	Jeb description	Date &Time Completed	Done by
Date In: 112 12-14:42	SAS e-filing		
Rei No: NA INICIDOS6874 TH	E-mail (within Shrs, AIC 2hrs)		•
Veh No: Styrses.	i-Motor Claim Form		
D.O.A: 27/6/p-77:42	I-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (- Company of the Comp	Tel: Fa	x:)
TP Particulars: Veh No: Dta	inc	()/Non-INC()	
Owner / Driver: (Tcl:)
	riođ: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-10	0%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,0	00()/\$2,000()		THE STATE OF THE S
General Remarks:			Section 1
() Walk-In Customer: Customer's info	rmation strictly Confidential & S	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insure			
Drive-In ()/ Towed-In (); Invoice		Towing Co: (.)
		Date&Time Completed	Done by
Remarks:- (INC hotline: 6788 6616)	Courtesy Car ()		
1) Apply for Times Process	Courtesy Car ()	***************************************	i and the same of the same
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3	()	v en generalise	
Injury:			TOP MARKET A SECTION AND ADDRESS
	5 S. C. C.		RESIDENCE
Date/Time Actions	St. Street Clarker Street Street Street and Control of the Control		NGDP DUPEN, N. I.
Date/Time Actions			NORT DIVISIA, NO
Date/Time Actions			25G224 (Mar 42A - A.F.
Date/Time Actions			20000 M. F.D. D.F.
Date/Time Actions			NOTE IN THE PARTY OF THE PARTY
Date/Time Actions	1		
	Invoice P	ceparation Checklist	Amt(S) Amt(S)
HA1202487	1) AR : Accid	lent Reporting (\$30);	Amt (5) Amt (1)
HA1202487	1) AR : Accid 2) DA : Dame	lent Reporting (\$30); age Assessment (\$100); INC (\$	Amt (5) Amt (1)
NALWINE Particulars :-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) ET : Follow	lent Reporting (\$30); age Assessment (\$100); INC (\$100); age Fee \$400. W-Through Survey	Ant (5) Ant (5) (if Bill Add Bill 10) 1/545 5120
NAISONE T. Stairmant's Particulars :-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follow	lent Reporting (\$30); sge Assessment (\$100); INC (\$100); ge Fee \$54 w-Through Survey w-Through Survey (Resurvey)	Ant (5) Ant (5) (51 Bill Add Bill 10) 1/545 5120 530
NALWINE Particulars:- river/Owner: ontact No:	1) AR : Accid 2) DA : Dam 3) TF : Towid 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in	lent Reporting (\$30); age Assessment (\$100); INC (\$100); INC (\$100); age Assessment (\$100); INC (\$100); age Assessment (\$100); by Assessment Assessment (\$100)	Amt (5) Amt (1) fit Bill Add Bill 10) 1/545 5120 530
Hannant's Particulars :- river/Owner: ontact No:	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao	lent Reporting (\$30); age Assessment (\$100); INC (\$100); age Assessment (\$100); INC (\$100); age Assessment (\$100);	Ant (5) Ant (5) (5t Bill Add Bill 10) 1/545 5120 530 1) \$75
Nanant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follor 5) FT : Follor For claimin 6) TR : Re-in 7) N1 : Idao 1 8) NTUC Ad OD*	lent Reporting (\$30); sige Assessment (\$100); INC (\$10	Ant (5) Ant (5) (5t Bill Add Bill 10) 1/545 5120 530 1) \$75
Nalsosus :- Claimant's Particulars :- Criver/Owner: Contact No: Camaged Portion:	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follor 5) FT : Follor For claimin 6) TR : Re-in 7) N1 : Idag 8) NTUC Ad OD* *N5: Coun *N6: Repu	lent Reporting (\$30); size Assessment (\$100); INC (\$10	Ant (5) Ant (5) fit Bill Add Bill 10) 10545 5120 530 1) 575 5160 55 510
NAIDONE ?: Inimant's Particulars:: Oriver/Owner: Ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follor 5) FT : Follor For claimin 6) TR : Re-in 7) N1 : Idao 3 8) NTUC Ad OD* *N5: Coun *N6: Repu	lent Reporting (\$30); size Assessment (\$100); INC (\$10	Amt(5) Amt(1) (fit Bill Add Bill 10) 1/545 5120 530 1) \$75 \$160
NAIDONE Particulars :- Priver/Owner: Contact No: Camaged Portion: C Checked by (Engr-In-Charge): Auditors: Comments :-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao 3) NTUC Ad OD* *N5: Cour *N6: Rep *N7: Fost *N8: DV TP (N11)	lent Reporting (\$30); sige Assessment (\$100); INC (\$10	Ant(5) Amt(1) (ii Bill Add Bill (ii) (iii) (iii
	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idao 8) NTUC Ad OID* *N5: Coun *N6: Rep *N7: Fost *N8: DV	lent Reporting (\$30); sge Assessment (\$100); INC (\$100	Ant (5) Amt (1) fit Bill Add Bill 100 1/545 5120 530 1) \$75 \$160 \$55 \$510 \$525 \$55 \$520 \$30

in per at the

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 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.
- 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.

aforesaid.	
AND DESCRIPTION OF THE PERSON	ACCIDENT STATEMENT
Date Of Report	01/07/2020 14:42
Date Of Accident	27/06/2020 23:40
Exact Location Of Accident	EUNOS FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL9389P
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98226730
Alternative Phone No	OFFICE-98226730
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA JAZZ 1.3L 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	

Driver

Name of Driver QISTINA ASYURAH ROSLAN NRIC No SXXXX722B

Date Of Birth 10/08/1978
Occupation INDOOR
Date Of Driving Pass 15/01/2001

Driving Experience 19 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81432747

Fax Number

Contact Number OFFICE-81432747

EMail Address NOEMAIL

BLK 434 HOUGANG AVENUE 8 Address

#02-908

530434 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

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

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

.

GENDER: : MALE

Passenger 2 NAME:

GENDER: : MALE

Passenger 3 NAME:

> GENDER: : FEMALE

Passenger 4 NAME: : =

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT- T/20200630/2043.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Page 2 of 18

Vehicle Registration Number

SDK7772D

Vehicle Make/Model/Colour

SSANGYONG

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHAIRUL ANWAR BIN ABDUL MAJID

NRIC/Passport Number

SXXXX800Z

Contact Number

87799282

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF2699Y

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAUL

NRIC/Passport Number

Contact Number

92233073

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QISTINA ASYURAH ROSLAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLL9389P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:

(If driver's not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

ventcle A: S119389P venrole B. 30K77720 ventuel: SLFZ6994 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT report. Refer police 10 joing particulars are true in every respect. Policyholder's Signature Oriver's reinanced (If driver's not the policyholder) Reporting Centre Personnel's Signature Date & Time: Name: Date & Time: NRIC/FIN No.: MINE State Planton VX

	Date of Accident	: 27 Jun 2020 Accident Time: 2340 (24-HR-Format)
	occident Place	: PIE towards Changi, Euros Flyover
	Vehicle Reg. No. (Car Plate No.)	:_SLL9389P
	Vehicle Make/Model	: Honda Jazz
	Insurance Company	AIG Policy No. 99 999 4039
	Owner or Company Name /IC No.	: Fresh can Pte Ltd /201608540Z
	Owner or Company Contact No.	: 0822 6730 Owner's Hp Company Tel
	DRIVER'S Name / IC No.	: Qistina Asyurah Roslan
	DRIVER'S Date Of Birth	: 10 Aug 1978 DRIVER'S License Pass Date 15 Jan 2001
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hire-
	DRIVER'S Address	: 12 Euros Crescent #05-2787 Singapore 400012
	DRIVER'S Contact No./ Alt No.	:1) 81432747 2)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	: asyurahroslan @ yahoo. com
2	Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	iver): 5 2 lengte, 2 m sle
	Was there any video Captured by ca Exact purpose for which vehicle wa	camera: YES \NO being used at the time of accident: Private use \ Work purpose
	Other F	arty Driver's Particular (if anv)
	Vehicle Reg. No: SDK 7772D	Vehicle Reg. No: SLF2699 Y
	Vehicle Make Wodel: Ssang YC	Vehicle MakelModel: Toyota Altis
	Name Driver: Khairul Anwar Bi	Abdul Majid Name Driver: Paul
	IC No. Driver: S 9330 8007	JC No. Driver:
	Driver's Contact & Add: 87799	282 Driver's Contact & Add: 92233073

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n.*.



T/20200630/2043

1 of 3

Report No. T/20200630/2043

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2020 13:43		Vide Report No.: G/20200628/0003	Station Diary No.: 13			
Informan	t's Partic	ulars				
	Informant: ASYURAI	H ROSLAN	Address: APT BLK 434 HOUGAN 530434	IG AVENUE 8 #02-908 SINGAPORE		
ID Type / ID No.: NRIC NO / S7822722B			Contact No.: Home/Office:	Mobile: 81432757		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:	89 -		
Sex: Age: Date of Birth: Female 41 10/08/1978		Type of Informant: Driver				
Race: Malay		Language: English	Institution / School Name:			
Occupation: SELF EMPLOYED			Driving Licence Informat Class:	tion: Date of Expiry:		

Type of Accident:	Injury Attended by Polic	Drink Drive: No	Date/Time of Accident: 27/06/2020 23:	Type of Location: EXPRESSWAY
	EXPRESSWAY	Y (PIE) HEADING TO	OWARDS CHANG	LAIRPORT DIRECTION
ON THE EUN	IOS FLYOVER	Road Surface:		Road Speed Limit:
		AND CARROLLES IV. COMMERCIAL INC.		
ON THE EUN Weather:	IOS FLYOVER	Road Surface:		

Vehicle No.	Type	Make + /	Model	Color	Condition	No of Passenger
SDK7772D	Car	SSANGYONG	TIVOLI 1.6G 6AT 2WD ESP E6 FL	Grey	Seriously Damaged	3
SLF2699Y	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT		Seriously Damaged	2
SLL9389P	Car	HONDA	HONDA JAZZ 1.3L A	Black	Seriously Damaged	4





2 of 3

Report No. T/20200630/2043

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No	No. of Dec	la akala a	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	Use of Peo	estriar	Cross	ing. IVA
Driver					070007000
Name	QISTINA ASYURAH ROSLAN		ID No		S7822722B
Related Vehicle	SLL9389P (Car)		Conta	ct No.	81432757
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2020	Date Disch			/2020
No of Days gran	ted Medical Leave 03	Degree of	Injury	Slight	

Brief Details.

On the 27th of June 2020 at about 2340hrs, I was driving my vehicle bearing registration plate SLL9389P which was a rented vehicle along Pan-Island Expressway (PIE), heading towards Changi Airport direction. During the time, it was heavy traffic jam. As I was driving my vehicle up the slope which was Eunos Flyover, I had stopped behind a vehicle, due to the heavy traffic congestion. My vehicle was stationary and wasn't moving. After a brief moment, I saw that the traffic was moving and before I could move off, all of a sudden, I felt an impact from the rear of my vehicle. I got out of my vehicle and realized that there was a chain collision, involving 2 other vehicles bearing registration plate - SDK7772D and SLF2699Y. I wish to state that the vehicles are in the following order during the time of incident -SLL9389P (1st vehicle), SDK7772D (2nd vehicle) and SLF2699Y (3rd vehicle).

The damages were as follows:

- 1) SLL9389P rear bumper dented, rear windscreen shattered
- 2) SDK7772D front bumper dented, rear bumper dented
- 3) SLF2699Y front bumper dented

Traffic Police and Ambulance came to the scene, vide G/20200628/0003. I was unsure if anyone was conveyed to hospital. I also wish to state that my vehicle only had an in-car camera which was at the front however, it didn't managed to record the heavy traffic congestion. After the incident, I went to Changi General Hospital to sought treatment as I felt some pain at my shoulder blade area, the back of my neck and also my back area. I was issued with 3 days of MC from 28th of June 2020 till 30th June 2020.





3 of 3 Report No. T/20200630/2043

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

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: G / Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 13:43
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN LINE MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	A- MATURI



CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRASPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

THIRD PARTY

COMMERCIAL MOTOR

POLICY EXCESS

REFER TO ITEM 5

CERTIFICATE NO.

SLL9389P

WINDSCREEN EXCESS

NA

POLICY NO.

999994039

SUM INSURED INSURING WITH COE/PARF

SLL9389P

NA

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

FRESH CARS PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF

THE ACT

07 September 2019

4) DATE OF EXPIRY OF INSURANCE

06 September 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

\$\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.

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
- 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 Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the 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) and Road Transport (Amendment) Act 2019., 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 06 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000 Choy Weng Hong Eric 25 Toh Tuck Walk Singapore 596604

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL