	Services 6	ref Jan' 06]		
Date In: 27 06 2023	Jeb description	,	Date & Time Completed	Done
Ref No: NAIAIG 2300 6507 104	SAS e-filing			
Yeh No: GBJ 4084E	E-mail (within 8)	rs. AIC 2hrs)		
D.O.A: 02/04/2023 17:20	i-Motor Claim			
	i-Motor W/O	Within: OD 2hrs.	TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploa		!	
TP Insurer:	Assessment/Sur	vey Report		
i i riisuici.	Ass't Report by	Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SLE	3 4524B.	. INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Peri	.od: ()	Cover Type: (
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80-	100%]
Year of Registration: () W	arranty: YES ()/NO()	
Excess: (\$) Loading: \$1,00				
General Remarks:-	2.7757.257.257.25			
() Walk-In Customer: Customer's inform	mation strictly Con	idential & Stri		
() Total Loss Case : to e-mail Insurer			The state of the part of the p	
	YES () / NO) () · Tc	owing Co: (
Remarks: (INC horline: 6788 6616)			Date&Time Completed	
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	. ()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions				
actions (actions)				
NIA Contract				Amf (SS.
NA2301906		Invoice Prej	aration Checklist	Amt (\$)
N#2301906		1) AR : Accident	Reporting (\$30);	lst Bill
NH2301906 Inimant's Particulars		1) AR : Accident 2) DA : Damage A 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (lst Bill
NR2301906 Slaimant's:Particulars:- Driver/Owner:		1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80) 40/\$45 \$120
NR2301906 Claimant's:Particulars: Criver/Owner: Contact No:		1) AR : Accident 2) DA : Damage A 3) TF : Towing F 4) FT : Follow-TI 5) FT : Follow-TI For claiming as	Reporting (\$30); Assessment (\$100); INC (ce	\$80) 40/\$45 \$120 \$30 05)
NR2301906 Claimant's:Particulars: Criver/Owner: Contact No:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-Tl 5) FT : Follow-Tl	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30
NA2301906 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 05) \$75
NA2301906 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-TI 5) FT : Follow-TI For claiming ag 6) TR : Re-inspec 7) N1 : Idac DA 4 8) NTUC Additio OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30 05) \$75
NA2301906 Claimant's Particulars:- Criver/Owner: Contact No: Damaged Portion: CC Checked by (Engr-In-Charge):		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-TI 5) FT : Follow-TI For claiming as 6) TR : Re-inspec 7) N1 : Idac DA 4 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30 05) \$75 \$160
NA2301906 Claimant's Particulars:- Criver/Owner: Contact No: Camaged Portion: CC Checked by (Engr-In-Charge): Auditors' Comments::-		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-TI 5) FT : Follow-TI For claiming ag 6) TR : Re-inspec 7) N1 : Idac DA 4 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Post Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30 05) \$75 \$160
NA2301906 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors': Comments:- at 1:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-TI 5) FT : Follow-TI For claiming ag 6) TR : Re-inspec 7) N1 : Idac DA . 8) NTUC Additio OD . *N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll TP (N11) : TP	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 \$5 \$20
NA2301906 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors Comments: at 1:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F. 4) FT : Follow-TI 5) FT : Follow-TI For claiming ag 6) TR : Re-inspec 7) N1 : Idac DA 4 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Post Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (see	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

Please report correctly the declars of the actual Driver
 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 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material facts may allow insurance companies to reputing 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	27/06/2023 18:06 (SGT) Actual Driver 02/04/2023 17:20 (SGT) Singapore MANDAI ROAD Singapore
--	--

DETAILS OF OWN VEHICLE

Vehicle Registration Number	**************************************	GBJ4084E
INSURED/POLICYHOLDER		

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes LINEN MASTER PTE LTD 2XXXXX487R sales@linenmaster.com.sg (Phone) +65-92379125
Alternative Phone No	(Phone) +65-92379125

VEHICLE PARTICULARS

Manufacturer

Model	Toyota
	Hiace
	-
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 - Reporting only
venicle Category	Commercial vehicle
Transmission	Auto
CC	2982
	2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	a ribid r delile modrance Fie. Liu.
---	-------------------------------------

DRIVER

Name of Driver	POH AH HAI
	SXXXX268C
Date Of Birth	19/10/1957
Occupation	Outdoor

Driving award	15/09/1978
Driving experience	
Gender	TEXTE AND TWONTHS
Woolie Number	
Alt. Phone Number	(110)
Email Address	
Address	and the state of t
Address complement	
Address complement	-
Postcode	789896
Is the driver the policyholder?	
" 10, relationship of the Driver with the Incured	DIRECTOR
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	No Collision
Weather Conditions Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	· ·
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property described	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
rids the driver been approached by linknown porcental	
Soliciting/Offering accident claims assistance?	No
riansiator's name	-
Translator's ID	
ranslator's phone number	•
Tanslators email	•
Original language used in the statement	•
PASSENGER 1	
A A SENGER	
Name	F00 0000
Gender	FOO CHING
The state of the s	Female
DETAILS OF POLICE ACTION	
- THE SY TOLIGE ACTION	
Was the accident reported to the police?	
Police Station Name	Yes
Police Station Phone No	Ang Mo Kio North Neighbourhood Police Centre
Alt. Police Station Phone No.	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230	
'NO PHOTOS AVAILABLE AS VEHICLE ALREADY SOLD OUT SII	NCE END OF MAY 2023.
ATTACHMENT(S)	560 TEALURENIE MURIEM HOUSE AND A STATE OF THE STATE OF T
ATTAGRIMENT(5)	
Are accident photos available for any	
Are accident photos available for attachment?	No
vas triefe any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	SLB4524B
Vehicle Model	S=1
Vehicle Variant	N = 3
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
(modeling Dirvel)	-

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 wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 8. 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' 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
- (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. (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 more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time Sketch Plan

Devibe Circumstance of the Accident		
PIS THEIR TO	pulsa report. T/2023	0419/2134.
		/
	/	
/		
eclaration Ve declare th e foregoing particulars are tr	ue in every respect.	
Marit .	· RhiA	Annul 27/6/20
olloyholder's Signature / Date & Time Ac	tual Driver's Signature (if driver is not the policyholder)	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

vJun2022





1 of 3

Report No. T/20230419/2134

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 19/04/202	Date/Time Report Made: 19/04/2023 21:43		Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		107
Name of I POH AH I	nformant: HAI		Address: 25 COUNTRYSIDE PLACES	SINGAPORE 780806
ID Type / NRIC NO	/ S12562	68C	Contact No.: Home/Office:	Mobile: 92379125
Nationality SINGAPO		EN	Email:	Mobile: 92379125
Sex: Male	Age: 65	Date of Birth: 19/10/1957	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation SELF-EMF			Driving Licence Information: Class: 3	Date of Expiry:

Type of	Non-Injury	Drink	Date/Time of	1000 (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100)
Accident:	Others	Drive:	Accident:	Type of Location Straight Road
Location:		No	02/04/2023 05:20)
MANDAI ROA	AD			
Weather:		Road Surface:		
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Typo of Callia:	on:			
Type of Collisi	e Against - Others			Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of D
GBJ4084E	Van	TOYOTA			Condition	No of Passenger
			HIACE 2.8 DX 5DR AUTO	White		0
SLB4524B	Car	MERCEDES BENZ	S320L (R19 LED)	Grey		0

Details of Person Involved	
Any Pedestrian Involved: No	44 20 0 F 10 10 10 10 10 10 10 10 10 10 10 10 10
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Too or redestrian Crossing: NA





2 of 3 Report No. T/20230419/2134

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Name	POH AH HAI	erden mendada	reference and resident	ALL THE STREET, SHE STREET, SHE SHE	
	TOTTAL HAI		ID No.	S1256268C	
Related Vehicle	NIL				
		Contact No.	92379125		
Hospital/Clinic	NIL				
	,		Class of Driving Licence &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Expiry Date		
No. of Days granted Medical Leave NIL		Date Disc Degree of	harge NIL Injury NIL		

Brief Details.

On 17/04/2023, I realized a letter from the Traffic Police (Ref: TP/IP/101147/2023) addressed to my company. When I checked, the letter indicated that my company van (Reg Plate: GBJ4084E) was involved in a hit & run accident on 02/04/2023 at about 5.20am.

I wish to state that I was driving the van at that material time. I recalled being at Mandai Columbarium between 5.30am to 7am for Qingming Festival. During my drive there, I did not recall being involved in any accident nor was I approached by anyone.

I have checked on my van and noticed that there were some light scratches on the left middle portion. However, my van is normally being operated at Ubi Industrial Estate and the damages are a norm. Thus, I did not suspect anything was amiss.

I further state that my van is installed with an in-car camera, but it is faulty and no longer in working





3 of 3

Report No. T/20230419/2134

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SR STAFF SGT MUHAMMAD FAHMY BIN RAZALI	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2023 21:43	
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:	
NP168		



Our Ref

Date

: TP/IP/10147/2023

: 10 APRIL 2023

LINEN MASTER PTE. LTD. BLK 3016 UBI ROAD 1 KAMPONG UBI INDUSTRIAL ESTATE #02-141 SINGAPORE 408706

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING GBJ4084E & SLB4524B ALONG MANDAI ROAD ON 02 APRIL 2023 AT 0520 HRS

Our investigations showed that you are the registered owner / driver of motorcar, GBJ4084E, allegedly involved in the said accident.

- You are required to provide the particulars of the driver on the above date and time within 14 2 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months'
- In addition, please inform the driver to lodge an online Traffic Accident Report using Singpass via http://www.eservices.police.gov.sg . Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against
- The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Neo_zhi_yuan@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID: 6547 6079 for a convenient method of retrieval. Alternatively, you may forward the video to IO NEO ZHI YUAN through Whatsapp Messenger at 96318712.

Yours faithfully,

LIM KIAN HENG SAM, SUPT CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE

This is a computer-generated letter. No signature is required.

Particulare	of the	driver	100	140045	The same of			
unticulars	of the	unver	OI GB	J4084E	on 02	APRIL	2023 AT	0520 HRS:-
					-		LULU A	0320 HKS

Name: POH AH HA! NRIC / FIN / PP No. Address: 51256268C Contact No: 9237 9125 25 COUNTRYSTOE PLACE

I affirm that the information I gave above is true and correct.

PON AH HAI / LINEN MASTER PTECTO

Traffic Police

10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6902

www.police.gov.sg

Name / Contact No of Registered owner Signature of Registered vehicle owner *Please mail or email a copy of the completed form, addressed to the Investigation Officer.

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 2 4 2023 05:20	TIME				
VEHICLE NO: GIRT LINE)	TRANSMISION: AUTO/ MANUAL				
MAKE & MODEL: Tayota HTace	LOCATION Mandai Road.				
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT	CLAIM TYPE:				
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY				
INSURANCE COMPANY: ALG					
TYPE OF COVERAGE :	POLICY NO: 2070043312-02 VEHICLE TYPE:				
COMPREHENCING (THESE	(SALOON/				
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)				
NAME OF OWNER: Linen Moster Pte Utol.	NRIC: 200413487R				
ADDRESS:	CONTACT NO: 92379125.				
EMAIL ADDRESS: Gales @ linen master	- VIDEO RECORDING : YES / NO				
NAME OF DRIVER : AS ABOVE / IF NO :	79				
PUN AN HAI	NRIC: CONTACT NO :				
DRIVER OWNER RELATIONSHIP: Director	PASSENGER: MALE() FEMALE() FOOCH				
DATE OF BIRTH: 19 / 10 / 1954.	The contract of the contract o				
OCCUPATION: INDOOR OUTDOOR	ADDRESS: 25 Countyside Place(5) 789896				
ANY INJURIES: NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?				
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY WET / OTHERS				
VEHICLE B REG NO : SLB4524B					
DRIVER NAME :	VEHICLE C REG NO :				
	DRIVER NAME :				
NRIC :	NRIC:				
CONTACT:					
	CONTACT:				
EHICLE D REG NO:	ANY WITNESS ? NO, IF YES :				
DRIVER NAME :	NAME :				
NRIC:					
ONTACT :	CONTACT:				
WAS NOTICE OF PROSECUTION GIVEN? (YES /NO)	WERE SEAT BELTS WORN ? : YES / NO				
IF YES, AGAINST WHOM:					
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	WERE INJURY CONVEYED BY AMBULANCE : YES /NO				
VEHICLE NUMBER:					
	HANDLING INSURER:				

(B). No photos vehrele as insured sold out since end of May 2023.



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LINEN MASTER PTE. LTD. Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 1GD8324355 Chassis No. : GDH2011012855 Vehicle No. : GBJ4084F Policy No. : 2070043312-02

Endorsement No.

Issued Date : 16 Mar 2022

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.6 ton [Van]

Engine Capacity/Tonnage : 1.4 Tonnage Sum Insured : Market Value First Year of Registration : 2019 **Driver Restriction** Off Peak Car : No Person or Classes of Persons Entitled to Drive*: Insuring with COE/PARF : Yes

a) Any person who is driving on the Policyholder's order or with their permission.b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers, within the first 5 years of the first registration of the vehicle in Singapore, 100 have the Spinot of having the Spinot of having the Spinot of have

AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UNITED OVERSEAS FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Goh