| The second secon | | | 3.043/20 | 0000 | 1 | |
|--|--|--|---|---|--|--------------|
| NATIONAL Assessment Centre | Services. Ima | 1132/051. | NUS 113 | Vac | Donoby | 1 |
| Dute In: 08(08) 2021 2020 / | Jep desemption | , . | Dute & Timo C | ompleted . | 001100 | |
| Rel No: 184/1721001883 14 | SAS c-Illing | • | | . ` | | |
| Veh No. BR BK BK | E-mall (bjula shr | , A(¢ tlus) | | \$ | | |
| 0.01.0702 2021 13:20. | 1-Motor Claim | ('prin | 41 | | <u> </u> | |
| (1) (2) (1) | I-Motor W/O (V | Villes OD Thrs | TP (brs) | | | ابات! |
| OD TP! Reporting Only | I-Plioto Upload | cd | | | | |
| | AssessmenVSury | | | | · · · · · · · · · · · · · · · · · · · | |
| TP Insurer: | Ass'l Report by I | | Owner/Wish | | A CONTRACTOR OF THE PARTY OF TH | |
| Proferred Witep / INC Assign Witep / QW: (| | - CONTRACTOR - CON | Yol: | Paxt | | 1 |
| TP Budgulfrys . A. Veh Not | 1682x P. | , MC(|)/Non-INC | (), | | |
| Owner / Driver: (| - Meters - | | Tel; | | | |
| Perl | 001 (|) | Cover Type: (| - | | |
| Confirmed by 1 (| 1 | Datet, | ·Tim | A 10 washington |) | |
| Insured/Driver Liability: (%) [N | loce-Est Sinus (W | D): N: 0-20 | %; P: 21-799 | 6. P: 80-100 | <u>//i)</u> | <u></u> |
| Year of Registration: () W | formanty: YES (|)/NO(| > | ,, , ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Buccss: (\$ ') Londing: \$1,00 | 00()/\$2,000(|) | Authorite Charles | **************** | The Standard of the Standard | *** |
| TELEVISION DE LE SECTION DE LE | 可用的知识的 | 证如此代的企 | 析為的級的可以 | 政治生为7776 | 6t 111 1 1 1 | |
| () Walle-in Customar i Customer's Infor | mation sticity Conf | denuvi & Su | icuy NO rotor c | of tabanar. | 1 | - |
| () Total Luss Case ; to e-mail Ynsure | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, | , | " " " " " " " " " " " " " " " " " " " | 13 | · ,) | |
| Drive-In ()/ Towed-In (); Invoices | Ana()\ Mo |) () 1 | owing Co: (| TOTAL PROPERTY COM | WAYNET STEET | CONTRACT OF |
| | | | 2 1100000000000000000000000000000000000 | 可加州 | Thattorops . | |
| 1) Apply for Transport Allowance ()/C | ourtesy Car () | | <u>'</u> | w | | |
| 2) QC Check / Post Requir Inspection | (•) | | | | 7 | |
| 3) Upload Resurvey Photo [Repuir Cost>\$3 | 000] () | | 1 | | | |
| Injury: | | | | | | |
| | | | | | | |
| <u> </u> | * | 173494810813113459745 | WEGINHIANTI MEN | | | .لـــــ |
| | | | | | . ' | |
| | | | | | | |
| | | | | | 1 | ATE-D |
| y and the second | The same of the sa | WEDNER REIN | HALL SOUTH STATES | | THE STATE OF THE S | Stable . |
| NA210/079 "" | • | | (OCC) anthoguil | * WILLY YOUR | 25 JULIERIUS | |
| | 14 (21/44/17/18/24/17/18/19/19/18/18/ | 1) AIL! Abaldan | Assessment (3100 | NO CHO | 13 - | |
| Driver/Owner: | TEN CANCED AND THE PERSON OF T | 3) TV: Towing | Cheer whe shirvey | 31 | 120 | |
| OF THE PERSON NAMED AND POST OF THE PERSON NA | • | Syr ; Pollow-1 | tring DHY Only | veclosinzum) | 773 | |
| Contact No: | | Mart & IL Part | 1000 | | 160 | |
| Darnäged Portion: | | 1) NI I I I LEO DA | + SMRT Survivate | | | |
| | - | - W W | y Cof/Tpi Allower | ina | 31 | |
| QC Checked by (Engr-In-Churge): | | · Met Trabalt | Carviolinanda | | \$10 | agraphic for |
| THE TOTAL STREET THE TOTAL STREET TO THE TOTAL | THE STATE OF THE S | A + HIS LOT IN | helt inshanion | Hobert | 22 | |
| A STATE OF THE STA | THANKAN CHANDED RE | मुहापराभा | pholic (Notes Coold | 11 1510 | 30 | TO THE |
| 2nt_1: | | livolog dolad | | Per Charged | AUTHER | |
| 12/3 | | Involce duted | | | | |
| | * • | | di | | | |
| # # # # # # # # # # # # # # # # # # # | ** | | | | | |
| | | | | | | |

SN082128000C / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/02/2021 20:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/02/2021 20:05 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

ACCIDENT STATEMENT

Date of Submission 08/02/2021 20:05 (SGT) Date of Accident 07/02/2021 13:20 (SGT) **Exact Location of Accident** 256 Bangkit Rd, Singapore 670256 Additional Location Information ALONG ROAD SIDE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6157K

INSURED/POLICYHOLDER

Is company? Yes FLUX MOTOR RENTAL PTE LTD Name Of Registered Owner 2XXXXX858C Company Reg No yongleeong@gmail.com **Email Address** (Phone) +65-93929069 Mobile Phone No +65-93929069 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Hiace Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Comprehensive Type of Coverage Fleet Policy No DMCVSNA00087012000 Policy Number Cover Note Number

DRIVER

MUHAMMAD AMEENUDDIN BIN JOHA Name of Driver SXXXX421I NRIC No

| Date Of Driving Pass Driving experience | 24/09/2016 4 YEARS AND 5 MONTHS |
|--|------------------------------------|
| Gender | Male |
| Möbile Number | (Phone) +65-98522415 |
| Alt. Phone Number | - |
| Email Address | yongleeong@gmail.com |
| Address | BLK 344 CLEMENTI AVENUE 5 #06-108 |
| Address complement | |
| Postcode | 120344 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | |
| Insurance Company of Other Vehicle Owned by Driver | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| My series we high involved in the accident? | No |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) | |
| soliciting/offering accident claims assistance? | No |
| PASSENGER 1 | |
| Name | UNKNOWN |
| Gender | Male |
| PASSENGER 2 | |
| N. Jane | UNKNOWN |
| Name | Male |
| Gender | iviale |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | No |
| Was the accident reported to the police? Was notice of intended Prosecution given? | |
| If yes, against whom? | - |
| ,, | |
| CIRCUMSTANCES OF ACCIDENT | |
| PLEASE REFER TO SKETCH PLAN | |
| ATTACHMENT(S) | |
| ATTACHWENT(S) | |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | |
| | |
| DETAILS OF OTH | ER VEHICLE PROPERTY 1 |
| | |
| Vehicle Registration Number | |
| Vehicle Manufacturer | Toyota |
| | |

| Vehicle Colour | - |
|---|-------------|
| Vehicle Category | Private car |
| Name of Driver | # I |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | YM2725P |
|---|--------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | H |
| Vehicle Category | Commercial vehicle |
| Name of Driver | 9 |
| Contact Number | <u>=</u> |
| Address | = |
| Address complement | - |
| Postcode | _ |
| Insurance Company Name | ė. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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 and 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 sortlement 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 invoive 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) May 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 itims), 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 / diclosed:
 - 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

riii) for commiving with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

The state of the first of the second second

Pepytting Centre Personnel's Signature

113/114:

MRIC/FILLUO.

SKETCH PLAN

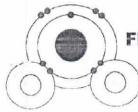
BIX 256

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DECLARATION | DECL |
|---|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - |
| | |
| | |
| involve in the accident. | |
| we from my boats. A third winy was also o | 3 |
| Rounkit Roud when subldenly of car B bang | P |
| My could now stertioned along BIK 256 | |
| | |
| | |
| | |

Oriver's Signature (If driver's not the philo, hulder)

| Date of Accident | 07 Feb 202 (Accident Time: 13 20 (24-HR-Format) | | | |
|--|--|--|--|--|
| Accident Place | Road Side along BIK 256 Bangkit Road. | | | |
| Vehicle, No. (Car Plate No.) | GBK6157K Maker Model: TOYOTA HIACE | | | |
| Insurace Company | Ching Taiping Policy No DMCVSN A00087 012000 | | | |
| Owner or Company Name IC No. | FLUX MOTOR Rental Pte Ltd. | | | |
| Owner or Company Contact No. | 98522413 Owner's Hp Company Tel | | | |
| DRIVER'S Name / IC No. | Muhammad Ameenuddin Bin JoHA S9621421 | | | |
| DRIVER'S Date Of Birth | : 25/06/1996 DRIVER'S License Pass Date 24 Sep 2016. | | | |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Cleut. | | | |
| DRIVER'S Address | 31K344 CLEMENTI AVE 5 # 06-108 S120344. | | | |
| DRIVER'S Contact No.: Alt No. | 11,93929069 | | | |
| DRIVER'S Occupation | : INDOOR OUTDOOR (e.g. working inside or outside office) | | | |
| Fmail Address | YONG LEBONG (B) GMAIL . COM. | | | |
| Weather & Road Surface | CLEAR & DRY RAINING & WET LAFTER RAIN & WET | | | |
| Reporting Type | Reporting Only Claim Other Party Claim Own Insurance | | | |
| Number of Passengers (Including Driver): Q3 | | | | |
| Was there any video Captured by ear camera: YES NO Exact purpose for which vehicle was being used at the time of accident: Private use - Work purpose Any Injury (If YES, Pls state): | | | | |
| Other Party Driver's Particular (if any) | | | | |
| Vehicle, No: SJP 6925 | | | | |
| Vehicle Mike Model: Vi 08 | Vehiele Make Model: Lorry | | | |
| Name Driver: | Vame Driver: | | | |
| IC No. Driver Contact: | IC No. Driver Contact: | | | |
| * NEW - Passenger's name & gender: | | | | |



FLUX MOTOR RENTAL PTE LTD

Trusted. Reliable. Affordable.
Business Reg No: 201925858C

: HIACE MANUAL

: 1KDB048621

: JTFHT02P400250692

: SILVER

| | Main Office: 55 Serangoon North | 1 Ave 4 #02-11 S(555859) Tel: 6226 6116 Fax: 6226 6118 | | | |
|---|--|--|--|--|--|
| | Workshop: 55 Serangoon North Ave 4 #02-10 S(555859) | | | | |
| | Lease Agreement Contract No: 20201016001 | | | | |
| | Date: 16/10/2020 | | | | |
| | This Rental Agreement made be referred as "the Company", ide | tween us, FLUX MOTOR RENTAL PTE LTD (UEN: 201925858C) (hereinafter to be ntified as the Leaser AND YOU, the person(s) identified as the Hirer below: | | | |
| | NAME OF HIRER(S) (IN FULL) | : ARISING CLEANING MANAGEMENT PTE LTD | | | |
| | NRIC/PASSPORT/RC/RB NO. | : 201937036H | | | |
| | ADDRESS | : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717 | | | |
| | CONTACT NUMBER | :88914491/84981216 | | | |
| | PERSON IN CHARGE | : SUYADI BIN SUJAYA | | | |
| | NAME OF DRIVER(S) (IN FULL) | : SUYADI BIN SUJAYA | | | |
| | NRIC/PASSPORT NO. | : S9605576H | | | |
| | DATE OF BIRTH | : 21/02/1996 | | | |
| | DRIVING LICENSE NO. | : \$9605776H | | | |
| | LICENSE ISSUE DATE | : 22/01/2019 | | | |
| | ADDRESS | : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717 | | | |
| r | | | | | |
| 1 | 1. DESCRIPTION OF VEHI | CLE | | | |
| | REGISTRATION NO. | : GBK 6157 K | | | |

2 PERIOD OF LEASE

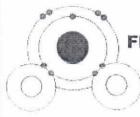
CHASSIS NO.

MAKE/MODEL

COLOUR ENGINE NO.

| ۷. | PERIOD OF LEASE |
|----|---|
| | Monthly Basis |
| | From16/10/2020 ("Commencement Date") to16/10/2021 ("End Date") |
| | Upon the expiry of the Lease Period, unless this Agreement has already been terminated or the Hirer has |
| | served the required notice of termination pursuant to the terms herein, the lease of the vehicle under this |
| | agreement shall be renewed automatically on a monthly basis commencing the day immediately after the |
| | End date on the same terms and conditions herein. |
| | |
| | Return Date:16/10/2021 |
| | 1 Hirer Signature : |
| e | 1 Hirer Signature : / W |

| 3. | 3. LEASE CHARGES Amount of SGD\$1400 per month (collectively, "Lease Charges") payable in advance on15th of each month ("Payment Date"). If the Payment Date falls on a non-business day, the Hirer shall make payment of the Lease Charges on the | | | | | |
|---|---|--|--|--|--|--|
| Business Day immediately prior to the Payment Date. Timely payment is to be expected. | | | | | | |
| 4. | DEPOSIT Amount: SGD\$1000 | | | | | |
| 5. | INSURANCE, ROAD TAX AND MAINTENANCE The Company will be responsible for the road tax, maintenance, insurance, and servicing of the Vehicle. The insurance coverage for the Vehicle will be as follows. The Hirer is to strictly comply with the terms and conditions of the insurance policy. | | | | | |
| | Excess Amount : As stated in the Terms and Conditions annex Insurance Coverage : Third Party Insurance Policy Others | | | | | |
| 6. | PURPOSE OF USE | | | | | |
| | Domestic / Commercial / Others* | | | | | |
| 7. | EARLY TERMINATION OF AGREEMENT | | | | | |
| | The Hirer shall be liable to the Company for early termination as stated under the Terms and Conditions in | | | | | |
| | the annex. | | | | | |
| 8. | MODE OF PAYMENT | | | | | |
| | Cash payments are to be made over the counter at the Company's Main Office registered address as stated | | | | | |
| | above. Bank transfer account number: <u>UOB Current Account 344-313-7244</u> | | | | | |
| | Company Paynow account number: 201925858C | | | | | |
| | Cheque can be made payable to: <u>FLUX MOTOR RENTAL PTE LTD</u> Any payments sent to the Company by post will be at your own risk. | | | | | |
| The Ag | | | | | | |
| | reement Contract herein comprises of the information above and the Terms and Conditions in the annex. The ereby confirms that he has read, understood, and agreed to the Agreement Contract and Terms and | | | | | |
| Condit | ons. I, the Hirer and/or driver(s) understand the Agreement Contract and Terms and Conditions, which were | | | | | |
| | ed to us by the Company's staff. Should there be any breach of the terms of the Agreement Contract herein, s and expenses (including legal costs on an indemnity basis) will be borne by the Hirer and Guarantor. Once | | | | | |
| | reement contract has been signed, all Lease Charges and Deposits are not refundable in accordance with the | | | | | |
| terms | terms herein. | | | | | |
| IN WIT | NESS whereof the Parties hereto have agreed on the day and year above written. | | | | | |
| Signed by the Hirer Signed for and on behalf of FLUX MOTOR RENTAL PTE LTD | | | | | | |
| | | | | | | |
| | | | | | | |
| Name: Name: | | | | | | |
| | | | | | | |
| | ation: Designation: In y Stamp: Company Stamp: | | | | | |
| | | | | | | |
| rage | Page 2 Hirer Signature : | | | | | |



FLUX MOTOR RENTAL PTE LTD

Trusted. Reliable. Affordable. Business Reg No : 2019258580 Main Office: 55 Serangoon North Ave 4 #02-11 59 Building Singapore (555859) Tel: 6226 6116 Fax: 6226 6118

Workshop: 55 Serangoon North Ave 4 #02-10 59 Building Singapore (555859) Tel: 6226 6116 Fax: 6226 6118

VEHICLE CHECKLIST FORM

| HIRER CONTACT NUM HIRER ADDRESS: | 9 Cleaning Marc | VEHICLE NUMB | ER:GBK 6157K |
|---|------------------|---|---------------|
| RELEASE DATE & TIMI | E: 16/10/20 2000 | _ RETURN DATE & TIME:_ | 16/10/2021 |
| | | | |
| | | | |
| SERVICING DECAL | ₹ RADIO | | DIESEL LEVEL |
| TOOLS | SPARE TYRE | | 1 |
| BREAKDOWN SIGN | SPEED LIMIT STI | CKER / | |
| F/CAMERA | R/CAMERA | E | 1/4 1/2 3/4 F |
| NOTE** | New Venical | | |
| HIRER AGREES TO ABIBE TO TEI PENALTY OF \$40+ DIFFERENCE | | ED IN THE AGREEMENT ELIS RETURNED LOWER THAN ABOVE N | MARKED LEVEL. |
| | M | | |
| HIRER SIGNATURE | | RELEASE | |
| | kun | RELEASI | |
| MILEAGE RETURN: | | RELEAS | E TIME: |



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Commercial

M7407/C

E SN

AN0650A

Cov. Type.C

CERTIFICATE OF INSURANCE
ther Vehicles (Third-Party Reks and Compensation) Act (Chapter 18
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1967 (Meleysia)
Motor Vehicles (Third-Party Risks) Rules, 1967 (Mr. Jysia)

CERTIFICATE No.

DMCVSNA00087012000

Engine No.: 1KDB048621

Cha. No.: JTFHT02P400250692

t. Index Mark and Registration Number of Vehicle

GBK6157K

AUTOSAFE

Name of Policy Holder

FLUX MOTOR RENTAL PTE LTD

Effective date of the Commencement of Insurance to the purposes of the Regulations, Ordinance or Enactment

Excess Sect 1.

\$\$2,000.00

Excess Sect. II EX ON WINDSCREEN

\$\$1,500,00 \$\$100.00

4. Date of Expiry of Insurance

26/08/2021

5. Persons or Classes of Persons entitled to drive"

Any person who is driving on the Policyholder's order or with their permission or to whom the

vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use.*

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: THINK ONE CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irone Hor Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) # 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com