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Owner / Driver: (	1	Tel:	
Policy No: ( ) Period: (		Cover Type: (	
Confirmed by 1 (	· Dates,	Times	2 100%]
	t. Status (WO): N: 0-209	%; P: 210/9%. P: 80	3-10074
Year of Registration: ( ) Warrant			
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1) Apply for Transport Allowance ( )/ Courtesy	Car ( )	WILLY AND STATE OF THE STATE OF	This is a second of the second
2) QC Check / Post Repair Inspection	( ·)		
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# 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.

- A. 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	03/06/2021 16:47 (SGT)
Date of Accident	02/06/2021 18:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	## Telephone
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKW1076Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No CHEN SONGLIN MICHAEL

Traine of Trogletorea Cities	CHEN CONCEIN MICHAEL
NRIC No	SXXXX686Z
Email Address	michael@erisingapore.com
Mobile Phone No	(Phone) +65-96321623
Alternative Phone No	+65-96321623

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2996

#### **INSURANCE COMPANY**

Name of Insurance Company Type of Coverage	United Overseas Insurance Ltd Comprehensive
Fleet Policy	No
Policy Number	DHOM110176532000
Cover Note Number	=

#### DRIVER

Name of Driver	CHEN SONGLIN MICHAEL
NRIC No	SXXXX686Z

Date Of Birth	22/10/1962
Occupation	Indoor
Date Of Driving Pass	25/10/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96321623
	+65-96321623
Alt. Phone Number Email Address	
	michael@erisingapore.com 80 TANAH MERAH KECHIL AVENUE #03-06
Address	80 TANAH MERAH RECHIL AVENUE #05-00
Address complement	·
Postcode	465514
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	=
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	
GENERAL INI ONWATION OF THE AGGISENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
	Manager 1
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	2-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20210603/7015	
ATTACHMENT(S)	
Are an ideat what a gradual for attack and the	Ven
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SMK5809P
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car

r	Name of Driver	
	Contact Number	-
	Address	-
	Address complement	-
	Postcode	-
	Insurance Company Name	-
	Nature Of Damage	-
	Details of property damaged in accident	-
	No. Of Passanger (Including Driver)	-
	No. Of Passenger (including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Address	CHEN SONGLIN MICHAEL
	=
Address Complement Post Code	t <del>-</del>
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKW1076Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

Time

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

Witnessed by Reporting Centre Personnel

A: SKW 1076Z

B'SMK 5809P

Refer to report no. 7/202/0603/7015	
	1
	<del></del>
	1000

#### Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the Individual Insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident Time of accident	2 6 2021 650 BM	(нн:мм
Exact location of accident	PIE	

THE WORLD SEE STATE OF THE SECOND		DETAILS OF	VEHICLE
Vehicle registration number Vehicle make and model Type of vehicle	SKW 10: +30Li Saloon   Lorry	MPV (1)  Bus (1)	
Vehicle category	Private 🗆	Comm	ercial   Motorcycle
Purpose of using at said time	1	No 🗆	if no, please select:
Are you claiming under your own insurance company?	Yes □ Third part		Reporting only

	INSURANCE IN	FORMATION	
nsurance company	UOI		
Policy number	Less big 5	Third party fire & theft	TP only 🗆
Type of policy	Comprehensive	Time porty	

	MEN SON MIN Midnag	Male 🗹	Female 🗆
MKIC/ FIII/ Tassporting	(hen 5000) in 1000000 526806862 96321623 80 Tanah Merah Kechil ave	403-06	5(465514)
Address	80 (ones relative section		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)  Male	Female
Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address	michael Qerisingapore com	
Date of birth	22 10/(462 Indoor V Outdoor D	
Occupation	made: 5	
Driving date pass	25/10/1994	D/

	GENERAL INFORMATION OF THE ACCIDENT
as driver an employee of	No. 10
e insured's company?	If no, relationship of the driver and insured:
ccident captured by camera?	Yes D , No &
leather condition	Clear Raining Others:
oad surface	Dry ₩ Wet □ (Inclusive of driver)
o of passenger	01
	PASSENGER 1
lame	
Sender	Male   Female
	- CET NOTE 2
和某种情况的目录的,以外以	PASSENGER 2
Name	F-wale c
Gender	Male D Female D
	PASSENGER 3
	PASSENGERS
Name	Male D Female D
Gender	Male d Female d
	PASSENGER 4
<b>在西方的</b>	PASSENGEN
Name	Male D Female D
Gender	IVIAIC D. TOWNS CO.
	PASSENGER 5
Name	Male D Female D
Gender	
Name and Address of the State o	PASSENGER 6
Name	
	Male D Female D
Gender	
	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged	I? Yes ₩ No □
<b>的</b> 对导体对象格式系统	DETAILS OF POLICE STATION ACTION  Yes № No □ If yes, please state which police station.
Reported to police?	
Police station name	97
Market State State State St	WITNESS 1
Name	
6 11	
	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1	KING TO STREET THE STREET STREET STREET STREET
Vehicle registration number	SMK 5809P	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		10 mm

	HIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		AN NORTH

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD	PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

TH	IRD PARTY VEHICLE 5
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6	
and the second of the second o		
Vehicle registration number Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

CONTRACT	THIRD PARTY VEHICLE 7
	THIKOTANT
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	Page

	INJURED PERSON 1
Name	Neck and Back
Injuries sustained	Neck and Back
Which vehicle person in?	Yes No C
Were seat belts worn?	Yes No M
Was injured conveyed to hospital by ambulance?	

INJURED PERSON 2			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes D No D		
Was injured conveyed to hospital by ambulance?	Yes D No D		

Alexandre de la la la		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 4				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆 No 🗆			
Was injured conveyed to hospital by ambulance?	Yes - No -			

INJURED PERSON 5				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

		INJURED PERSON 6	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





1 of 3

Report No. T/20210603/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

EPORT OF A TRAFFIC ACCIDENT Date/Time Report Made:			Vide Report No.:	Station Diary No.:		
03/06/2021 14:17			and the contract of the contra			
nforman	t's Particu	ars				
Name of Informant: CHEN SONGLIN MICHAEL  ID Type / ID No.: NRIC NO / S2689686Z  Nationality: SINGAPORE CITIZEN			Address: 80 TANAH MERAH KECHIL AVENUE #03-06 SINGAPORE 465514			
		36Z	Contact No.: Home/Office: Mobile: 96321623			
			Email: MICHAELCSL@163.COM			
Sex: Male	Age:	Date of Birth: 22/10/1962	Type of Informant: Driver	Institution / School Name:		
Race: Chinese Occupation: manager			Language: English	manual ma		
			Driving Licence Information: Class: 3	Date of Expiry:		

eneral infort	nation of the Accide	int	Date/Time of	Type of Location
Type of Accident:	Injury Others	Drink Drive: No	Accident: 02/06/2021 18:50	
Location:				
PAN ISLAND	EXPRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Weather:				
		Road Surface: Traffic Control:		Traffic Volume:
Weather:				

Details of Ve	ehicle Involv	Make	Model	Color	Conditio	No of
Vehicle No. SKW1076Z	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	White		0
SMK5809P	Car		NAV HID SK			0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210603/7015

#### CONTINUATION OF REPORT

	hicle insurance			Professional
		Insurance No	Effective	Expiry Date
SKW1076Z	UNITED OVERSEAS INSURANCE LIMITED	DHOM1101765320 00	29/12/2020	28/12/2021

Details of Perso	m Involved					
Any Pedestrian I	nvolved: No	And the second second			emir editati denos	
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian C	ossing: I	NA
Driver			and the second		ALCEL AS AS	THE WALL TO PROPERTY OF THE PARTY OF THE
Name	CHEN SONGLIN MICHAEL			ID No.	S26	89686Z
Related Vehicle	SKW1076Z (Car)			Contact	No. 963	21623
Hospital/Clinic	NIL			Class of Driving Licence of Expiry		ss: 3 e of Expiry: NIL
Date	NIL	NIL Date			L	~
No. of Days granted Medical Leave 03			Degree of		ight	

#### Brief Details.

On the stated date and time, I was travelling along PIE on the first lane. The traffic was heavy. The vehicle in-front of me braked hard and I braked hard as well. Suddenly, I felt an impact from the rear. Vehicle SMK5809P had collided onto the rear portion of my vehicle. Due to the impact, I went to consult a doctor after the accident and was granted 3 days of MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



T/20210603/7015

3 of 3 Report No. T/20210603/7015

CONTINUATION OF REPORT

Sketch	Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2021 14:17
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	



United Oversees Insurance Limited 3 Arson Road #28-01 Springleaf Tower Singapore 079909 Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs#uox.com.sg UOI COMESE Co. Reg. No. 197100152R

#### 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, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

**ORIGINAL** 

CERTIFICATE NO.

DHOM110176532000

Excess:

\$800/-NAMED DRIVERS

\$1500/-DTHERS

COMPREHENSIVE

\$3000/-APPL TO <26 YRS & OR <3YRS EXP

Type of Cover Vehicle Number

SKW1076Z

\$100/-WINDSCREEN DAMAGE CLAIM

Name of Insured

CHEN SONGLIN MICHAEL

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

29 December 2020 to 28 December 2021

05237293N52B30AF Engine# WBAKB22040CN74320 Chassis#

Him Purchase

UNITED OVERSEAS BANK LIMITED

PRIVATE CAR - INDIVIDUAL OWNERSHIP (MX 1) ANTHORISED DRIVER (1) The Insured

2) Any other person who is driving on the Insured's order or with his persission

(3) In the event of the death of the Insured

(a) any sember of the Insured's family or a paid driver who has been driving the car during the lifetime

of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LENITATIONS AS TO USE

the only for social domestic and pleasure purposes and for the insured's business
HE POLICY DOES NOT COVER
Les for hire or reward or racing pace-saking reliability trial or speed-testing or the carriage of goods
(ester them semples) in connection with any trade or business or use for any purposes in connection with the

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the carriage of passengers thereupder towards the running expenses of any Vehicle described in the Schedule shall not be

SEE Statements to permitted in accordance with the Scensing or other laws or regulations to drive the Motor Vehicle or has been so and in the classicalitied by order of a Court of Law or by meson of any enactment or regulation in that behalf from driving the Motor

explained increasing by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of Section 95 of

CONTINUE Field the Policy to which this Continues retailed in accordance with the provisions of the Motor Vehicles (Third-SER PORTER LEGIT) ACT (Chapter 188) and part N of the Road Transport Act, 1987 (Makeysia).

**UNITED OVERSEAS INSURANCE LTD**