NATIONAL Assessment Co	ture Services	(-21-13-11)			
Date In 09/09/22	Job description		Date & Time Completed	Don	e by
REFNO NA/C7122008890/	SAS e-filing				
VahNo GBJ54705	E-mail (within	Shrs, APC 2hrs,			
DOA 08/09/2 160	i-Alotor Clai	m Form		!	A Paris Communication of Communication (Communication Communication Comm
1		(Within; OD 2hrs.)	TP 4hrs)		.:
OD (TP) Reporting Only	i-Photo Uplo	aded			***
701)	Assessment/Su	rvey Report	-		
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp	1	Management of the control of the con
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	
TP Particulars: Veh No:	JPH6567	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	************************
			%; P: 21-79%. F: 80-	100%]	
C.) Warranty: YES () ON \(Control of the Contro	
Excess: (\$) Loading:	\$1,000 () / \$2,000	()			
General Remarks:-		Action and the			
() Walk-In Customer's Customer's	s information strictly Co	nfidential & Strie	ctly NO refer of repairer.	ter or the best manner of the	
() Total Loss Case : to e-mail I	nsurer URGENTLY.			an approximation to the second to a second	
Drive-In () / Towed-In (); In	voice: YES () / N	NO () ; To	wing Co. ()
Remarks:- (INC hodine: 6788 661	16)		Date&Time Completed	Don	c.by
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Úpload Resurvey Photo [Repair Cost	> \$3000] ()	4.		
Injury:				and a second distribution to the second seco	
Date/Time Actions				* Charlet Anna Anna A	
			*		
		Maring the Later and Section 1 and 2 and 1			
N92024°	78	Invoice Prep	aration Checklist	Amt (\$)	Amt (3)
NAJSOJY	(O	1) AR : Accident R	and the property of the state of the	lst Bill	Add 1511
Claimant's Particulars :-		2) DA : Damage A 3) TF : Towing Fee	ssessment (\$100); INC (\$	\$80) 40/\$45	
Driver/Owner:		4) FT : Follow-Thr	ough Survey	\$120	
Contact No:		5) FT : Follow-The	ough Survey (Resurvey) inst INC Only (wef 10 Jan 200	05)	
Danviged Portion:	Company of the Compan	6) TR : Re-inspects 7) N1 : Idac DA +	on SMRT Survey	\$75 \$160	
Damaged Portion:		8) NTUC Addition	al Services:-		+
QC Checked by (Engr-In-Charge):		*NS: Courtesy C	Car / Tpt Allowance	\$5	
20 Succeed by Cong. in Comego).		*N6: Repair Co-	ordination	\$25	+.:-
Auditors' Comments :-		*N7: Fost Repni *N8: DV / Colle	et Excess Coordination	\$5	
Pat. 1:		TP (N11): TP (9) N12: Idae Mobi	Non INC) against INC	S20 30	
		bivoice date:	Pee Charges	開催されて	W. Co
int 2/3:		Invoice dated	Fee Charge		WW.

SN0922990009 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 09/09/2022 17:31 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (09/09/2022 17:31 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Actual 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

09/09/2022 17:31 (SGT) Date of Submission Driver Reported by Date of Accident 08/09/2022 16:05 (SGT) **Exact Location of Accident** Singapore CHANGI EXPO HALL 5 LOADING BAY Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBJ5470S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LA MARCA INTERNATIONAL PTE. LTD. Name Of Registered Owner 2XXXXX275C Company Reg No roger@la-marca.com **Email Address** (Phone) +65-90929788 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Kia Manufacturer K2500 6MT Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual Transmission 2497

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number DMCVSNW00060372200

DRIVER

ARNDT ROGER STADLER Name of Driver SXXXX947J NRIC No 04/04/1967 Date Of Birth Outdoor Occupation

30/01/2004 Date Of Driving Pass 18 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-90929788 Mobile Number Alt. Phone Number roger@la-marca.com Email Address 9 BEDOK TERRACE Address Address complement 469168 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 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 FOREIGN VEHICLE 1 Vehicle Registration Number JPH6567 Commercial vehicle Vehicle Category DETAILS OF POLICE ACTION Was the accident reported to the police? Bedok North Neighbourhood Police Centre Police Station Name (Phone) +65-18002449999 Police Station Phone No Alt. Police Station Phone No (Fax) +65-62447258 30 Bedok North Road Singapore 469676 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPH6567
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD NIZAM BIN TAIPOR
Passport No/FIN	0XXXXX3443
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	GBG9624E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	*
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 <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>.
- 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 forw arded 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, 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 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' 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 mo pof the above Purposes.

and	VLO)	1			dym	09/09/2	1
Policyholder's Signature / Date & Time	Driver's Signature & Time	(If driver is no	t the policy	holder) / Date	9	Witnessed by F	Reporting Centre	
Sketch Plan		CMANGI	EXPO	MALL	5	LOADING	5 BAY	

CHANGI EXPO MALL 5 LOADING BAY

A-GBJ5470S

B-JPH6567

C-GB69674F

Describe Circumstances of the Accident	
1	- C
N	efer to police report
-	

Declaration

 $\ensuremath{\mathsf{IWe}}$ 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

Witnessed by Reporting Centre

Personnel





1 of 3

Report No. T/20220908/2212

Police Station Of Origin: Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Date/Time 08/09/2022	Report Ma		Vide Report No.: G/20220908/0173	Station Diary No.: 66
Informant'	s Particul		Address: 9 BEDOK TERRACE SINGAP	ORE 469168
ARNDT RO ID Type / I NRIC NO / Nationality	DGER ST/ D No.: / S275494		Contact No.: Home/Office: Email:	Mobile: 90929788
GERMAN Sex: Male	Age: 55	Date of Birth: 04/04/1967	Type of Informant: Driver	Institution / School Name:
Race: Caucasian Occupation Company	on:		Language: English Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Infor Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2022 16:05	Type of Location: Car Park
Location: EXPO DRIVE	Ē			
Weather:		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume: Light
Traffic Flow:		Not Controlled		Anyone conveyed by

Details of Ve	hicle Invol	ved		Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	White	Slightly	0
GBG9624E	Lorry	MITSUBISHI		AALIIG	Damaged	
00000			K2500 6MT	White	Slightly	0
GBJ5470S	Lorry	KIA	K2500 0W1		Damaged	
0.00					No	0
JPH6567	Lorry				Damage	

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



3 of 3

Report No. T/20220908/2212

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Sketch	Plan
Sketch	Flan

NP168

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 2 CHIU TING CHIH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2022 21:13
Officer In Charge Of Case: TP / GIT / SI GOH WEI LI Contact No.: 65476394	Classification Of Case:





2 of 3

Report No. T/20220908/2212

Police Station Of Origin:

Bedok N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

river	ARNDT ROGER STADLER	<u> </u>	ID No.	S	32754947J
lame			Contact	No. S	90929788
Related Vehicle	GBJ5470S (Lorry)		Class		Class: 2B,2A,2,3 Date of Expiry: NIL
Hospital/Clinic	NIL		Driving Licence Expiry	e & Date	
		Date	Discharge	NIL NIL	
Date Treatment	NIL NIL NIL	Deg	ree of Injury		1 March 2017 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
No. of Days gra	nted Medical Leave NII	1900 Parinty Parint	ID No		NIL
Name	Mohd Nizam Bin Taipor		Conta	act No.	0108213443
Related Vehicle) JPH6567 (Lorry)		Class	of	Class: NIL
Hospital/Clinic	NIL		Drivir Licer	ng ice &	Date of Expiry: NIL
		D:	Expirate Discharge	y Date	
		1 120	egree of Injury	NIL	

On the above mentioned date, time and location, my staff was loading goods onto my lorry (GBJ5470S) when another Malaysian lorry (JPH6567) was reversing in to the lot at unloading bay of the carpark behind expo hall 5. As the Malaysian lorry reversed in, his rear right side of the lorry hit front left of my stationary lorry. As such there was damages on my left mirror and left door of my lorry. Due to the impact, my lorry touched to the lorry on my right side (GBG9624E).

My staff informed me about the accident and I called for the police immediately.

I wish to state that I did spoke to the van driver on my right (GBG9624E) and both of us agreed to drop the matter as there was no damage due to the touch. However, I will be going to my insurance company to claim against the Malaysian lorry.

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.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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	
Date of accident	8-9-22	(DD/MM/YY)
Time of accident	1605	(HH:MM)
Exact location of accident	CHANGI EXPO HALL 5 LOADING	BAY

•	D	ETAILS OF	VEHICLE
Vehicle registration number	GBJ 5	4705	
Vehicle make and model			
Type of vehicle	Saloon 🗆	MPV 🗆	CRV □ Van □
	Lorry 🗷	Bus 🗆	Motorcycle □ Others:
Vehicle category	Private 🗆	Comm	ercial Motorcycle
Purpose of using at said time			,
Are you claiming under your	Yes 🗆	No 🗆	if no, please select:
own insurance company?	Third part cl	aim\🖅	Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	CHINA TAIPING		
Policy number			
Type of policy	Comprehensive 🖂	Third party fire & theft \square	TP only 🗆

		INSURE	D / POLICY HOL	DER			
Name	LA	MARCA	INTERNATION	PTE	LTD	Male □	Female 🗆
NRIC / Fin / Passport number							
Contact							
Address			MC (500) (900) 10 (10		W (900 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		

DRIVER	SAME AS INSURED ABOVE (SKIP)	TO D.O.B)	
Name	ARNOT RUFER STAPLER	Male □	Female 🗆
NRIC / Fin / Passport number	527549475		
Contact	9092 9788		
Address	4 BEDOK TERRACE S 469168		
Email address	ROGER @ LA - MARCA . COM		
Date of birth	04-04 - 1967		
Occupation	Indoor □ Outdoor ☑		
Driving date pass	30 - 01 - 2004		

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗹	No □		
the insured's company?	If no, rel	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No ⊿		
Weather condition	Clear 🗹	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger		0		(Inclusive of driver)
		PASSENGE	:R1	
Name				
Gender	Male 🗆	Female		
	4			
		PASSENGE	R 2	
Name				
Gender	Male 🗆	Female		
		PASSENGE	FR 3	
Name				
Gender	Male 🗆	Female		
	Titlate B	Terriale L		
Material Color Color Section 2008		PASSENGE	-D 4	
Name		PASSENGE	-N 4	
Gender	Male 🗆	Female		
Gender	I Male	remale 🗆		
		DACCENCE	-n -	
Name		PASSENGE	:K 5	
Grnder	Male 🗆	Female		
G. idei	Iviale 🗆	remale 🗆		
No.		PASSENGE	:K 6	
Name				
Gender	Male 🗆	Female		
		OTHER INFORM	MATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
	PROPERTY OF THE PARTY OF THE PARTY OF	25-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	ATION ACTION	
Reported to police?	Yes 🗹		es, please state which polic	e station.
Police station name	30	BEDOK NOR-	TH RGAD 5469676	
		WITNESS	1	
Name				
		WITNESS	2	
Name				

THIRD PARTY VEHICLE 1		
Vehicle registration number	JP46567	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 2		
Vehicle registration number	GBG 9624E	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

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		

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

THIRD PARTY VEHICLE 6		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

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

The second secon		INJURED PERSON 1
Name		INJURED PERSON I
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		,,,,
		INJURED PERSON 2
Name		INJUNED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		MAJORIA TERSON S
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	THE RESIDENCE OF THE PERSON OF	
		INJURED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
		INJURED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗅	
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No No INJURED PERSON 5 No No INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes	No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to which vehicle person in?	Yes - Yes -	No No INJURED PERSON 5 No No INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes	No

Motor Commercial

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)

MZ300/C

SN

AN0650B

Cov. Type:C

Engine No.: D4CBK804761 Cha. No.:KNCSJX76LK7364537 DMCVSNW00060372200 CERTIFICATE No.

Index Mark and Registration Number of Vehicle

GBJ5470S

AUTOSAFE

Name of Policy Holder

LA MARCA INTERNATIONAL PTE. LTD.

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

27/05/2022 (00:00:00)

Excess Sect I. EX ON WINDSCREEN . \$\$350.00 S\$100.00

4. Date of Expiry of Insurance

26/05/2023

Persons or Classes of Persons entitled to drive Any person who is driving on the Policyholder's order or with their permission.

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

- 6. Limitations as to use:*
- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*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: **Authorised Officer**

Authorised Signatory