| A TICONAL Acqueensons Cantra | | | | | |
|--|--|--|--|--|--|
| ATIONAL Assessment Centre | The state of the s | 1001. PM | one &Timo Con | unleted | Done by |
| rate In: 10/06/2020 1738 | Jeb description | | inte cortino or | | |
| OF NO NBALAGOOD 6153/4 | SAS e-filling | | | | |
| ch Wa GU, 59859 | E-malf (bjule tim, | The state of the s | | | |
| 01 83/06/2020 18.00 | 1-Motor Claim F | | | | |
| A. | I-Motor W/O (W | this OD 2las, TP | (hre) | | |
| 1) The Reporting Only | 1-Photo Uploade | d | | | * en. |
| | AssessmentuSurve | | | | |
| P Insurer: | Aso't Report by P | | owner/Witan | | |
| oforrud Wasp / INC Assign Wicep / QW: (| | China and Property and Company | Yoli | For | |
| Pandjedays: Veh Not 6 | | , NC(, |)/Non-INC | () | |
| Owner/Drivers (| | | .Leg: | | |
| | erlod: (|) (| lover Type: (| | |
| | 1 | Dates, | Time | THE RESERVE AND ADDRESS OF THE PARTY. |) |
| Insured/Driver Liability: (%) | [Note-Est. Sintus (WC |); N; 0-20% | i; P: 21-79% | . P: 80-10 | 174] |
| | Wurranty: YES (|)/NO() | | | |
| Execus: (\$) Londing: \$1, | 000()/52,000(|) | HIEROLUURAS PROPER | PHILIPPE PER PER PER PER PER PER PER PER PER | California Commercian |
| | | 的知识的哲学 | 5710 1811 175107 | 发现走了500 | At 315.1 |
|) Walk-In Curcomar : Customer's Inf | formation strictly Confl | donual & Suic | uy NO refer o | repolior, | |
|) Total Lass Case : to e-mail Yasu | rer URGENTLY. | | Y 17.5 | .9 | · · · · · · · · · · · · · · · · · · · |
| | ce: YES() / NO | () 1 To | wing Co: (| anoth lengthness | |
| THE RESERVE THE PROPERTY OF TH | CONTRACTOR OF THE CONTRACTOR OF THE PARTY OF THE CONTRACTOR OF THE | PHARTEUR PARKYTOWN | | 100 | ERECUIDADE |
| | \$4.52 (4.54) (1.15) | 120000000000000000000000000000000000000 | THE REPORT OF STREET | A DESCRIPTION OF THE PROPERTY | 3031 at 1-1-1 |
| Apply for Transport Allowance ()/ | Courtesy Car () | RODANNING H | ###################################### | A DESCRIPTION OF THE PROPERTY | 1011 at 1, 11 |
| | Courtesy Car () | | integrational | | 3021 a. C. p C. |
| QC Check / Post Reputr Inspection | (·) | 39.040.MD/S/J/S | is in the second | | () |
| QC Check / Post Requir Inspection | (·) | | in in its | | |
| QC Check / Post Reputr Inspection | (·) | | | | |
| QC Cheek / Pest Report Inspection Upload Resurvey Photo [Repair Cost> | (·) | | | | Sent de la company |
| QC Check / Pest Repair Inspection Upload Resurvey Photo [Repair Cost> | (·) | | | | |
| QC Check / Pesi Repair Inspection Upload Resurvey Photo [Repair Cost> | (·) | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | (·) | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | (·) \$3000] () | 1) Alti Acidant | Tunordne (SD) | | Managaran Managa |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | \$3000] () | SON Denwy | Kramman (\$100 | | Sendidate de la composition de |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> | (·) 53000] () | 3) DA Danaye 5) TP Towley I 4) PT : Vollage-T | Krimianian (2100 id irongh Survey | | (Sold) (S |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> Injury: (1/203102 Ver/Owner: | (·) 53000] () | 3) VP : Towley V 4) PT : Pollow-T 3) PF : Pollow-T Porolaimher V (A) PT : Pollow-T | Kreenment (\$100 Fray's Burvey Brown Burvey (Re Bloss Frict Carly (Bullet) | | (Soldada) (Solda |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury : A (A 20 310 2 Ver/Owner: Intuct No: | (·) 53000] () | 3) DA Danaye 5) TP: Towing P 4) PT: Pollow-T 3) PT: Pullew-T Paralamines () TR: Re-large | Krasiman (\$100 is irongh Survey (Re irongh Survey (Re irongh Survey (Re irongh Survey (Re irongh Survey | | (Sold) (S |
| QC Check / Post Requir Inspection Upload Resurvey Photo [Repair Cost > Injury : A (A) Sino Ver/Owner: Intuct No: | (·) 53000] () | 3) DA Dameye 5) TP: Towling P 4) PT: Pollow-T 2) PT: Pollow-T Porolationary () TH: Pollow-T 2) NI: [May DA 4) NIUC Addil | Krassman (\$100 If a control (\$100 If a contr | THE THE COLUMN TWO IS NOT THE COLUMN TWO IS | 100 100 100 100 100 100 100 100 100 100 |
| OC Cheek / Pest Repair Inspection Upload Resurvey Photo [Repair Cost > Injury : Inj | (·) 53000] () | 3) DA Dameye 5) TP Towling P 4) PT Pollow-T 3) PT Pollow-T 2) PT Pollow-T () TH: Re-large 7) HI Iday DA 4) NT UC Addill O. P. Courley | Cor/Tut Allower | THE THE COLUMN TWO IS NOT THE COLUMN TWO IS | 150 And 150 An |
| A (A) O'S 102 A (A) O'S 102 Total Results of the pair Cost > 10 | (·) 53000] () | 3) DA 1 Dennye 5) YP 1 Towley P 4) PT 1 Vollou-T 3) PT 1 Pollou-T Paralambus a 6) TH 1 Pollous 7) NI 1 Pollous 7) NI 1 Pollous 7) NI 1 Pollous 1) NI Caurtay *NS1 Caurtay *NS1 Expels (| Cor/Tpt Alterest | The control of the co | 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| OC Cheek / Pest Repair Inspection Upload Resurvey Photo [Repair Cost > Injury : Inj | (·) 53000] () | 5) DA 1 Daney. 5) YP 1 Towing P 4) PT 1 Vollau-T 3) PT 1 Italiaw-T Paralamines 6) TH 1 Re-large 7) H1 1 Iday DA 4) MT UC Addit Oth NS1 Caurtay NS1 Caurtay NS1 Caurtay 1971 Year Ida | Cor/Tpf Allower To and institute The property of the control of th | TRECTOR AND THE PROPERTY OF TH | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| QC Check / Post Report Inspection) Upload Resurvey Photo [Repair Cost> Injury: | (·) 53000] () | 5) DA 1 Daney. 5) YP 1 Towing P 4) PT 1 Vollau-T 3) PT 1 Italiaw-T Paralamines 6) TH 1 Re-large 7) H1 1 Iday DA 4) MT UC Addit Oth NS1 Caurtay NS1 Caurtay NS1 Caurtay 1971 Year Ida | reach Survey reach Survey reach Survey reach Survey reach Survey (Re reach Survey (Re reach Survey (Re reach r | TRECTOR AND THE PROPERTY OF TH | 00 |

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.
- 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.
- 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 | 10/06/2020 14:38 |
| Date Of Accident | 02/06/2020 18:20 |
| Exact Location Of Accident | BLK 24 HOUGANG AVENUE 3 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GU5985G |
| Insured/Policyholder | |
| Name Of Registered Owner | KST AUTO RENTAL PTE LTD |
| Co Reg No | € |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83891273 |
| Alternative Phone No | OFFICE-83891273 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 999993818 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHUA SUN HUAT |
| NRIC No | SXXXX264C |
| Date Of Birth | 06/02/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/08/1982 |
| Driving Experience | 37 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83891273 |
| Fax Number | |
| | |

OTHERS-83891273

NOEMAIL

Address

BLK 35 CHAI CHEE AVENUE

#04-264

Postcode

461035

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

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

CHAI CHEE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 .

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-445 9999 - FAX NO: 6244 4375

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200609/2045

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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)

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/lew firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of I
 - ii) 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.

Policynolder's Signature Date & Time:

Driver's Signatura (If driver is not the policyholder)

Date & Time:

Unuble Provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer 4 | to Police | Regort | 7/20200609/204 |
|---------|-----------|--------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | / | |

Sketch

DECLARATION

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

Policyholder Popatere Date & Time:

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

CM Labor

ACCIDENT STATEMENT

| Lun | ACCIDENT DATE: 2 / 6 / 20 HE | D/MM/YYYY), TIME: 18: 20 (HH:MM) |
|---------------|--|--|
| | | y Ave 3 carpark |
| | 1. DETAILS OF VEHICLE | 5 1 |
| | a) VEHICLE NUMBER: G1 | U 5885 E |
| | DJINSURANCE COMPANY: 1 | ALGO |
| | OPOUCY NUMBER: | |
| | d)POLICY TYPE: (COMPREHENSIVE | / THIRD PARTY / THIRD PARTY FIRE &THEFT) |
| | EJMAKE & MODEL: | A Hince. |
| | I) I TES (SALOON / COUPE / MPV / | VAN / LORRY / MOTORCYCLE / OTHERS |
| | DIVERSULE CATEGORY: (PRIVATE / | COMMERCIAL / MOTORCYCLE |
| | h) PURPOSE OF USING AT ACCIDEN | NT TIME: War 11: ng |
| | I ARE YOU CLAIMING UNDER YOU | R OWN INSURANCE (YES/NO) |
| | IF NO. PLEASE STATE (THIRD PART) 2. INSURED / POLICY HOLDER | CLAIM / REPORTING ONLY) |
| | | 1441 Pte Ctd. IMALE / FEMALE |
| | b) NRIC/FIN/PASSPORT: | CONTACT: |
| | c)ADDRESS: | OON(ACI |
| | 1 - AAV III O CITAINS STO | |
| Mary A | * CONTINUE TO 3.d IF DRIVER ALSO | POLICY HOLDER |
| Atho of bee | songa, DRIVER | |
| (Induding. | driver) OINAME: | (MALE / FEMALE) |
| (1) | b)NRIO/FIN/PASSFORT: | CONTACT: \$3\$91273 |
| | and the second | · · · · · · · · · · · · · · · · · · · |
| | *d)DATE OF BIRTH; /// | I/DD/MM/YYYYI |
| | e)OCCUPATION: (INDOOR / OUTD | OOR) |
| | TYEARS OF DRIVING EXPRERIENCE | |
| | WAS DRIVER AN EMPLOYEE OF " | THE INSURED'S COMPANY? (YES / NO) |
| | IF NO, RELATIONSHIP OF THE D | RIVER WITH INSURED: Hiver. |
| | 5. OJWEATHER CONDITION: (CLEAR / | RAINING / OTHERS |
| | b)ROAD SURFACE: (DRY / WET / OT 6. WAS ANYBODY INJURED (YES / NO | THERS |
| | 7. DIREPORTED TO POLICE (YES / NO) | 1 |
| | IF YES, PLEASE STATE WHICH POLI | CESTATION: Chai Chee NPP. |
| line it | S. THIRD PARTY VEHICLE | |
| THE PERMISSI | S. THIRD PARTY VEHICLE | MODEL: |
| - monething S | (War) W University (Market | |
| () | Self Diblier Court Constitution (Constitution Constitution Constitutio | CONTACT: |
| | 9. THIRD PARTY VEHICLE | |
| THE OF PRES | anger of polygorphysics | MODEL: |
| (Industry) | Anger di VEHICLE NUMBER: BI DRIVER'S NAME: direver) fi NRIC/FIN/PASSPORT: | |
| () | , if imperior assenti | CONTACT: |
| | | |

Omail = 1057

VIDEO - No.





Report No. T/20200609/2045

1 of 3

Police Station Of Origin:

Chai Chee NPP

35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Date/Time Report Made: Station Diary No.: 09/06/2020 16:31 Informant's Particulars Name of Informant: Address CHUA SUN HUAT APT BLK 35 CHAI CHEE AVENUE #04-264 SINGAPORE 461035 ID Type / ID No. Contact No : NRIC NO / S1295264C Home/Office: Mobile: 83891273 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant. Male 63 06/02/1957 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: ROAD SIDE HELPER Class: 2B,2A,2,3 Date of Expiry:

| General Infor | mazion of the Accid | ent | Viena. | | |
|--|----------------------|----------------------------|---------------|---|--|
| Type of Accident: | Non-Injury Others | | rink rive: | Date/Time of Accident: 02/06/2020 18:20 | Type of Location Car Park |
| Location: Along Road 1 HOUGANG A Bik 24 Houga Weather: Clear | | pace carpark Road Surf | | | Road Speed Limit: |
| Traffic Flow: Two Way | | Dry Traffic Cor Not Contro | | | Traffic Volume: |
| Type of Collis | ion: | 11101 001111 | Olled | | No Traffic Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-----------|-------|-------|------|------|-------------|
| on No of Passenger | Condition | Color | Model | Make | Туре | Vehicle No. |
| 0 | No | | | | Van | GU5985G |
| 0 | Damage | | | | | |

| Details of Person Involved | AND TO SHARE WELL A DECEMBER OF THE PARTY OF |
|---------------------------------|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Report No. T/20200609/2045

2 of 3

Police Station Of Origin: Chal Chee NPP 35 Chai Chee Avenue #01-255 SINGAPORE 461035

Tel No: 1800-4459999

CONTINUATION OF REPORT

| Driver | | 12/11/09/12 | THE RESERVE TO BE | Sec. 2011 | SULP | |
|------------------|-------------------|-------------|---|-----------|---|--|
| Name | CHUA SUN HUAT | | ID No. | | S1295264C | |
| Related Vehicle | GU5985G (Van) | | Contact No. | | 83891273 | |
| Hospital/Clinic | NIL | | Class Driving Licence Expiry | e & | Class: 2B,2A,2,3 Date of Expiry: NIL | |
| Date Treatment | NIL Date Disc | | - Contract of the Contract of | NIL | | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | | NIL | |

Brief Details.

On 02/06/2020 at about 1820 hrs, I was helping my customer changing a flat tyre at the carpark of 8lk 24 Hougang Avenue 3 and my vehicle GU5985G was parked inside a lot beside the customer vehicle. After about 10 minutes. I left the location and followed my customer to a nearby tyre shop.

I wished to state that there was no accident happened at the location and I did not collide to any vehicle. Nobody has approached me at the location to inform me about any accident. I am lodging this report with reference to TP/IP/24575/2020 under Traffic Police Investigation Officer Tan Jeok Leng Leslie.





3 of 3

Report No. T/20200609/2045

Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE

CONTINUATION OF REPORT Tel No: 1800-4459999

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: G / Staff Sgt MUHAMMAD KAMARULARIFIN BINAMOHAMED YUSOFF | | Signature Of Informant: |
|--|---|--------------------------------|
| Signature Of Interpreter: Not applicable | 1 | Date/Time: 09/06/2020 16:31 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI | | Classification Of Case: |
| Contact No.: 65476151 Authentication Stamp NP168 | 1 | |



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THRO PARTY RISKS AND COMPENSATION) NULES: 1960

HOAD TRANSPORT ACT, 1987 (MALAYSIA) and Road Transport (Amendment) Act 2019

NOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

M Z 400

(The below excess is subject to GST) REFER TO ITEM 5 COMMERCIAL MOTOR POLICY EXCESS THIRD PARTY WINDSCREEN EXCESS GUSSEG CERTIFICATE NO. 999993818 POLICY NO. SUM INSURED INSURING WITH COEPARF GUISSIG 1) VEHICLE REGISTRATION NO KST AUTO RENTAL PTE LTD 2) NAME OF INSURED

I LEFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

12 April 2020

11 April 2021

4 I DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any person who is driving on the insured's proof or with their permission.

551,000.00 section 2 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is believ 2 tions.

551,500 00 section 2 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year criving experience where vehicle tonnage is below 3 time.

Provided that the person driving is permitted in accordance with the licensing or other laws or requirities to drive the Motor Vehicle or has been so permitted and it not disquell od by order of a Court of Law or by resum of any enactment or regulation in that behalf from driving the Motor Vehicle

SI LIMITATION AS TO USE"

- 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.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Pulicy does not cover: 1) Use for fulfiles, driving test, racing, pace-moking, reliability trial or speed-testing, 2) Use whilst drawing a fracer except the towing (other man for reward) of any one disobled machanically propolled vehicle. 3) Use for any purpose in connection with the Motor Trace.

LOSS OF USE

HIRE PURCHASE COMPANY

*Contactors rendered incogrative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Manyers) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

17 We hereby Cardy 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) and Road Transport Act, 2019;

issued in Singapore 03 Jun 2020

AIG Asia Pacific Insurance Pte. Ltd.

155005-000 Koh Tong Poh Peter AIC: Building 78 Shenton Way (Gems Room) Singapore 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPORC