

NATIONAL Assessment Centre Services (M11 12441)

SA108-344000

Date In: 17/04/2023 09:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA 292230038997	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YE 796G	1-Motor Claim Form		
D.O.A: 16/04/2023 06:00	1-Motor W/O (within 24 hrs, 24 hrs)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **XE 316YE** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (Note: Inc Status (WO): N: 0-30%, F: 21-70%, P: 30-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-in Customer: Customer's information strictly Confidential & Strictly NO info of rep/ret.

( ) Total Loss Cost: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )	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 of Injury: ( )

Location: ( )

Time of Day: ( )

Weather: ( )

Witness: ( )

Police Report: ( )

Medical Report: ( )

Other: ( )

NA2301093	Invoice / Charge / Other	CLASS / B1B
1) A/R: Accident Paperwork (\$30)		
2) DA: Damage Assessment (\$1000)	INC (\$56)	
3) TPI: Towing Fee	\$10/\$16	
4) PE: Follow Through Survey	\$114	
5) PT: Follow Through Survey (Basic Fee)	\$36	
6) TR: Rep/Inspection	\$71	
7) NI: New DA + SMRT Survey	\$148	
8) N/UC: Additional Activities		
9) DR: ( )		
*NI: Courtesy Car / Tel Allowance	\$8	
*NI: Repair Coordination	\$14	
*NI: Post Repair Inspection	\$38	
*NI: BY / Collect Excess Coordination	\$11	
*NI: (M1) / TP (In-INC) replaces INC	\$10	
*NI: (M1) / TP (In-INC) replaces INC	\$10	
10) NI: (M1) / TP (In-INC) replaces INC	\$10	
11) NI: (M1) / TP (In-INC) replaces INC	\$10	
12) NI: (M1) / TP (In-INC) replaces INC	\$10	
13) NI: (M1) / TP (In-INC) replaces INC	\$10	
14) NI: (M1) / TP (In-INC) replaces INC	\$10	
15) NI: (M1) / TP (In-INC) replaces INC	\$10	
16) NI: (M1) / TP (In-INC) replaces INC	\$10	
17) NI: (M1) / TP (In-INC) replaces INC	\$10	
18) NI: (M1) / TP (In-INC) replaces INC	\$10	
19) NI: (M1) / TP (In-INC) replaces INC	\$10	
20) NI: (M1) / TP (In-INC) replaces INC	\$10	

## 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 Actual 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	17/04/2023 09:23 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 06:00 (SGT)
Exact Location of Accident	Jurong Port Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP796G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MACRO PROJECTS PTE LTD
Company Reg No	2XXXXX678M
Email Address	henrylim1979@yahoo.com
Mobile Phone No	(Phone) +65-62727917
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00144692201

#### DRIVER

Name of Driver	NATARAJAN THANGADURAI
Passport No/FIN	SXXXX587R
Date Of Birth	12/12/1992
Occupation	Indoor

Date Of Driving Pass .....	15/04/2019
Driving experience .....	4 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82890422
Alt. Phone Number .....	-
Email Address .....	henrylim1979@yahoo.com
Address .....	12F ENTERPRISE ROAD
Address complement .....	ENTERPRISE 10
Postcode .....	627686
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

PASSENGER 1

Name .....	ARUMUGAM VIGNESH
Gender .....	Male

PASSENGER 2

Name .....	VELU BALAMURUGAN
Gender .....	Male

PASSENGER 3

Name .....	SHANMUGAM PREMKUMAR
Gender .....	Male

PASSENGER 4

Name .....	KOTHANDAMAN LOKESWARAN
Gender .....	Male

DETAILS OF POLICE ACTION

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? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230414/7010

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 ..... XE3164E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... YP2799K  
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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number ..... YP5783K  
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) ..... -

## INJURED PERSONS DETAILS

**INJURED 1**

Name of injured person .....	NATARAJAN THANGADURAI
Gender .....	Male
Phone No .....	(Phone) +65-82890422
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP796G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 2**

Name of injured person .....	ARUMUGAM VIGNESH
Gender .....	Male
Phone No .....	(Phone) +65-88346920
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP796G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 3**

Name of injured person .....	VELU BALAMURUGAN
Gender .....	Male
Phone No .....	(Phone) +65-84398990
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP796G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 4**

Name of injured person .....	SHANMUGAM PREMKUMAR
Gender .....	Male
Phone No .....	(Phone) +65-92353485
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP796G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 5**

Name of injured person .....	KOTHANDAMAN LOKESWARAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	YP796G

Were seat belts worn? .....

No

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**.
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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.

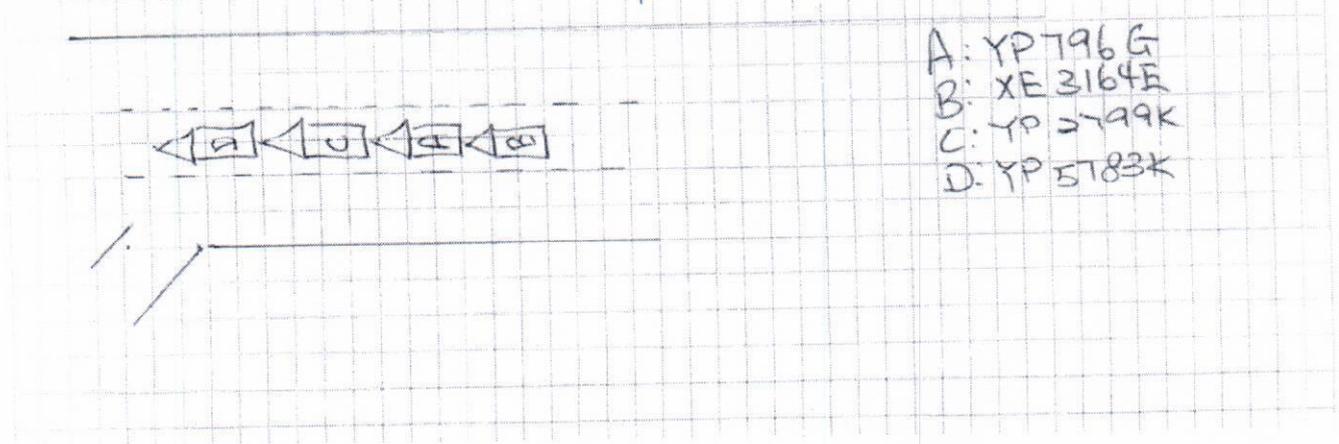
  
 Policyholder's Signature Date  
 & Time: 201208

*N. M. S.*  
 Driver's Signature  
 (If driver is not the policyholder) Date  
 & Time:

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

SKETCH PLAN

*JARON TANSON / JURONG PORT ROAD JUNCTION*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report  
T/20230414/7010

DECLARATION

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



Policyholder's Signature Date & Time:

Version: SketchPlanForm\_V3

*N. Thad*  
Driver's Signature  
(If driver is not the policyholder) Date & Time:

*[Signature]*  
17/04/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20230414/7010

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

1 of 4

Report No. T/20230414/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2023 11:54	Vide Report No.: D/20230414/0023	Station Diary No.:
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Informant's Particulars			
Name of Informant: NATARAJAN THANGADURAI		Address:	
ID Type / ID No.: FIN NO / G2573587R		Contact No.: Home/Office:	Mobile: 82890422
Nationality: INDIAN		Email: THANGADURAIIMECH01@GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 12/12/1992	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2023 06:00	Type of Location: X-Junction
Location:  JURONG PORT ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE3164E	Lorry				Seriously Damaged	1
YP2799K	Lorry					0
YP5783K	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20230414/7010

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

2 of 4

Report No. T/20230414/7010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NATARAJAN THANGADURAI	ID No.	G2573587R
Related Vehicle	YP796G (Lorry)	Contact No.	82890422
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	ARUMUGAM VIGNESH	ID No.	M3178171R
Related Vehicle	YP796G (Lorry)	Contact No.	88346920
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/04/2023	Date	14/04/2023
No. of Days granted Medical Leave	02	Degree of	Slight
<b>Passenger</b>			
Name	VELU BALAMURUGANN	ID No.	M3167626J
Related Vehicle	YP796G (Lorry)	Contact No.	84398990
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/04/2023	Date	14/04/2023
No. of Days granted Medical Leave	02	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20230414/7010

3 of 4

Report No. T/20230414/7010

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

**CONTINUATION OF REPORT**

Passenger			
Name	SHANMUGAN PREMKUMAR	ID No.	G4050540M
Related Vehicle	YP796G (Lorry)	Contact No.	92353485
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/04/2023	Date	14/04/2023
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

ON 14TH APR 2023 AT ABOUT 6AM I WAS DRIVING ON JLN TERUSAN TOWARDS JURONG PORT ROAD. MY FRONT LORRY STOP FOR TRAFFIC LIGHT AND I FOLLOW SUIT, SUDDENLY A BIG IMPACT COME FROM MY BACK OF MY LORRY AND I MOVE FORWARD AND HIN THE FRONT LORRY. I CAME DOWN OF MY LORRY TO CHECK MY WORKER SITTING AT THE BACK OF MY LORRY, AND FOUND MY WORKER WAS INJURED. I THEN WAIT FOR POLICE AND AMBULANCE TO COME, MY LORRY WAS BADLY DAMAGE BY THE LAST VEH B XE2799K. MY FRONT VEH CYP2799K AND VEH D YP5783K WAS ALSO DAMAGE. ONE ON MY WORKER WAS CONVEY TO HOSPITAL .



**SINGAPORE  
POLICE FORCE**



T/20230414/7010

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

4 of 4

Report No. T/20230414/7010

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NUR HAFIZAH BINTE NORIZAN  
Contact No.: 96189347

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
14/04/2023 11:54

Classification Of Case:

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 04 / 2023 (dd/mm/yy) Time of Accident: 06 : 00 (24-HR-FORMAT)  
Vehicle No. : YP 796G Vehicle Make & Model: Mitsubishi Fuso  
Exact location of Accident: Jln Terusan and Jurong Port Road Junction  
Policyholder's Name : Macro Projects Pte LTD I/C / UEN : 201206678M  
Driver's Name / IC No. : Natarajan Thangadurai (G2513587R) (As Above)   
Driver's Contact No. : 8289 0422 Company Contact No (Company Veh Only): 6272 7917  
Driver's Address: 12F Enterprise Road Enterprise 10 Singapore 627686  
Email address : henrylim1979@yahoo.com Insurance Company: China Taiping

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)**  Indoor /  Outdoor

Private use /  Work purpose

**\*No. of Passengers (Including Driver):** 5

\*Passenger Name: NATARAJAN THANGADURAI Gender: Male Female \*Passanger

Name: ARUMUGAM VIGNESH 3) VELU BALAMURUGAN (m) Gender: Male Female

**Weather condition & Road conditions? (On the day of accident)**

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: YP 796G

**Police Report filed:**  Yes /  No (If YES) Which Police Station: TP

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: XE 3164E (B)

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: YP 2799K (C)

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: YP 8783K (D)

Preferred Workshop Name: \_\_\_\_\_ Contact 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

R SN

BR0057A

Cov. Type:F

CERTIFICATE No. DMCVSNW00144692201

Engine No.: 4P10B96591

Cha. No.: FEB21EA20015

1 Index Mark and Registration Number of Vehicle YP796G

2 Name of Policy Holder MACRO PROJECTS PTE LTD

3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29/12/2022 (00:00:00)

4 Date of Expiry of Insurance 28/12/2023

5 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 Vehicle.

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.

The Policy does not cover  
(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.

HIRE PURCHASE CO. : ABWIN 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: TAN INSURANCE BROKERS PTE LTD

Authorised Officer

Authorised Signatory