

*d) DATE OF BIRTH: (11/2/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: PC643P. MODEL:
 b) DRIVER'S NAME: L. Jiansheng. CONTACT:
 c) NRIC/FIN/PASSPORT: 42546646K.

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 (2)

1. Chuah Kok
 mukhsang.

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email =

fax =

video =



**SINGAPORE
POLICE FORCE**



T/20190828/2151

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20190828/2151

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 28/08/2019 20:50 | | Vide Report No.: | | Station Diary No.: 110 | |
| Informant's Particulars | | | | | |
| Name of Informant: KRISHNAN ANBARASAN | | | Address: 51 Admiralty Road West #B-03-18 Cochrane Lodge 1 SINGAPORE 757443 | | |
| ID Type / ID No.: FIN NO / G2390331N | | | Contact No.: Home/Office: Mobile: 98077600 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 27 | Date of Birth: 11/02/1992 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: Van driver | | | Driving Licence Information: Class: 2B,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/08/2019 08:30 | Type of Location: Straight Road |
| Location: Along Road 1 YISHUN INDUSTRIAL STREET 1 Yishun Industrial Street 1 toward Yishun Ave 9 near to building North View Bizhub | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|--------|-------|-------|-------------------|-----------------|
| GBH9808L | Van | TOYOTA | | Grey | Seriously Damaged | 1 |
| PC643P | Bus/Coach/Mi nibus | SCANIA | | Red | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190828/2151

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20190828/2151

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|------------------|--|
| Driver | | | |
| Name | KRISHNAN ANBARASAN | | ID No. G2390331N |
| Related Vehicle | GBH9808L (Van) | | Contact No. 98077600 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LI JIANGCHAO | | ID No. G2596646K |
| Related Vehicle | PC643P (Bus/Coach/Minibus) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 28.08.2019 at about 0830hrs, I am driving my company van GBH9808L at along Yishun Industrial Street 1 toward Yishun Ave 9 with a front passenger. I am driving my van on the right lane along Yishun Industrial Street 1 beside the building North View Bizhub. There was a bus PC643P which was travelling on my left side. The bus made a right turn toward North View Bizhub and hit the left passenger door of my van. After the accident, my passenger (Chuah Kok Seong FIN: G2998845K DOB: 19-01-1996 work permit No : 406111946 Malaysian national) HP 98801257 complain of pain on the left shoulder. There were scratches seen on the left shoulder. My passenger went to a clinic at B/620 Hougang and see a doctor and he was given 4 day of medical leave. Damaged to the van: left passenger door dented and scratches at the whole left side of the van. I has no injury.



**SINGAPORE
POLICE FORCE**



T/20190828/2151

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3




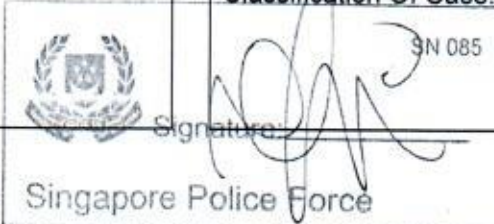
Report No. T/20190828/2151

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: L / SI YEO HWEE BENG  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 28/08/2019 20:50 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case:  SN 085 |
| Authentication Stamp NP168 |  Singapore Police Force |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with a mustache.

Licence Number: **G2390331N**

Name: **KRISHNAN ANBARASAN**

Birth Date: **11 Feb 1992**

Issue Date: **16 Apr 2015**

Valid Till: **15 Apr 2020**

Barcode: **002417059E**

SG 50

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **K & M ELECTRICAL PTE. LTD.**

Portrait photo of a man with a mustache.

Name: **KRISHNAN ANBARASAN**

Work Permit No.: **036110007**

Sector: **CONSTRUCTION**

Barcode

K0424905

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| Class | Vehicle Description | Effective Date |
|----------|---|----------------|
| Class 2B | Motorcycles =< 200 cc | 16 Apr 2015 |
| Class 3 | Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 16 Apr 2015 |

NP 428A

Barcode: **Licence No: G2390331N**

VISIT PASS
Immigration Regulations

25-05-2015

Name: **KRISHNAN ANBARASAN**

Portrait photo of a man with a mustache.

FIN: **G2390331N**

Date of Birth: **11-02-1992**

Sex: **M**

Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

CIAL VEHICLE (SCH 1)

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
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

MZ300/C

N SB

A466SD2

Cov. Type: C

KUK5888

CERTIFICATE No. AVCP5B0093861800 ChaNo: JTFHT02P800246144

Index Mark and Registration Number of Vehicle GBH 9808 L

Name of Policyholder K & M ELECTRICAL PTE LTD

Effective Date of Commencement of Insurance 13 November 2018
for the purposes of the Ordinance

Date of Expiry of Insurance 12 November 2019

ENSURE PTE LTD
Co. Reg. No.: 201017457N
38 Toh Guan Road East
#01-57 Enterprise Hub
Singapore 608581
Tel: 6515 5988 Fax: 6896 6321

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.

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/PARF
Hire Purchase Owner : MALAYAN BANKING HERHAD
Type of Cover : Comprehensive

- * Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risk 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