

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

NA2001/8832

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 13/02/2020 12:02 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/NA200025084 | SAS e-filing | | |
| Veh No: SCF 6671A | E-mail (John Shee, AIC 2hrs) | | |
| D.O.A: 22/01/2020 19:00 | I-Motor Claim Form | | |
| OID: TP / Reporting Only | I-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: CHD 111 | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () | [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

| | | |
|---|--|--|
| General Remarks: | | |
| () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. | | |
| () Total Loss Case: to e-mail Insurer URGENTLY. | | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| | |
|------------|--------|
| Injury: | |
| Date/Time: | At/By: |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|--|-------------|
| NA2001/8832 | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (over 10 Jan 2001) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idas DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NI: Courtesy Car / Tpt Allowance \$3 | |
| | *NI: Repairs Co-ordination \$10 | |
| | *NI: Post Repair Inspection \$25 | |
| | *NI: DV / Collect Excess Coordination \$3 | |
| | TE (NI) / TP (Non INC) against INC \$30 | |
| | 9) NI: Idas Mobile | |
| | 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 | 13/02/2020 12:02 |
| Date Of Accident | 22/01/2020 19:00 |
| Exact Location Of Accident | ALONG VICTORIA STREET TOWARDS ROCHOR ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLF6671A |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX651D |
| Email Address | ARTHURCHUA@GOLDBELLCORP.COM |
| Mobile Phone No | (LOCAL) +65-96981413 |
| Alternative Phone No | OFFICE-96981413 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE-1.2 CVT (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 | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 999994316 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | ZHANG HONG |
| NRIC No | SXXXX098J |
| Date Of Birth | 12/01/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/11/2011 |
| Driving Experience | 8 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96981413 |
| Fax Number | |
| Contact Number | OTHERS-96981413 |
| Email Address | ARTHURCHUA@GOLDBELLCORP.COM |

| | |
|---|---------------|
| Address | 19 KINGSMEAD |
| Postcode | 267970 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JHD1111 (COMMERCIAL VEHICLE) |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4629999 - FAX NO: 64628933 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200123/2030

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 | JHD1111 |
| 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)

SKETCH PLAN

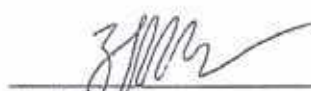
IMPORTANT NOTICE

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:

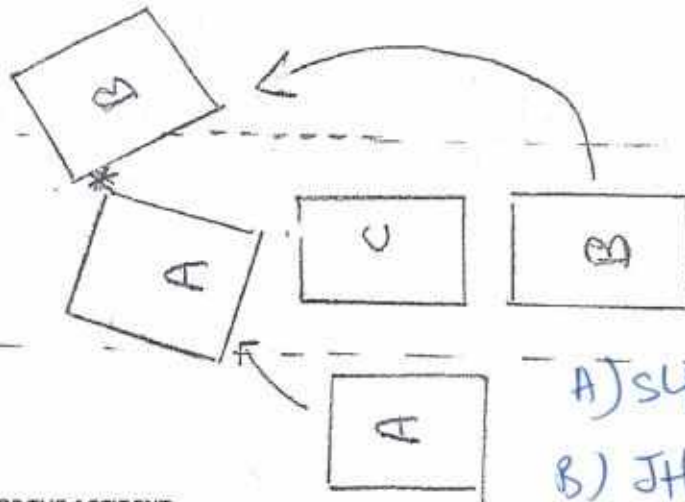

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Victoria Street

SKETCH PLAN

Rochor Road



A) SLF6671A

B) JHD 1111

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22/10/2020 at about 7pm, I was driving my vehicle bearing SLF6671A along Victoria Street towards Rochor Road, next to Bugis Junction near to bus stop no 01119, my vehicle was positioned on the left lane, I intended to change lane to the middle lane, as the traffic was heavy, I already positioned myself and wait for the correct time to move into the middle lane safely

As I was gradually turning into the middle lane with my indicator signaling to the right, suddenly a Malaysian bus bearing JHD1111 from the next lane made a sharp left into the middle lane and my right front of the vehicle hit onto the left side of the bus, however there was no serious damage and no one was injured.

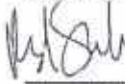
Initially the Bus driver refused to exchange particulars with me, as such we decided to call the police.

The traffic police came down to the accident scene and attended to us and I was advised to make a traffic police accident report.

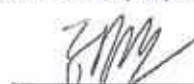
POLICE REPORT 7/20200123/2080

DECLARATION

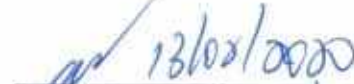
I/We declare the foregoing particulars are true in every respect.

 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.:

13/10/2020

Red LIAAAS

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 | 8 | Date: 22/01/2020 | Time: 7pm |
| Exact Location of Accident | 4 | Along Victoria Street towards Rochor Road, next to bugis junction near bus stop no 01119 | |

DETAILS OF OWN VEHICLE

| | | |
|-----------------------------|---|----------|
| Vehicle Registration Number | 3 | SLF6671A |
|-----------------------------|---|----------|

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 | Manufacturer: _____ Model: _____ |
| Type of Vehicle | <input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____ |
| Exact Purpose for which vehicle was being used at time of accident | Personal Transport |
| Are you claiming under own insurance policy for repair to your vehicle? | <input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting) |

INSURANCE COMPANY (OWN VEHICLE)

| | |
|---------------------------|--|
| Name of Insurance Company | |
| Type of Policy | <input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input type="radio"/> No |
| Policy Number | |
| Motor CI | |

DRIVER

| | | |
|---|---|--|
| Name of Driver | 4 | Zhang Hong |
| Personal Identification - NRIC (Singaporean/PR) | 2 | S9181098J (PR) |
| - FIN/Passport Number | 4 | |
| Date of Birth | 4 | 12 /dd 01 /mm 1991 /yy |
| Driving Date Pass | 4 | 28 /dd 11 /mm 2011 /yy |
| Year of Driving Experience | 4 | 8 Year(s) Month(s) 2 Month(s) |
| Occupation | 4 | Housewife <input type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender | 4 | <input type="radio"/> Male <input checked="" type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | 4 | +65 9698 1413 |

| | |
|---|--|
| Address of Driver | 19 Kingsmead Road Singapore 267970 |
| Email Address | arthurchua@golddbellcorp.com |
| 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) | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear) | Right front |
| 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 |
| OTHER INFORMATION | |
| a. Was anybody injured in the accident? | <input type="radio"/> Yes <input type="radio"/> No |
| b. Was any other vehicle or property damaged? (Including Witness) | <input type="radio"/> Yes <input type="radio"/> No |
| DETAILS OF POLICE ACTION | |
| 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 | Bukit Timah N.P.C |
| Police Station Address | 1 Duke's Road Singapore 268914 |
| Police Station Contact | Tel No. 1800-4629999 Fax No. |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?) |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | |
| Vehicle Registration Number | JHD1111 |
| 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) | |



SINGAPORE POLICE FORCE



1/20200123/2030

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No. 1800-4829989

Report No. T6200123/2030

REPORT OF A TRAFFIC ACCIDENT

| | | |
|---|------------------------------------|------------------------|
| Date/Time Report Made 23/01/2020 10:24 | Vide Report No. A/20200122/0103 | Station Diary No 45 |
|---|------------------------------------|------------------------|

Informant's Particulars

| | | | | | |
|--|-----------|-----------------------------|---|---------------------------|----------------|
| Name of Informant ZHANG HONG | | | Address 19 KINGSMEAD ROAD SINGAPORE 267970 | | |
| ID Type / ID No NRIC NO / S9181096J | | | Contact No. Home/Office : Mobile: 96981413 | | |
| Nationality CHINESE | | | Email | | |
| Sex Female | Age 29 | Date of Birth 12/01/1991 | Type of Informant Driver | | |
| Race Chinese | | | Language | Institution / School Name | |
| Occupation house wife | | | Driving Licence Information: Class | | Date of Expiry |

General Information of the Accident

| | | | | |
|---|----------------------------------|--|---|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident | Non-Injury Attended by Police | Drink Drive No | Date/Time of Accident 22/01/2020 19:00 | Type of Location Straight Road |
| Location: Along Road 1 NEW BUGIS STREET | | | | |
| Victoria Street, next to Bugis Junction near to bus stop no 01119 | | | | |
| Weather Clear | | Road Surface Dry | | Road Speed Limit |
| Traffic Flow One Way | | Traffic Control Traffic Light - Working | | Traffic Volume Heavy |
| 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 |
|------------|-------------------|------------|-------|-------|------------------|-----------------|
| JHD1111 | Bus/Coach/Minibus | | | | Slightly Damaged | 0 |
| SLF6671A | Car | MITSUBISHI | | White | Slightly Damaged | 1 |

Details of Person Involved

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



Police Station Of Origin:

Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

Report No. T/20200123/2030

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------|--|-----------------------------------|
| Driver | | | |
| Name | ZHANG HONG | ID No. | S9181098J |
| Related Vehicle | NIL | Contact No. | 96981413 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 22/01/2020 at about 7pm, I was driving my vehicle bearing SLF6671A along Victoria Street towards Rochor Road, next to Bugis Junction near to bus stop no 01119, my vehicle was positioned on the left lane, I intended to change lane to the middle lane, as the traffic was heavy, I already positioned myself and wait for the correct time to move into the middle lane safely. As I was gradually turning to the middle lane with my indicator signally to the right, suddenly a Malaysian bus vehicle bearing JHD1111 drove pass and my right front of the vehicle hit onto the left side of the bus, however there was no serious damaged and no one was injured.

Initially the Bus driver refused to exchange particulars with me, as such we decided to call for police.

The traffic police came down to the accident scene and attended to us and I was advised to make a traffic police accident report.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T20200123/2030

Report No: T20200123/2030

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
E /
Staff Sgt LOW WEE MENG

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
23/01/2020 10 24

Officer In Charge Of Case
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No: 65476904

Classification Of Case
SN 170

Authentication Stamp
NP166

SIGNATURE

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1950 (MALAYSIA)

MAZ 400

Comprehensive Commercial Motor

(The below excess is subject to GST)

CERTIFICATE NO. 999994316

POLICY EXCESS S\$800.00 ** (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLF6671A

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

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

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 \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months
Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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*

- 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.

The Policy does not cover

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE Not Included

HIRE/PURCHASE COMPANY 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

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ