| [NOTE OF THE PARTY |                                      | 1 . pt tt .                       | 12.5              |                 |
|--|--------------------------------------|-----------------------------------|-------------------|-----------------|
| NATIONAL Assessment Cent   |                                      | MA19168783                        |                   |                 |
| Date In: 23/11/19-18:48  | Jeb description                      | Date & Time Completed             | Done l            | λ,              |
| Res No: KIA/TIMZIYOZISTOPY   | SAS e-filing                         |                                   |                   |                 |
| Veh No: SJP3841D   | E-mail (within Shrs, AIC 2hrs)       |                                   |                   | 100             |
| D.O.A: 8/12/19-22:20   | i-Motor Claim Form                   |                                   |                   |                 |
|  | i-Motor W/O (Within: OD 2hr          | s, TP 4hrs)                       |                   |                 |
| OD / TP / Reporting Only   | i-Photo Uploaded                     |                                   |                   |                 |
|  | Assessment/Survey Report             |                                   |                   |                 |
| TP Insurer:  | Ass't Report by Fax / Hand t         | to Owner/Wksp                     |                   |                 |
| Preferred Wksp / INC Assign Wksp / QW: (   |                                      | Tel: Fa                           | :                 |                 |
| TP Particulars: Veh No: Jhv  | 73782 INC(                           | )/Non-INC( )                      | E .               |                 |
| Owner / Driver: (  |                                      | Tel:                              | )                 |                 |
| Policy No: ( ) P   | eriod: ( )                           | Cover Type: (                     | )                 |                 |
| Confirmed by : (   | Date:                                | Time:                             | )                 |                 |
| Insured/Driver Liability: (%)  | [Note-Est. Status (WO): N: 0-2       | 0%; P: 21-79%. F: 80-100          | 0%]               |                 |
| Year of Registration: ( )  | Warranty: YES ( ) / NO (             | )                                 |                   |                 |
| Excess: (\$ ) Loading: \$1,  | 000 ( )/\$2,000 ( )                  |                                   |                   |                 |
| General Remarks:-  |                                      |                                   | on Silve          |                 |
| ( ) Walk-In Customer : Customer's info   | ormation strictly Confidential & St  | rictly NO refer of repairer.      | The second second |                 |
| ( ) Total Loss Case : to e-mail Insur  | er URGENTLY.                         |                                   |                   | n pro a recenta |
| Drive-In ( )/ Towed-In ( ); Invoice  | e: YES( ) / NO( ); T                 | owing Co: (                       | 70                | )               |
| Remarks:- (INC hotline: 6788 6616)   |                                      | Date&Time Completed               | Done l            | y               |
|  | Courtesy Car ( )                     |                                   | 3714              |                 |
| 2) QC Check / Post Repair Inspection   | ( )                                  |                                   |                   |                 |
| 3) Upload Resurvey Photo [Repair Cost > \$   | 30001 ( )                            |                                   |                   |                 |
|  |                                      |                                   |                   |                 |
| Injury:  |                                      |                                   | VILLE TO 100      |                 |
| Date/Time Actions  |                                      | A COUNTY OF THE COUNTY OF         | <u> </u>          |                 |
|  |                                      |                                   |                   |                 |
|  |                                      |                                   |                   |                 |
|  |                                      |                                   |                   |                 |
|  | <del></del>                          |                                   |                   |                 |
|  |                                      |                                   | Anit (S)          | Amt (3)         |
| 1011301018   |                                      | paration Checklist                | fat Bill          | Add Bill        |
| laimant's Particulars :-   | 1) AR : Accident<br>2) DA : Damage   |                                   |                   |                 |
| river/Owner:   | 3) TF : Towing F                     | ee . \$40/\$                      |                   |                 |
| ontact No:   | 4) FT : Follow-T<br>5) FT : Follow-T | hrough Survey (Resurvey) S        | 30                |                 |
|  | For claiming a<br>6) TR: Re-inspec   | goinst INC Only (wef 10 Jon 2005) | 75                |                 |
| armaged Portion:   | 7) N1 : Idao DA                      | + SMRT Survey 51                  | 60                |                 |
|  | 8) NTUC Addition                     | onal Services:-                   |                   |                 |
| C Checked by (Engr-In-Charge):   | *N5: Courtesy                        | Corr I printed                    | \$5               |                 |
|  | *N6: Repair C                        | nit Inspection 5                  | 25                |                 |
| uditors' Comments :-   |                                      |                                   | 20 -              |                 |
| <u></u>  | 9) N12: Idac Mo                      | bile                              | 30                | ale fer         |
| . 2/3;   | Invoice dated                        | Fee Charged<br>Fee Charged        | MARION            | DENIE ETT       |
|  | Invoice dated                        | A Car Children Page               |                   |                 |

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- 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   | 23/12/2019 18:48                      |
| Date Of Accident   | 18/12/2019 22:20                      |
| Exact Location Of Accident   | AYE (TUAS) BEFORE CLEMENTI AVE 6 EXIT |
| Country/State of Loss  | SINGAPORE                             |
| D  | ETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SJP3846D                              |
| Insured/Policyholder   |                                       |
| Name Of Registered Owner   | PSP LIMO PRIVATE LIMITED              |
| Co Reg No  | 2XXXXX221D                            |
| Email Address  | NOEMAIL                               |
| Mobile Phone No  | (LOCAL) +65-90016182                  |
| Alternative Phone No   | OFFICE-90016182                       |
| Vehicle Particulars  |                                       |
| Manufacturer   | ТОУОТА                                |
| Model  | WISH 1.8 AUTO                         |
| 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                                       | REPORTING ONLY                        |
| Vehicle Category   | PRIVATE HIRE                          |
| Insurance Company  |                                       |
| Name of Insurance Company  | TOKIO MARINE INSURANCE SINGAPORE LTD  |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT         |
| Fleet Policy   | NO                                    |
| Policy Number  | MS008136                              |
| Cover Note Number  |                                       |
| Driver   |                                       |
| Name of Driver   | MOHD SHAIK BIN SAVE                   |
| NRIC No  | SXXXX902D                             |
| Date Of Birth  | 23/08/1969                            |
| Occupation   | OUTDOOR                               |
| Date Of Driving Pass   | 07/10/2016                            |
| Driving Experience   | 3 YEARS AND 2 MONTHS                  |
| Gender   | MALE                                  |
| Mobile Number  | (LOCAL) +65-94497708                  |
| Fax Number   |                                       |
|  |                                       |

OFFICE-94497708

NOEMAIL

Address

BLK 58 LENGKOK BAHRU

#02-509

Postcode

150058

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV5328Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHC5611T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:

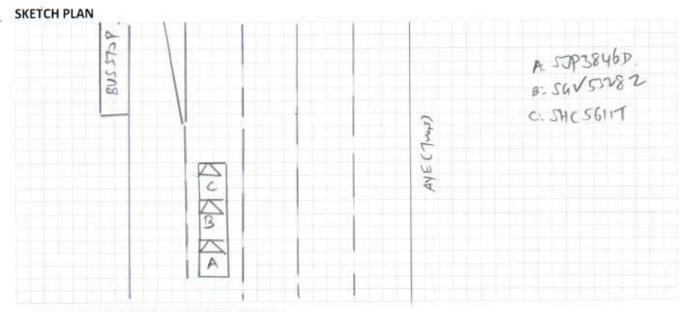
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
  - (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
- 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 .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

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

86 atc

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY FRONT VEHICLE JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

# **ACCIDENT STATEMENT**

| LOCATION: AFE (TMS) LEASTE CLEMENT: ANE 6 614  1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: LDP 384677  b) INSURANCE COMPANY: TMT.  c) POLICY NUMBER: DP 284677  d) POLICY NUMBER: DP 284677  d) POLICY NUMBER: DP 284677  d) VEHICLE CATEGORY: PRIVATE / COMMARCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: PRIVATE / COMMARCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: PRIVATE / COMMARCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: PRIVATE / COMMARCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: PRIVATE / COMMARCIAL / MOTORCYCLE / OTHERS)  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESTIO)  if NO, PLEASE STATE (THIRD PARTY CLAIM / REPORDING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: PS LMD PAYOR LAIM! (MALE / FEMALE)  b) NRIC/FRIN/PASSPORT: CONTACT: 90016187  CONTACT: 90016187  CONTACT: 90016187  CONTACT: 90016187  A) DATE OF BIRTH: (D) / A 1992 D. CONTACT: 9449 7708  1 MORE OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF DERIVING EXPRENIENCE: 1000/MN/YYYY  e) OCCUPATION: (INDOOR / OUTDOOR)  i) YEAR OF THE MORE OF THE INSURED'S COMPANY? (YES / 100)  ii YEAR OF THE MORE OF THE INSURED'S COMPANY? (YES / 100)  ii YEAR OF THE MORE OF THE INSURED'S COMPANY? (YES / 100)  ii YEAR OF THE MORE OF THE  |                 | ACCIDENT DATE: (18/17/14.)(DD/MM/YYYY), TIME: (18:10.)(HH:MM)  |
|--|-----------------|--|
| GIVEHICLE NUMBER: SOP 384 TO  DINSURANCE COMPANY: TMD.  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  B)MAKE & MODEL:  I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE CATEGORY: (PRIVATE / COMM&RCIAL / MOTORCYCLE)  H)PURPOSE OF USING AT A CCIDENT TIME:  LIPOLICY OF USING AT A CCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  ANAME: SP LWD PAYLE LIMITED.  CONTACT: 90-16 (**)  CONTACT: 91-19 (**)  CONTACT: |                 | LOCATION: AYE (TMG) before clement: Are 6 Git  |
| DINSURANCE COMPANY: TMT  CIPOLICY NUMBER:  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURD / POUCY HOLDER  A) NAME: (S) LMD PARTY CLAIM / REPORTING ONLY)  2. INSURD / POUCY HOLDER  A) NAME: (S) LMD PARTY CLAIM / REPORTING ONLY)  CONTACT: Q001611  CONTACT: Q00161  C |                 | 1. DETAILS OF VEHICLE  |
| DINSURANCE COMPANY: TMT  CIPOLICY NUMBER:  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURD / POUCY HOLDER  A) NAME: (S) LMD PARTY CLAIM / REPORTING ONLY)  2. INSURD / POUCY HOLDER  A) NAME: (S) LMD PARTY CLAIM / REPORTING ONLY)  CONTACT: Q001611  CONTACT: Q00161  C |                 | a) VEHICLE NUMBER: LDP 38467   |
| CIPOLICY NUMBER:  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 / COMMERCIA / MOTORCYCLE)  f) PUPPOSE OF USING AT ACCIDENT TIME:  (A) (Lorg.)  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESTNO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLCY HOLDER  A) NAME: (PSP LMD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLCY HOLDER  A) NAME: (PSP LMD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLCY HOLDER  A) NAME: (PSP LMD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLCY HOLDER  A) NAME: (PSP LMD PARTY CLAIM / REPORTING ONLY)  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NRICE/FIN/PASSPORT: (CONTACT: 901618)  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NAME: (MD LOR / STATE / LOR /  |                 |  |
| DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  () TYPE: (SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT A COIDENT TIME:  LOCATION OF USING EXPERIENCE ON TACT:  G) DATE OF BIRTH: (1) / 8 / 1969   IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRENIENCE OF THE INSURED'S COMPANY? (YES / PO)  IF YEAR OF DRIVING EXPRENIENCE OF THE INSURED'S COMPANY? (YES / PO)  IF YEAR OF DRIVING EXPRENIENCE OF THE INSURED'S COMPANY? (YES / PO)  IF YEAR OF DRIVING EXPRENIENCE OF THE INSURED'S COMPANY? (YES / PO)  IF YEAR OND TIME OF THE DRIVER WITH INSURED: HIM!  JOURGE OF DRIVING EXPRENIENCE OF THE INSURED'S COMPANY? (YES / PO)  IF YEAR OND TIME OF THE DRIVER WITH INSURED: HIM!  JOURGE OF DRIVER ON THE OUTCE STATION:  BY THIRD PARTY VEHICLE  O) VEHICLE NUMBER: (AV 53 V82 MODEL:  O) DRIVER'S NAME:  O) VEHICLE NUMBER: SI CS6111  MODEL:  e) DRIVER'S NAME:  O) DRIVER'S NA |                 |  |
| SIMAKE SA MODEL:  (ITYPELISALION / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  (I) TYPELISALION / COUPE / MPV / VAN / LORRY / MOTORCYCLE /  (I) SUPERIOR OF USING AT ACCIDENT TIME:  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES / NO)  (IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: YS L WAS PRYSTE LIMITED.  (MALE / FEMALE)  DINRIC/FIN/PASSPORT:  (CONTACT: 900 16 18  CONTACT: 900 16 18  CONTACT: 901 18  C |                 |  |
| STYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  H) PURPOSE OF USING AT ACCIDENT TIME: (JOHN ACCIDENT)  IF NO, PLEASE STATE (HIND PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  ANAME: 15 PLMS PRIVATE LIMITED / CONTACT: 900 16 18 V.  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: (CONTACT: 900 16 18 V.  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: (SOLOTEDOR)  DRIVER  OLIDATE OF BIRTH: (12) 8 / 1969   IDD/MM/YYYYY  9) OCCUPATION: (INDOOR / OUTDOOR)  1) YEARS OF DRIVING EXPRESIENCE: 110 MILE  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIM!  5. CI WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  DIROAD SURFACE: (DRY / WET / OTHERS)  OLIPATIVE FIELD  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  A THIRD PARTY VEHICLE  OLIPATIVE PHICLE  CHART = SWANNESS MODEL:  OLIPATIVE PHICLE  OLIP |                 | e)MAKE & MODEL:  |
| Syvenice alegory: PRIVATE COMMERCIAL / MOTORCYCLE)  hipurpose of using at accident time:  If No, Please state (HIND PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: 15 LM3 PAVALE LMMITED.  DINRIC/FIN/PASSPORT:  CONTACT: 90016 187  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  OINAME: Mohd Shaile fin Sayle (MALE / FEMALE)  DINRIC/FIN/PASSPORT: 46919922. CONTACT: 94497708.  C) ADDRESS:  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  OINAME: Mohd Shaile fin Sayle (MALE / FEMALE)  DINRIC/FIN/PASSPORT: 46919922. CONTACT: 94497708.  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER: Mohd Shaile fin Sayle  "CONTACT: 94497708.  "CONTACT: 94497709.  "CONTACT: 94497709.  "CONTACT: 94497708.  "CONTACT: 94497709.  "CONTACT: 9449 |                 |  |
| I) PURPOSE OF USING AT ACCIDENT TIME: WOTTON OF PLASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  1 INSURED / POLICY HOLDER  A) NAME: 15 Lms profit Lmitd. (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 9016 18  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) NAME: Mold Shaile Bin Sayle  O) NRIC/FIN/PASSPORT: 16919927. CONTACT: 94497708.  (2) ODCUPATION: (INDOOR / OUTDOOR)  I) YEARS OF DRIVING EXPRERIENCE: 115 MOLE  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / PO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIMT.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D) ROAD SUFFACE: (DAY / WET / OTHERS  0) CHARLE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  10. OF PASSENGER  11 OVEHICLE NUMBER: 1473782  MODEL:  12 OF PASSENGER  13 OFFICE NAME:  14 OVEHICLE NUMBER: 187581  O) DRIVER'S NAME:  15 ONTACT:  16 ONTACT:  17 ONTACT:  18 ONTACT:  19 ONTACT:  CONTACT:  19 ONTACT:  CONTACT:  CONTAC |                 | g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)   |
| I ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME: PSP Limb proy Limited. (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 9016 187  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 369129222. CONTACT: 94497708.  (2) C) ADDRESS:  (2) C) ADDRESS:  (3) DATE OF BIRTH: (12) / 8 / 166 / 10D/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  If YEARS OF DRIVING EXPRENIENCE: 1 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /  |                 | h)PURPOSE OF USING AT ACCIDENT TIME: WOLGO A.  |
| IF NO, PELASE STATE (THRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME: PSP LMS PRIVATE LIMITED.  D) NRIC/FIN/PASSPORT: CONTACT: 90016187  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  DRIVER  MORE/FIN/PASSPORT: 169729070. CONTACT: 94497708.  (2) C) CONTACT: 94497708.  (3) DATE OF BIRTH: (12) / 8 / 1669   (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRENIENCE: 1   10   10    4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIMT.  5. CI WAS ANYBODY INJURED (YES / NO)  1. F YES, PLEASE STATE WHICH POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. CI REPORTED TO POLICE (YES / NO)  1. F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) NERC/FIN/PASSPORT: CONTACT:  O) PASSENGER  O) VEHICLE NUMBER: 5H CS6111  MODEL:  D) DRIVER'S NAME:  O) VEHICLE NUMBER: SH CS6111  MODEL:  O) NERC/FIN/PASSPORT: CONTACT:  O) NERC/FIN/PASSPORT:  O) NERC/FIN/PASSPORT:  O) N |                 | I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE LYES INCH.  |
| A)NAME: PS LMS PRUSTE LMMITED:  A)NAME: PS LMS PRUSTE LMMITED:  D)NRIC/FIN/PASSPORT: CONTACT: 9001618  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  D)NRIC/FIN/PASSPORT: GONTACT: 9H497708.  (2) DRIVER  D)NRIC/FIN/PASSPORT: GONTACT: 9H497708.  (2) ADDRESS:  (3) DATE OF BIRTH: (12/8/1992). CONTACT: 9H497708.  (4) DATE OF BIRTH: (12/8/1992). CONTACT: 9H497708.  (5) ADDRESS:  (6) DATE OF BIRTH: (12/8/1992). CONTACT: 9H497708.  (7) DATE OF BIRTH: (12/8/1992). CONTACT: 9H497708.  (8) DIAGRATION SHIP OF THE DRIVER WITH INSURED: HIMT.  (9) DIROAD SURFACE: (DRY/WET/OTHERS).  (1) DIROAD SURFACE: (DRY/WET/OTHERS).  (1) DIROAD SURFACE: (DRY/WET/OTHERS).  (2) DIROAD SURFACE: (DRY/WET/OTHERS).  (3) DIROAD SURFACE: (DRY/WET/OTHERS).  (4) DIROAD SURFACE: (DRY/WET/OTHERS).  (5) DIROAD SURFACE: (DRY/WET/OTHERS).  (6) WAS ANYBODY INJURED (YES/NO).  (7) DIREPORTED TO POLICE (YES/NO).  (8) THIRD PARTY VEHICLE  (9) VEHICLE NUMBER: (AV 53 V82).  (1) DRIVER'S NAME: (1) DRIVER'S NAME: (2) DRIVER'S NAME: (3) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (2) DRIVER'S NAME: (3) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (2) DRIVER'S NAME: (3) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (1) DRIVER'S NAME: (2) DRIVER'S NAME: (3) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAM |                 | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)   |
| b) NRIC/FIN/PASSPORT: CONTACT: 90016187  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DR |                 | 2. INSURED / POLICY HOLDER   |
| DINRIC/FIN/PASSPORT: CONTACT: 90016187  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINRIC/FIN/PASSPORT: 6979927D. CONTACT: 94493708.  C) ADDRESS:  C)  |                 |  |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Including driver)  (2)  Including driver)  DRIVER  GINAME: Mold Shaile Bin 1948 (MCD FEMALE)  DINRIC/FIN/PASSPORT: 6929322. CONTACT: 9449 73708.  C) ADDRESS:  (d) DATE OF BIRTH: (12)/8 /1969 (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 7 10 10 10 10  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1011  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) PROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / 10)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  9. PASSENGER  10) VEHICLE NUMBER: 16453482  CONTACT:  11 HIRD PARTY VEHICLE  12 ON PRIC/FIN/PASSPORT: CONTACT:  13 OF PASSENGER  14 ON THIRD PARTY VEHICLE  14 OF PASSENGER  15 ONTACT:  16 ONTACT:  17 ONTACT:  18 ONTACT:  19 ORIC/FIN/PASSPORT:  19 ORIVER'S NAME:  19 ORIVER'S NAME:  10 ONTACT:  11 HIRD PARTY VEHICLE  21 ONTACT:  22 ONTACT:  23 ONTACT:  24 ONTACT:  CONTACT:   |                 | DINRIC/FIN/PASSPORT:CONTACT: 9001618V  |
| Including driver)  DRIVER  (2)  DINGLE MAKE: Mohd Shaile Bin 1942  (3)  DAME: Mohd Shaile Bin 1942  (4)  DAME: Mohd Shaile Bin 1942  (4)  DAME: Mohd Shaile Bin 1942  DINGLE MAKE: SHOW Shaile Bin 1942  DINGLE MAKE: SHOW WELLE  DINGLE MAKE: SH |                 | c)ADDRESS:   |
| Including driver)  Including driver)  (2)  C)  C)  C)  C)  C)  C)  C)  C)  C)  |                 |  |
| Marie   Mari   | 110 00          | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER   |
| Maring driver   Dinkic/Fin/Passport: 16929922. CONTACT: 9449378.   | no of passons   | DRIVER   |
| C) ADDRESS:  (d) DATE OF BIRTH: (1) / 8 / 166   10D/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  flyears of Driving Exprerience: 2   10 M/b  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIM!  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: (AV 33 V82 MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SH CS6 IT MODEL:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  OMAGI = SHATI WENT OF THE DRIVERY OF THE PROPERTY OF THE P | Including driv  | er) WALE FEMALE)   |
| d)DATE OF BIRTH: (1) / 8 / 1969   (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:   10   10   10    4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIMT:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: (AV 53 V82 MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  d) VEHICLE NUMBER: SH CS6 IM MODEL:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  O) NRIC/FIN/PASSPORT: CONTACT:  (MACT) = SHAMING (COMPANY? (YES / 100))  CMACT) = SHAMING (COMPANY? (YES / 100))  CMACT = SHAMING (COMPANY? (YES / 100)  CMACT = SHAMING (COMPAN | (2.)            |  |
| *d)DATE OF BIRTH: (1) / 8 / 1669 (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10   |                 | C/ADDRESS  |
| 6) OCCUPATION: (INDOOR / OUTDOOR)  flyears of driving expressionce:  1   | male.           | *d)DATE OF BIRTH: / 12 / 8 //064 //02/11   |
| f) YEARS OF DRIVING EXPRERIENCE: 110 M/S  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1101.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 16V53V82 MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SH CS6 IN MODEL:  9) DRIVER'S NAME:  a) VEHICLE NUMBER: SH CS6 IN MODEL:  9) DRIVER'S NAME:  10 OF PASSENGER  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  10 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  10 ON TACT:  10 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  10 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  10 ON TACT:  10 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  18 ON TACT:  19 ON TACT:  10 ON TACT:  10 ON TACT:  10 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  19 ON TACT:  10 ON TACT:  11 ON TACT:  12 ON TACT:  13 ON TACT:  14 ON TACT:  15 ON TACT:  16 ON TACT:  17 ON TACT:  18 ON TACT:  19 ON TACT:  19 ON TACT:  19 ON TACT:  10 ON TACT:  1 |                 | eloccupation: (INDOOR / OUTDOOR)   |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIM!  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  3. PRESSENGER  a) VEHICLE NUMBER: (AV 53 V82 MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SH CS6 INT MODEL:  9) DRIVER'S NAME:  9) DRIVER'S NAME:  10 DRIVER'S NAME:  11 DRIVER'S NAME:  12 SHATT WENT WENT OF THE DRIVER'S YOUR AND THE SHATT WHICH AND THE SHATT WENT OF THE SHA |                 | f) YEARS OF DRIVING EXPRERIENCE  |
| 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)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: (AV 53 V82 MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SH CS6 INT MODEL:  e) DRIVER'S NAME:  d) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  C) NRIC/FIN/PASSPORT: CONTACT:  C) MACT = Shall  |                 | 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VEC.)   |
| b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  24 PASSENGER  C) VEHICLE NUMBER: 16453782  MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: 1656117  MODEL:  9) DRIVER'S NAME:  4) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  OMACI = Sharingwall NIP & great  CMACI = Sharingwall N |                 | IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED. HOLL   |
| 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: (AV 53 V82)  MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: S + C56 117  MODEL:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  CONTACT:  (Mail = Shair Wealth 1/p @ great)  (Mail = Shair Wealth 1/p @ great)  |                 | 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS   |
| 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 24 Passenger a) VEHICLE NUMBER: 16V53V82  duding driver) b) DRIVER'S NAME: (C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE (d) VEHICLE NUMBER: SH C56117  9) DRIVER'S NAME: (duding driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Mail = Shair) weal thing great  |                 | b)ROAD SURFACE: (DRY / WET / OTHERS  |
| 7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 16V53V82  duding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  duding driver)  b) DRIVER'S NAME:  duding driver)  f) NRIC/FIN/PASSPORT:  CONTACT:  DRIVER'S NAME:  a) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  |                 | 6. WAS ANYBODY INJURED (YES / NO)  |
| 8. THIRD PARTY VEHICLE  Of passenger a) VEHICLE NUMBER: 16V53V82  Guiding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  PRISSENGER  d) VEHICLE NUMBER: SH CS6117  MODEL:  B) DRIVER'S NAME:  B) DRIVER'S NAME:  CONTACT:  B) DRIVER'S NAME:  CONTACT:  CONTA | 3               | 7. a) REPORTED TO POLICE (YES / NO .   |
| at passenger a) VEHICLE NUMBER: 16V53V82 MODEL:  clading driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  duding driver) f) DRIVER'S NAME:  duding driver) f) NRIC/FIN/PASSPORT: CONTACT:  CMail = Shair weal the Up & great of the contact  | 22              | IF YES, PLEASE STATE WHICH POLICE STATION:   |
| duding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  g. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SH C56117  model:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  ONTACT:  CONTACT:   | 3 0             | 3. THIRD PARTY VEHICLE   |
| C) NRIC/FIN/PASSPORT:  | or pussenger    | a) VEHICLE NUMBER: 16V3 3 V B D MODEL:   |
| 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SH C56117  B) DRIVER'S NAME:  ONTACT:  Contact:  Conta | cluding obviour |  |
| et passanger d) VEHICLE NUMBER: STICS 6117 MODEL:  B) DRIVER'S NAME:  NRIC/FIN/PASSPORT:  Contact:  Chail = shall weal th//pe great fax =  | ) 。             | THIRD B'ADTY VEHICLE   |
| duding driver) f) NRIC/FIN/PASSPORT: CONTACT:  CMail = Sharing weal th 1/p@ great (6)  fax =   |                 | THE PROPERTY OF THE PARTY OF TH |
| email = shar wealth 1/p@ great (   | of pastenge     | al Destroit  |
| email = sharing wealth 1/p@ great . (c)  | duding drive    | O) DRIVER S NAME   |
| \$ 1700 Miles  | ~~~             | CONTACT:   |
| St. 178865 1000  |                 |  |
| ST 178365 1885   |                 | 11100 duy  |
| S (Market Galler)  |                 | 14/1/2   |
| \$1 (A)  |                 | il in wear   |
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# Tokio Marine Insurance Singapore Ltd.

Company ting Mr. 107 KKW 1850 KAS 1 Reg No. 807 CC355073 45

20 McCellum Street #00 Of Tokes Marine Centre Saspapere 0x0046

1 955 6221 6111 1 (85) 6221 4355 / 955) 6224 OBIS | Liveritobornation coming W www.linkom



### Certificate of Insurance

FORM MX1H

Account No: 074800A

Chassis No.: JTDER12W403003002

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)

Policy No.: MS008136 (Private Car)

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Effective date of the Commencement of Insurance for the purposes of the Act

SJP3846D

PSP LIMO PRIVATE LIMITED

28/06/2019 (16:29:41)

27/06/2020

4. Date of Expiry of Insurance

Persons or Class of Persons entitled to drive\*
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

1) Use for racing, pace-making, reliability trial or speed testing.
2) Use whist drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

that the Person chinning is permitted in encorpsings with the scenturing or other least or requisitors to private of his been so permitted and is not sequelated by order of a Court of the research of any encorpsion or mad before from driving the fixed Vehicle And provided father that they before a regulation in that before the Road Traffic Act and its regulation.
The Research for the results before concelled at the time of the autodors are or durings.

#### Limitations as to use"

a rendered couperative by Section 6 of the Moles Vehicles (Thirt)-Party Risks and Comparisation) Act (Chapter 189), and Section to of the Hood Transport Act, 1987 (Males et a), are not to be store those t

mently that the Policy to which this Certificate relates is insured it accombinion with the provision of the Major Vehicles. (Their Party Holes and Compressable), Add (Chapter 180) and Part to of the Temperat Act. 1907 (Malaysia)

### PORTANT NOTICE

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| of the same | OR DW-M      | - |        | _        | The second second |

Insurance Plan:

Limit for total loss or theft:

Third Party Fire & Theft Prevailing Market Value

Policy Excess:

Excess-Third Party (Sect II)

Financial Interest

TAI THONG LEE TRADING PTE LTD

Additional Terms:

1 Unnamed Driver Excess is not applicable
2 Vehicle is licensed for private hire by LTA and can be used for private hire limits and the licenses when used for private hire.
3 All drivers must have the necessary private hire licenses when used for private hire.
4 Additional YID excess applied on Section 2

Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable. Private Hire Usage Vehicle Endorsement is applicable.

Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: ETABLICIA

Person 25-46-2079 th 29-95