

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA0088035

Date In: 11/12/12-16:24	Job description	Date & Time Completed	Done by
Ref No: HA/C72/200873/24	SAS e-filing		
Veh No: 6MHT188	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/12/12-09:32	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 6884584

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: ()

Remarks: (INC hotline: 6788 6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OP*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

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	08/10/2020 16:24
Date Of Accident	07/10/2020 09:30
Exact Location Of Accident	BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1518X
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96253682
Alternative Phone No	OFFICE-96253682

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001962000
Cover Note Number	

Driver

Name of Driver	PUPATHI S/O RAJA MOHAN
NRIC No	SXXXX762Z
Date Of Birth	28/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2014
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88305585
Fax Number	
Contact Number	OFFICE-88305585
Email Address	NOEMAIL

Address	BLK 807A CHOA CHU KANG AVENUE 1 #11-512
Postcode	681807
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201008/2018 & T/20201008/2019.

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	GBB4598G
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC9574T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC5879J
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJH4850B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PUPATHI S/O RAJA MOHAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMH1518X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.



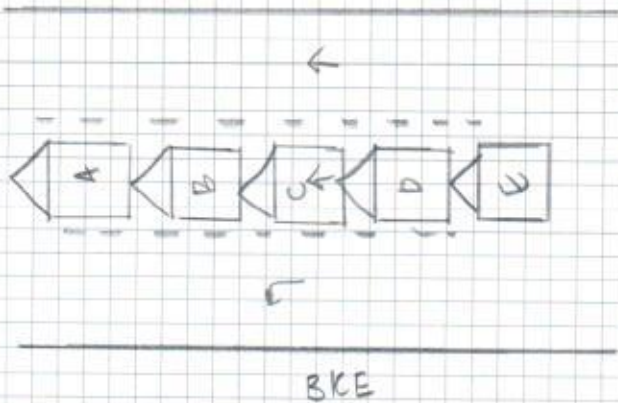
Policyholder's Signature
Date & Time: 08/10/20

Driver's Signature
(if driver is not the policyholder)
Date & Time: 08/10/2020

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

SKETCH PLAN

A: SMH1518X
 B: GBB4598G
 C: SLC9574T
 D: GBC5879J
 E: SJH4850B




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report - 7/2523/008/2018 & 7/2523/008/2019.

DECLARATION

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


 Policyholder's Signature

Date & Time: 08/10/20


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 08/10/2020


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

Date of Accident : 07/10/2020 Accident Time: 9:30hrs (24-HR-FORMAT)
 Accident Place : Bukit Timah Expressway
 Vehicle Reg. No (Car plate No.) : SMH 1518X Vehicle Make/Model: Honda Shuttle
 Insurance Company : China Taiping Policy No. DMHCSNA00001962000
 Name of Registered Owner : Company / Individual Asia Express Car Rental Pte. Ltd
 ID of Registered Owner : Co Reg No: 2011168820 Owner's NRIC No: _____
 : Co Contact No: 96253682 Owner's Contact No: 91998131
DRIVER'S Name : Rupathi s/o Raja Mohan DRIVER'S NRIC No: 883407622
DRIVER'S Date of Birth : 28/11/1983 DRIVER'S License Pass Date 05/02/2014
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
DRIVER'S Address : Blk 807A Choa Chu Kang Ave 1 #11-512 S'681807
DRIVER'S Contact No./ Alt No. : 1) 8830 5585 2) 8462 8840
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : peijie@expresscar.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 male / 1 Female
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBB4598G</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



SINGAPORE POLICE FORCE



T/20201008/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20201008/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 10:19	Vide Report No.: J/20201007/0065	Station Diary No.: 46
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Informant's Particulars

Name of Informant: PUPATHI S/O RAJA MOHAN		Address: APT BLK 807A CHOA CHU KANG AVENUE 1 #11-512 SINGAPORE 681807	
ID Type / ID No.: NRIC NO / S8340762Z		Contact No.: Home/Office: Mobile: 88305585	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 28/11/1983	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2020 09:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SMH1518X	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201008/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3
Report No. T/20201008/2018

CONTINUATION OF REPORT

Driver			
Name	PUPATHI S/O RAJA MOHAN	ID No.	S8340762Z
Related Vehicle	SMH1518X (Car)	Contact No.	88305585
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 07/10/2020 at 0930hrs, I was driving my vehicle (SMH1518X) along BKE towards Dairy Farm Road along lane 2 when I saw a accident occur infront of me. I then applied onto my brakes and stop in time. I look through my rear mirror and notice that there is lorry behind came to a stop behind my vehicle.

Subsequently I heard a bang at the rear of my vehicle and felt a impact. I then came out of my vehicle to make a check and there was a chain accident involving 5 vehicles. I was driving Grab a passenger and she informed me that she was pregnant and in the state of shock. I called for ambulance assistance immediately. When the ambulance arrived and make a check on us, I felt some pain at my back and I was conveyed to Ng Teng Feng Hospital.

On 07/10/2020 at 2030hrs, Traffic police contacted me and told me that my vehicle is currently with traffic police and informed me to lodge a report regarding the accident.

I am not sure of the other vehicles involved as the plate number were blocked. I did not exchange particulars with any of the drivers as I was conveyed by ambulance. I am unsure of my vehicle damage as it was block by the lorry behind after the accident.



**SINGAPORE
POLICE FORCE**



T/20201008/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20201008/2018

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 /

Sgt 2 DARRYL LIM JUN DE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No: 65476171



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

08/10/2020 10:19

Classification Of Case:



SINGAPORE POLICE FORCE



T/20201008/2019

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20201008/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 10:30	Vide Report No.: T/20201008/2018	Station Diary No.: 54
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Informant's Particulars

Name of Informant: PUPATHI S/O RAJA MOHAN			Address: APT BLK 807A CHOA CHU KANG AVENUE 1 #11-512 SINGAPORE 681807		
ID Type / ID No.: NRIC NO / S8340762Z			Contact No.: Home/Office: Mobile: 88305585		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 28/11/1983	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2020 09:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SMH1518X	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201008/2019

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20201008/2019

CONTINUATION OF REPORT

Driver			
Name	PUPATHI S/O RAJA MOHAN	ID No.	S8340762Z
Related Vehicle	SMH1518X (Car)	Contact No.	88305585
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2020	Date Discharge	07/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

Vide report T/20201008/2018, I was given 5 days outpatient sick leave by Ng Teng Fong General Hospital.



**SINGAPORE
POLICE FORCE**



T/20201008/2019

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20201008/2019

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 /

Sgt 2 DARRYL LIM JUN DE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

08/10/2020 10:30

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

SINGAPORE

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

Favordrive Car Rental
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409

Favordrive Car Rental
82 Geylang Lor 23
#03-06 Atrix
Singapore 388409

Vehicle Lease Agreement

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between **Favordrive Car Rental**
(Business Registration No.: 53356674J)
Having its office at:
82 Geylang Lorong 23 #03-06 Atrix Singapore 388409
Hereinafter referred to as 'The Owner' of the one part

And **Name: Pupathi S/O Raja Mohan**
Nric No: S8340762Z
Having his residential address at: Blk 807A Choa Chu Kang
Ave 1 #11-512, Singapore 681807
Tel. (Residential) : 8555 7195
Next of Kin Contact : 8462 8840 (Wife)
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver **Name:**
Nric No:
Having his residential address at:
Tel. (Residential) :
Next of Kin Contact :
Hereinafter also known as the "Additional Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

VEHICLE AND LEASE PERIOD

Make & Model: Honda Shuttle
Registration No: SMH1518X
Effective from : 08/07/2020 – 08/10/2020
Period : 3 Months Contract

[The Owner's Initial & Stamps]



The Hirer and/or Additional Hirer Initial & Stamps
08-Jul-2020



Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

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)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001962000

Engine No.: LEB7100992

Cha. No.:GP72000658

1. Index Mark and Registration
Number of Vehicle

SMH1518X

2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to 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.

HIRE PURCHASE CO. : SKYWAY CREDIT & LEASING PTE LTD AS HP OWNER

* 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Gan Li Jia Jesca
Authorised Officer

Authorised Signatory