

**NATIONAL Assessment Centre Services** (wef 01 Jan 2005)

Date In: 01/07/22	Job description	Date & Time Completed	Done by
Ref No NA/FCI22006098/13	SAS e-filing		
Veh No GBE3543R	E-mail (within 2hrs. AP: 2hrs)		
D.O.A 25/06/22 0705	i-Motor Claim Form		
<input checked="" type="radio"/> 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: FBM6787G	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%; F: 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

NA2201820	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

# 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 Submission	01/07/2022 15:39 (SGT)
Reported by	Driver
Date of Accident	25/06/2022 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM TWDS JURONG PIER RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE3343R

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099203MFCV/228

### DRIVER

Name of Driver	SRINIVASAN SRIRAM
Passport No/FIN	GXXXX303X
Date Of Birth	05/06/1985
Occupation	Outdoor

Date Of Driving Pass .....	06/02/2020
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91255008
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	17 TUAS AVE 20
Address complement .....	-
Postcode .....	638828
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASING
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 .....	Side Swipe
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? .....	Yes
Was any other vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220625/2017

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBM6787G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	PUA ZAIZHEN KENNY
NRIC No .....	SXXXX394Z
Contact Number .....	(Phone) +65-98291891
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	PUA ZAIZHEN KENNY
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBH6787G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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 willful 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)**

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.

*Mh*



Policyholder's Signature / Date & Time

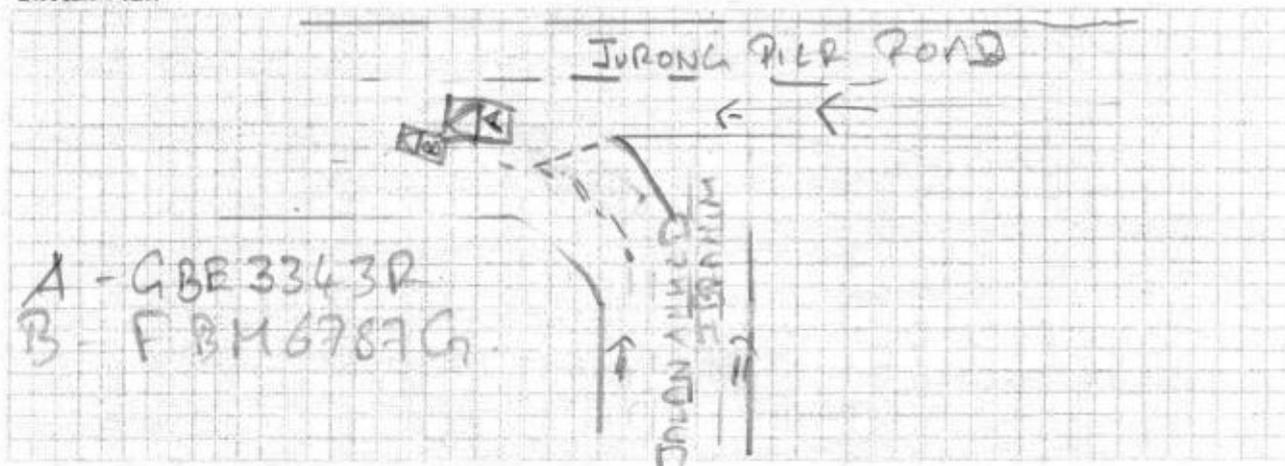
*J. G. M.*

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

*ROSINDA BINTE A-WAHAB*

Witnessed by Reporting Centre Personnel 01/07/22

### Sketch Plan



**Describe Circumstances of the Accident**

AS ATTACHED

**Declaration**

We declare the foregoing particulars are true in every respect.

   
Policyholder's Signature / Date & Time

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

ROLLINDA BINTE A. WAHAB  
Witnessed by Reporting Centre Personnel 01/07/22

ON 28/06/22 @ 7:02 AM, I WAS DRIVING THE VEHICLE GBE 3343 R ALONG JALAN -  
AHMED IBRAHIM TOWARDS JUBOOG PIER ROAD.

I TOOK THE RIGHT MOST LANE OF THE FIVE LANE AND THERE IS NO  
VEHICLE 10 FEET OF ME, ON THE GIVE WAY LANE I STOPPED  
AND LOOKING ON MY RIGHT FOR THE UP COMING TRAFFIC, I CONFIRMED  
THERE NO UP COMING TRAFFIC AND THE ROAD IS CLEAR.

I STARTED TO MOVE THEN SUDDENLY I SAW A MOTOR BIKE (PSM 6787G)  
ON MY ROAD, ITS TOO LATE TO STOP THE VEHICLE AND I HIT  
HIM THEN HE FELL DOWN.

THEN I STOPPED THE ~~MY~~ VEHICLE I CAME DOWN TO HELP HIM.

  
SADDIQ IBRAHIM

GT624 203 R

HP: 91285038

30/06/2022 2:30 PM

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0902710005 Vehicle Registration No: QBE3343R

Name (as shown in NRIC): SRINIVASAN SRIRAM NRIC/FIN/Passport No: GXXXX303X

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: 17 TUAS AVE 20 Singapore ( 638828 )

Contact (Tel): \_\_\_\_\_ Mobile No.: 91255008

Email Address: \_\_\_\_\_

Date of Accident: 25/06/22 Time of Accident: 07:05

Place of Accident: JLN AHMAD IBRAHIM TWAS JURONG PIER RD

Insurance Company: FIRST CAPITAL

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

alya 01/07/22  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: ROSINAW BINTI A. WAHAB  
NRIC/FIN No.:  
Date:



**SINGAPORE  
POLICE FORCE**



T/20220625/2017

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20220625/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2022 09:15	Vide Report No.: D/20220625/0025	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: SRINIVASAN SRIRAM		Address: 108 BUKIT BATOK WEST AVENUE 6 #05-72 SINGAPORE 650108	
ID Type / ID No.: FIN NO / G7624303X		Contact No.:	Mobile: 91255008
Nationality: INDIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 05/06/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION SUPERINTENDANT		Driving Licence Information: Class: 2B,3C      Date of Expiry: 05/02/2025	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2022 07:05	Type of Location:
Location: JURONG PIER ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6787G	Motorcycle					0
GBE3343R	PICKUP					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220625/2017

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3  
Report No. T/20220625/201

CONTINUATION OF REPORT

Rider			
Name	PUA ZAIZHEN KENNY	ID No.	S8702394Z
Related Vehicle	FBM6787G (Motorcycle)	Contact No.	98291891
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SRINIVASAN SRIRAM	ID No.	G7624303X
Related Vehicle	GBE3343R (PICKUP)	Contact No.	91255008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 05/02/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/06/2022 at about 0705hrs, I was driving V1) GBE3343R along AYE towards Tuas. I then exited the expressway and was making a left turn onto Jurong Pier Road. I then stopped V1 on the right lane of the filter lane onto Jurong Pier Road. I then noticed the roads was clear and I proceeded to move off. Suddenly, a motorcycle bearing registration plate V2) FBM6787G appeared in front of V1 after V1 had started to move off travelling at about 20km/h. I then applied brakes however I was not able to stop in time and V1 collided onto the rear of V2. After the collision, I went to help up the rider and he informed that he felt pain on his right leg and he subsequently call the ambulance himself. I then noticed V2 rider's right pants was torn on the knee area. I did not noticed any bleeding on V2's rider however I noticed a wound on the right feet area. Shortly, Ambulance and traffic police came to the accident site and V2's rider was conveyed to Ng Teng Fong General Hospital.

I wish to state that prior to the accident, I did not see V2 at the filter lane before I had moved off and there was no other vehicle in front of V1. V1 does not have any In Car Camera installed.



**SINGAPORE  
POLICE FORCE**



T/20220625/2017

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No: 1800-2689999

3 of 3  
Report No. T/20220625/2017

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 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/06/2022 09:15

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT NUR ADELINA BINTE  
MOHAMMAD FUAT  
Contact No.: 65476066

Classification Of Case:

NP168

## ACCIDENT STATEMENT

ACCIDENT DATE: <sup>25</sup> 29/06/2022 (DD/MM/YYYY), TIME (07:08) (HH:MM)

LOCATION: JALAN AHMED IBRAHIM TOWARDS JURONG PIER ROAD.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BF 3343R  
 b) INSURANCE COMPANY: MS FIRST CAPITAL  
 c) POLICY NO: D-22099203HFCV/228  
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
 e) MAKE/MODEL: SEANGYONG ACTYON  
 f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)  
 h) PURPOSE OF USING AT TIME OF ACCIDENT: RENTAL-LEASING  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SIANG HOCK CAR RENTAL PTE LTD (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: 201538271R CONTACT: 98792002  
 C) ADDRESS: 21 JALAN HASTED  
S418946

\*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- A) NAME: SRINIVASAN SRIRAM (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: G7624303X CONTACT: 91255008  
 C) ADDRESS: 17 TUAS AVE 20  
SINGAPORE 638828  
 D) DATE OF BIRTH: 05/06/1985 (DD/MM/YYYY)  
 E) OCCUPATION: (INDOOR/OUTDOOR)  
 F) YEARS OF DRIVING EXPERIENCE: 2434H

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL LEASING

5. A) WEATHER CONDITION: (CLEAR/RAINING/OTHERS) \_\_\_\_\_  
 B) ROAD SURFACE: (DRY/WET/OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED: (YES/NO)

7. REPORTED TO POLICE: (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION: JURONG WEST NPC

## 8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: FBM6787G MODEL: KTM  
 B) DRIVER'S NAME: PUA ZAIZHEN KENNY  
 C) NRIC.FIN PASSPORT NO.: S8702394Z CONTACT: 98291891

## 9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 B) DRIVER'S NAME: \_\_\_\_\_  
 C) NRIC.FIN PASSPORT NO.: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy: : COMMERCIAL VEHICLE - FLEET  
Type of Cover: : Comprehensive  
Certificate No. : D-22099203MFCV/228  
Vehicle No / Chassis No : GBE3343R / KPADA1ETSFP253107  
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD  
Period Of Insurance : 01.04.2022 To 31.03.2023  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : THINK ONE CREDIT PTE LTD

EXCESS : AS INDICATED BELOW - ALL EXCESS AMOUNTS ARE SUBJECT TO GST

**Authorised Driver\***

ANY AUTHORISED DRIVER

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business:-  
(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.  
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-  
(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$2,000.00 on Section I & II separately (for Staff)

\* 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.

**Limitations as to use\***

Use in connection with the Insured's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
Use for social, domestic and pleasure purposes.

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 of any one disabled mechanically propelled vehicle.  
(3) Use for the carriage of passengers for hire or reward.

\* 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)

MS First Capital Insurance Limited  
(Approved Insurers)

SUSAN/D0067/MZ301A9

Issued at Singapore on 31.03.2022

  
Authorised Signature