

NATIONAL ASSESSMENT & CLAIM SERVICES

Date: 20/11/17	Description:
NA/CTI17022033/13	SAS e-filing
Vehicle: SKE1637A	E-mail:
16/11/17 1035	i-Motor Claim Form
(1)	i-Motor W.O. number: 12-124-1
	i-Photo Uploaded
TP Insurer:	Assessment Survey Report
	Ass't Report by Fax / Hand to Owner Wksp

Preferred Wksp / INC Assign Wksp / QW:	TORQUE 5	Tel:	Fax:
TP Particulars:	Veh No: SCR8891L	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 referral/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

Chumant's Particulars :-	Invoice Preparation Checklist	
	Ant. \$	Ant. \$
Driver/Owner:	1) AR: Accident Reporting (\$30)	1st Bill
Contact No:	2) DA: Damage Assessment (\$100) INC \$40	Ant. Bill
Damaged Portion:	3) TF: Towing Fee (\$40/\$45)	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$10)	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) (\$0)	
	For claiming against NCT/Other Insurer, Part 2	
	6) TR: Re-inspection (\$75)	
	7) NI: (Inc DA = SMPL Survey) (\$10)	
	8) NTUC Additional Services	
	9) NI: (Inc DA = SMPL Survey) (\$10)	
	10) NI: (Inc DA = SMPL Survey) (\$10)	
	11) NI: (Inc DA = SMPL Survey) (\$10)	
	12) NI: (Inc DA = SMPL Survey) (\$10)	
	13) NI: (Inc DA = SMPL Survey) (\$10)	
	14) NI: (Inc DA = SMPL Survey) (\$10)	
	15) NI: (Inc DA = SMPL Survey) (\$10)	
	16) NI: (Inc DA = SMPL Survey) (\$10)	
	17) NI: (Inc DA = SMPL Survey) (\$10)	
	18) NI: (Inc DA = SMPL Survey) (\$10)	
	19) NI: (Inc DA = SMPL Survey) (\$10)	
	20) NI: (Inc DA = SMPL Survey) (\$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 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 ability.
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 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 Report	20/11/2017 09:43
Date Of Accident	16/11/2017 10:35
Exact Location Of Accident	JUNC OF STILL RD & CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE1637A
Insured/Policyholder	
Name Of Registered Owner	MR WONG GUORONG
NRIC No	S8104310H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83838104
Alternative Phone No	OTHERS-83838104

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN329911700
Cover Note Number	

Driver

Name of Driver	SIM LEE MEI IRENE
NRIC No	S8231139D
Date Of Birth	23/09/1982
Occupation	INDOOR
Date Of Driving Pass	09/02/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81022012
Fax Number	(LOCAL) +65-82787827
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 174D EDGEDALE PLAINS #04-195
Postcode	824174
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171118/2101

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCR8891L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEW SEK HOON
NRIC/Passport Number	S1601496F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SIM LEE MEI IRENE
Approximate Age
Injuries Sustain NECK & SHOULDER
Injured person in which vehicle? SKE1637A
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAY HOCK SOON
Approximate Age
Injuries Sustain CHEST & NECK
Injured person in which vehicle? SKE1637A
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address

Postcode

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 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 lodgment 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:

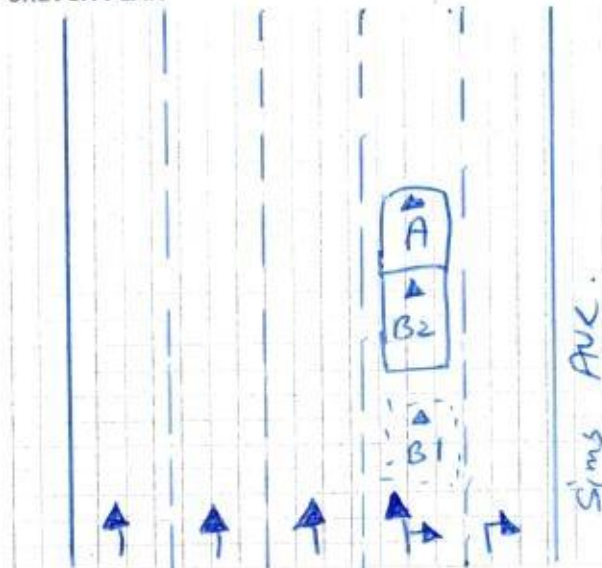
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A: SKE 1637A
Vehicle B: SCR 8891L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight in my rightful lane. The vehicle in front of me stopped, I followed suit. Suddenly vehicle B hit onto my stationary vehicle rear portion.

DECLARATION

I/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:

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



SINGAPORE POLICE FORCE



T/20171118/2101

1 of 3

Report No. T/20171118/2101

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2017 16:00		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: SIM LEE MEI IRENE			Address: APT BLK 174D EDGEDALE PLAINS #04-195 SINGAPORE 824174		
ID Type / ID No.: NRIC NO / S8231139D			Contact No.: Home/Office: Mobile 81022012		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 23/09/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2017 10:35	Type of Location:
Location: Junction of Road 1 and Road 2 STILL ROAD CHANGI ROAD Junction of Still Road & Changi Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCR8891L	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	1
SKE1637A	Car	TOYOTA	WISH 1.8 A	White - Grey		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171118/2101

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Report No. T/20171118/2101

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver Name		SIM LEE MEI IRENE		ID No.	S8231139D
Related Vehicle		SCR8891L (Car) <i>SKE1637A</i>		Contact No.	81022012
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL		Degree of Injury	Slight
Driver Name		CHEW SEK HOON		ID No.	S1601496F
Related Vehicle		SKE1637A (Car) <i>SCR8891L</i>		Contact No.	NIL
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

Brief Details.

On 16/11/2017 at around 1030hrs, I was driving my vehicle (SCR8891L) along still road and came to a stop as the traffic light was red.

Suddenly I can feel an impact a vehicle (SKE1637A) hit on to my vehicle from the rear. We alighted the vehicle, I made a check on the vehicle and discovered that my rear bumper was damage. We exchange particular and left. At that point of time I have a friend (Tay Hock Soon, S7137906Z, Hp83114955) inside of my vehicle no one was injure.

After the accident, I can feel that my neck and shoulder was in pain as such I went to ETERNA Medical Clinic to seek treatment and was given 3 days medical leave. I check with my friend my friend also inform that his chest and neck was in pain.

I am lodging this report for my insurance company.



**SINGAPORE
POLICE FORCE**



T/20171118/2101

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20171118/2101

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:
F /
Sgt 1 CHUA ZI HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/11/2017 16:00

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 16/11/2017 (DD/MM/YYYY), TIME: 10:38 (HH:MM)

LOCATION: Sims Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 1637A
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Wish
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Wong Guo Rong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8104310H CONTACT: 8383 8104
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sim Lee Mei Irene / 58231139A (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8102 2012
 c) ADDRESS: 174D Edgedale Plains #04-195 827 8782

* d) DATE OF BIRTH: 23/09/1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 2 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCR 8891L MODEL: _____
 b) DRIVER'S NAME: Chew Ser Hoon
 c) NRIC/FIN/PASSPORT: S1601496F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = REPORTING@TOPQUE5.com
 Fax = 6452 4584

police report

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8231139D



Name
SIM LEE MEI IRENE

沈 李 梅

Race
CHINESE

Date of birth 23-09-1982 Sex F

Country of birth
SINGAPORE

88231139D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8231139D

Name:
SIM LEE MEI IRENE

Birth Date: 23 Sep 1982

Issue Date: 09 Feb 2015




002394582F

SG 50

3504340




NRIC No. S8231139D

Date of issue
17-03-2004

17 CLK 174D EDGEDALE PLAINS #04-195
SINGAPORE 824174


No. S8231139D Date: 14/08/2009 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Feb 2015

NP 428A



Licence No: S8231139D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8104310H



Name
WONG GUORONG
(HUANG GUORONG)
黄国荣

Race
CHINESE

Date of birth
24-02-1981

Sex
M

Country/Place of birth
SINGAPORE



S8104310H

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8104310H

WONG GUORONG
(HUANG GUORONG)

Valid From: 24 Feb 1981
Valid Until: 31 Oct 2013

0022411963



5791059



NRIC No. S8104310H




Date of issue
28-08-2017

Address
APT BLK 259B COMPASSVALE ROAD
#04-619
SINGAPORE 542259

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
21 Nov 2006
25 Apr 2005

Class 2B Motorcycles <= 200 cc
Class 3 Motor Cars <= 3000 cc with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg



License No. S8104310H

NP 426A

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)

CERTIFICATE No.	DMPCSN3029911700	Engine No : 1ZZ2766103 Chassis No: 2NE100339736
1. Index Mark and Registration Number of Vehicle	SKE1637A	
2. Name of Policy Holder	MR WONG GUORONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04 APRIL 2017	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	03 APRIL 2018	EX ON WINDSCREEN.....S\$100.00
5. Persons or Classes of Persons entitled to drive *		
(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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: * USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE. EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE. ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR. HIRE PURCHASE CO. : MOTORLUCK ENTERPRISE PTE LTD AS HP OWNER * 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.**

Countersigned By:

Authorised Officer

Jermaine Kong
Autoshield Pte Ltd
Senior Manager,
Business Development

DD: 63850777 Mobile: 85881688
Email: jermaine@autoshield.com.sg
Website: www.autoshield.com.sg

Authorised Signatory