

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

NA2001562

Date In: 19/05/2000 16:07	Job description	Date & Time Completed	Done by
Ref No: NA2001562/2866/4	SAS e-illing		
Veh No: SLK 6629 Y	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 15/05/2000 16:20	1-Motor Claims Form		
<input checked="" type="radio"/> OD TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHA 5186P

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Assessment (INC/Non-INC) ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date:	Assign:

NA2001562

Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
Ref:	For claimant against INC Only (ver 10 Jan 2000)		
	6) TR: Re-inspection	\$75	
	7) NI: Idea DA + EMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*ND: DV / Collect Excess Coordination	\$3	
	TE (NI): TP (Non INC) against INC	\$20	
	9) NI: Idea Mobile	\$0	
	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	19/02/2020 16:07
Date Of Accident	15/02/2020 16:20
Exact Location Of Accident	AT THE T-JUNCTION OF TANAH MERAH COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6629Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84847346
Alternative Phone No	OFFICE-84847346

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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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	MUHAMMAD ABDUL GHAFFAR BIN PADILAH
NRIC No	SXXXXX733H
Date Of Birth	28/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847346
Fax Number	
Contact Number	OTHERS-84847346
Email Address	NOEMAIL

Address	BLK 747 WOODLANDS CIRCLE #5-702
Postcode	730747
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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	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)	3
Passenger 1	NAME: : MAXIME PERROT GENDER: : MALE
Passenger 2	NAME: : KAILI TAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200215/2141

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	MAXIME PERROT
Phone Number	
Email Address	

Details of Witness 2

Name	KAILI TAN
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Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5186P
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOK WAI KONG
NRIC/Passport Number	SXXXX904H
Contact Number	96979745
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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;



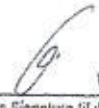

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

Policyholder's Signature  Date  Driver's Signature (if driver is not the policyholder) Date  18/02/2020 @ 1433 hrs Witnessed by Reporting Centre Personnel  19/02/2020

Sketch Plan

Refer to paper attached for sketch plan.

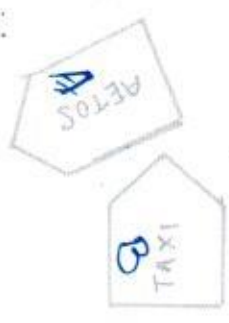
REFER

ATTACHMENT?

← TANAH MERAH - JALAN ROAD →



A) SK 66281
B) SH 5186P



19/02/2020

Describe Circumstance of the Accident *

On 15/02/2020 at about 1620hrs, I was driving our Actos Car, SLK 6629Y along Tanah Merah Coast Road while performing our duty. I wanted to turn right but as the signal for turning right was red, I stopped my car at the traffic light junction. The signal for going straight was still green. There was an Auxiliary Police officer at the traffic light junction. This Auxiliary Police officer was there in assisting traffic as there was a queue on going. The Auxiliary Police officer signalled me to turn right, and thus I turned right. However, I did not see that there was an oncoming taxi, JH95186P which was driving on the other side of the road. The taxi hit the left back door of my car. After the taxi hit my car, we both came down of our vehicles and exchanged particulars. The taxi driver is, Kok Wai Kong, 88107904H.

The left back door of my car was fully broken and few dents on the left back side of my car. The taxi's front bumper was broken. No one injured, no government property was damaged. Soon Traffic Police attended to our accident, but I do not have the report number. I am making this report for Insurance Claim purpose.

Police Report 1/2020/15/2141

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature



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

18/02/2020 @ 1433hrs

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 Accident 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 issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false report may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 15/1/2020 Time: 1620hrs
 Exact Location of Accident * Tanah Merah Coast Road, T-Junction

DETAILS OF OWN VEHICLE

Vehicle Registration Number * 3LK66297

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Goldbell Car Rental Pte. Ltd.
 Personal Identification - NRIC (Singaporean/PR) -
 - FIN/Passport Number -
 - Not Applicable 2007106511

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Mitsubishi Model Attrage 1.3 CVT
 Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ Motorcycle ☐ Others, _____
 Exact Purpose for which vehicle was being used at time of accident * CAR Rental Duties
 Are you claiming under your own insurance policy for repair to your vehicle? ☒ Yes ☐ No (If No, Please select: ☐ Third Party ☐ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AGS
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number 999994316

Motor CI -

DRIVER

☐ Same as Insured above

Name of Driver * Muhammad Abdul Ghaffar Bin Padilah
 Personal Identification - NRIC (Singaporean/PR) * S9543733H
 - FIN/Passport Number S9543733H
 Date of Birth * 28 dd/ 11 mm/ 1995 lyy
 Driving Date Pass * 12 dd/ 10 mm/ 2017 lyy
 Year of Driving Experience * 2 Year(s) 3 Month(s)
 Occupation * Auxiliary Police Officer ☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No * 8484 7346

Address of Driver	BLK 343 WOODLANDS CIRCLE #05-702	Postcode (730747)
Email Address	NIL	
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)	Head-On Collision	
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 checked="" 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		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SHA 5186 P	
Vehicle Make/ Model/ Colour	Blue Hyundai Ionia (Combustion) 4-door Taxi	
Details of Properties		
Name of Driver	Kok Wai Kong	
Personal Identification - NRIC (Singaporean/PR)	S81079014	
- FIN/Passport Number		
Contact Number	96979745	
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

Details of Witness 1

Name	Maxime Terrot (G1749665X)
Phone	
Email Address	

Details of Witness 2

Name	Kaili Tan (S9642609C)
Phone	
Email Address	

Details of Injured Person 1

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 2

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

Details of Injured Person 3

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

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



SINGAPORE POLICE FORCE



T/20200215/2141

1 of 3

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

Report No. T/20200215/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2020 21:24		Vide Report No.:		Station Diary No.: 116
Informant's Particulars				
Name of Informant: MUHAMMAD ABDUL GHAFFAR BIN PADILAH		Address: APT BLK 747 WOODLANDS CIRCLE #05-702 SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S9543733H		Contact No.: Home/Office: Mobile: 84847346		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 24	Date of Birth: 28/11/1995	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink, Drive: No	Date/Time of Accident: 15/02/2020 16:20	Type of Location: T-Junction
Location: Along Road 1 TANAH MERAH COAST ROAD				
At the T-Junction of Tanah Merah Coast Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5186P	Car				Seriously Damaged	2
SLK6629Y	Car				Seriously Damaged	1



SINGAPORE
POLICE FORCE



T/20200215/2141

2 of 3

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

Report No. T/20200215/2141

CONTINUATION OF REPORT

Brief Details.

On 15/02/2019 at about 1620hrs, I was driving our Aetos Car, SLK6629Y along Tanah Merah Coast Road while performing our duty. I wanted to turn right but as the signal for turning right was red, I stopped my car at the traffic light junction. The signal for going straight was still green. There was an Auxiliary Police Officer at the traffic light junction. Then Auxiliary Police Officer was there in assisting traffic as there was Air show on going. The Auxiliary Police Officer signaled me to turn right, and thus I turned right. However, I did not see that there was an on coming taxi, SHA5186P which was driving on the other side of the road. The taxi, hit the left backdoor of my car. After the taxi hit my car, we both came down of our vehicles and exchanged particulars.

The taxi driver is, Kok Wai Kong, S8107904H

The left back door of my car was fully broken and few dents on the left back side of my car. The taxi's front bumper was broken. No one was injured. No government property was damaged. Soon Traffic Police attended to our accident, but I do not have the report number. I am making this report for insurance claim purpose.



SINGAPORE
POLICE FORCE



T/20200215/2141

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

3 of 3

Report No. T/20200215/2141

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

SC2 M AHMED TUSHAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Signature Of Informant:

Date/Time:

15/02/2020 21:24

Classification Of Case:

Authentication Stamp

HP168

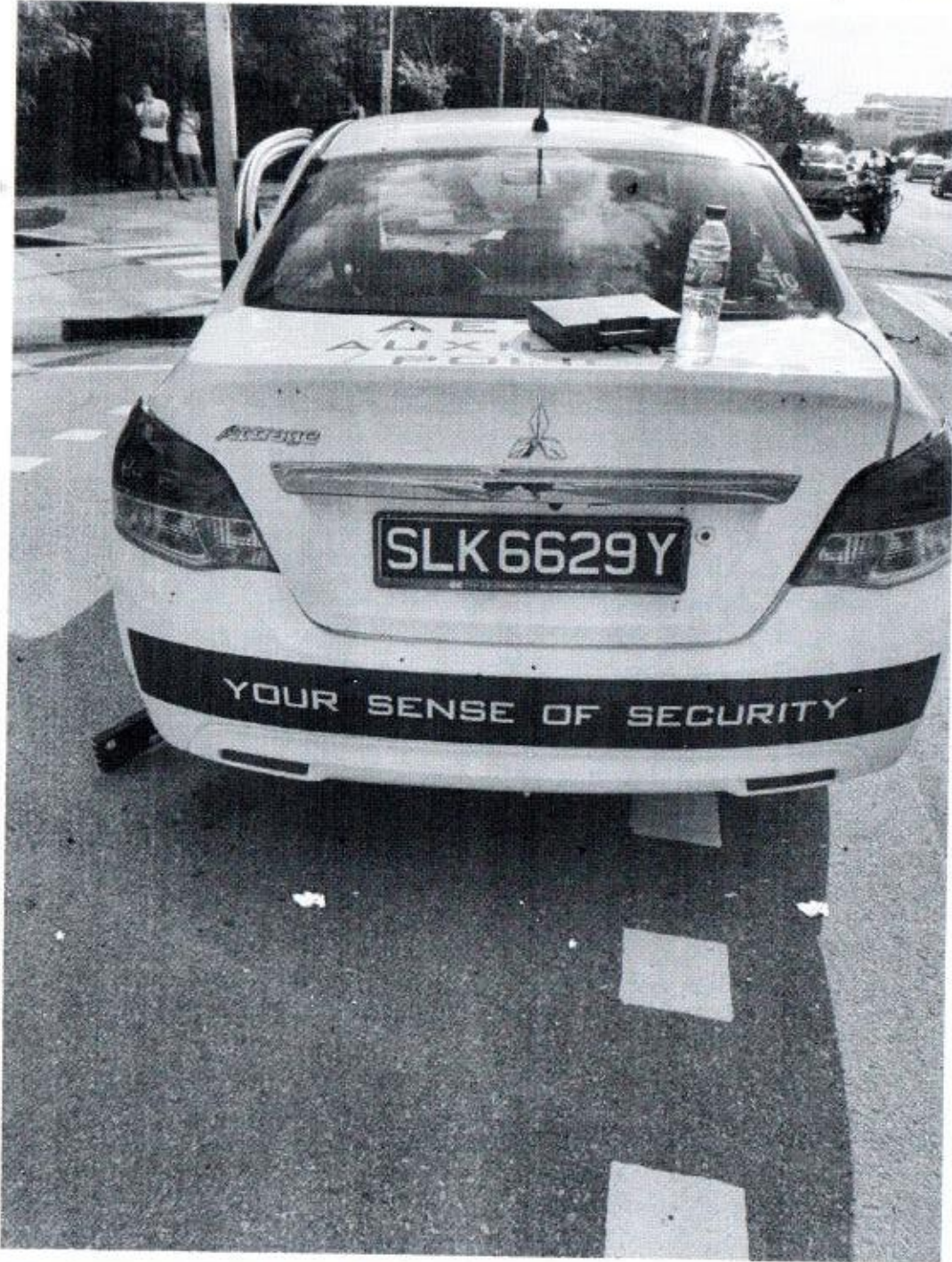
CONFIDENTIAL



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident		Location of Incident	
Minor traffic accident involving CAAS vehicle and a taxi		T junction of Tanah Merah Coast Road	
Date/Day:	15 th Feb 2020	Informant:	SGT (APF) T12904 Muhammad Abdul Ghaffar
Time:	1620 Hours	Team:	CAAS
Particulars of Subject/s			
Name	: Kok Wai Kong (Taxi Driver of SHA 5186 P)		
Sex/Age	: Male/39 yrs old		
Fin No /Work P	: S8107904H		
Nationality	: SINGAPOREAN		
<p>On 15th February 2020 at about 1620hrs, informant and his partner PC (APF) T12851 Tan Ya Xuan were performing CAAS duty, call sign: CT 3 and when they were on their way to perform supervisory check on CT 4 at Changi Naval Base, they met with a road traffic accident with a taxi at the T junction of Tanah Merah Coast Road.</p> <p>According to informant, our AETOS APOs performing traffic control at the said junction for Airshow 2020 signaled him to turn right to the direction of Changi Naval Base and while turning right, a taxi which was going straight hit AETOS vehicle's left passenger rear door.</p> <p>TP SSgt Fathur Rahman and AB Sgt Danial were also at scene. No serious injuries sustained to all parties involved in the incident and no one convey to hospital. TP classify case as minor accident and no further investigation from TP. Particulars were exchanged for all parties to lodge insurance claim. Incar camera footage will be extracted for investigation purpose.</p> <p>CO M Div ASP (APF) Roy Yeo was also at scene to manage the incident. That's all.</p>			
Reported By :		Signature:	Date :
INSP (APF) NG HOW BOON			15/02/2020
			Time: 1900 hours



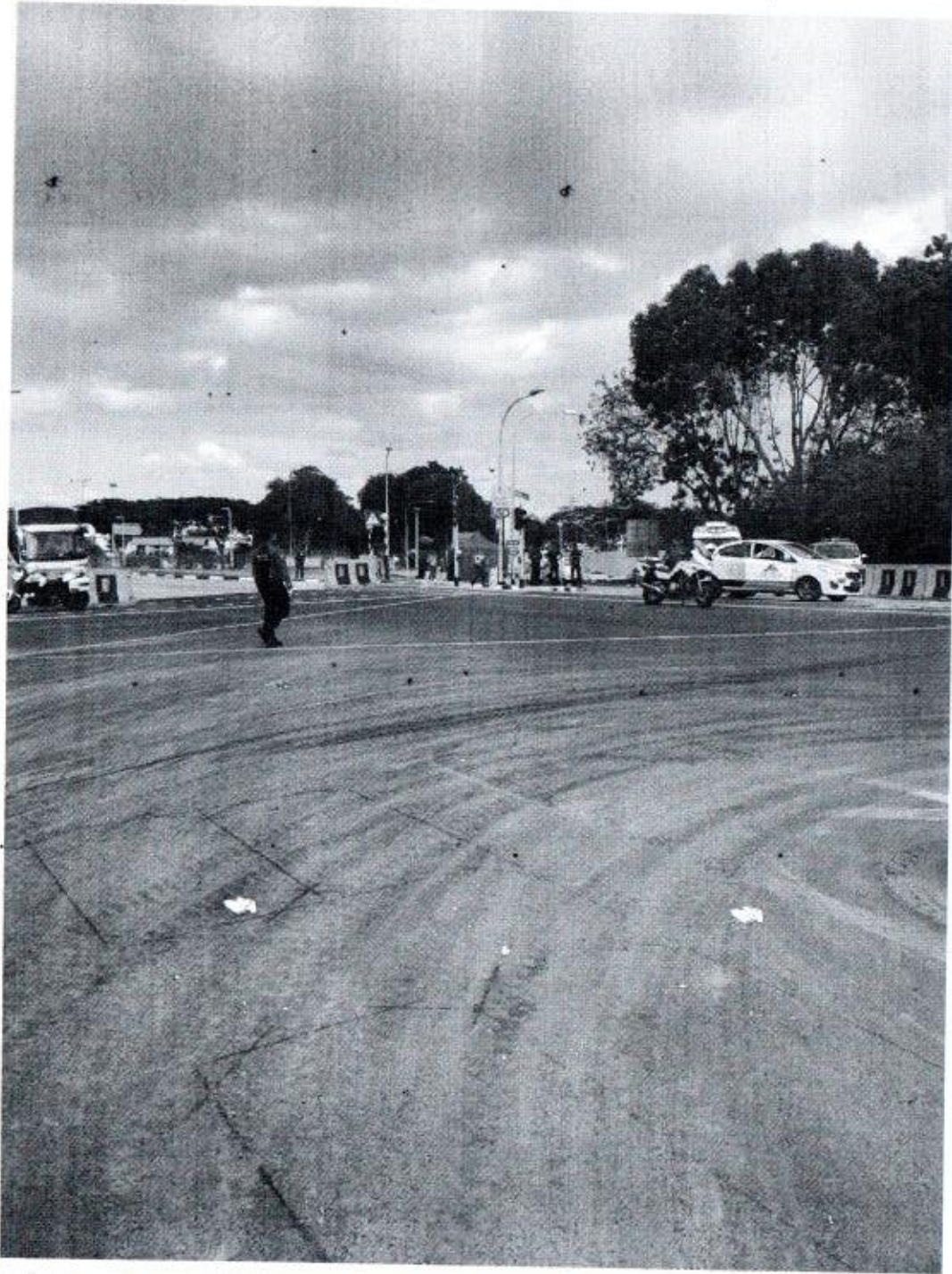
gan 19/02/2020



gal 19/02/2020



gn 19/02/2020



19/02/2020



19/07/2020



19/02/2020



POTREP TEL: 9554182209

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1988
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1988 (MALAYSIA)

Comprehensive Commercial Motor

(The Insured Vehicle is subject to GST)

CERTIFICATE NO. 90994316

WINDSCREEN EXCESS \$5100.00

SUM INSURED Market Value

INSURING WITH COE/PART Yes

SL05629Y

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*

*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 enforcement 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 towing 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 UOB

*Limitations (imposed) respectively by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia) and 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd

AUTHORIZED REPRESENTATIVE

ORIGINAL

SSPHWJ