## IC,CI,DL Pg. 1



#### 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CN SN AN0420A Cov.Type: C AUTOSAFE

# 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.	DMCVSN1734181700	Engine No: 541972C0956438 Chassis No: WDB9321612L910325
Index Mark and Registration     Number of Vehicle	XE2944C	
2. Name of Policy Holder	M/S HSING LOONG N	ANAGEMENT PTE LTD
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactmen		EXCESS SECT I
4. Date of Expiry of Insurance	3 MAY 2018	
5. Persons or Classes of Persons entitled to drive *		
ANY PERSON WHO IS DRIVING ON THE POLI	CYHOLDER'S ORDER C	R WITH THEIR PERMISSION.
REGULATIONS TO DRIVE THE MOTOR VEHICL	E OR HAS BEEN SO P	ANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A N IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
6. Limitations as to use: *		
POLICYHOLDER'S BUSINESS.  (3) USE FOR SOCIAL, DOMESTIC OR PLEASUTHE POLICY DOES NOT COVER.  (1) USE FOR HIRE OR REWARD OR RACING,	S (OTHER THAN FOR JRE PURPOSES. PACE-MAKING, RELI	HIRE OR REWARD) IN CONNECTION WITH THE ABILITY TRIAL OR SPEED TESTING. NY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
HIPE PURCHASE CO. : HONG LEONG FINANCE * Limitations rendered inoperative by Section and Section 95 of the Pacel Transport Act of	n 8 of the Motor Vehicles	(Third-Party Risks and Compensation) Act (Chapter 189)

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

Countersigned By:

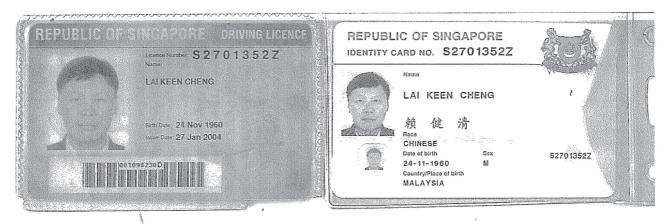
Authorised Officer

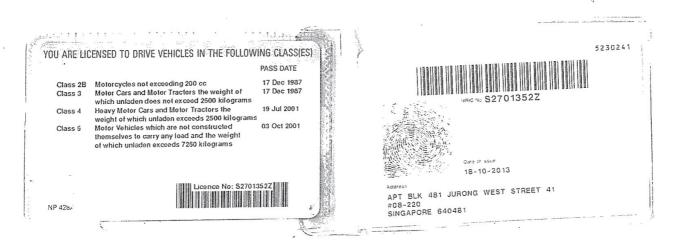
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

# IC,CI,DL Pg. 2





# POLICE REPORT Pg. 1





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

1 of 3 Report No. T/20171118/2130

REPORT OF	A TRAFFIC	ACCIDENT					
Date/Time Report Made:		ade:	Vide Report No.:		Station Diary No.:		
18/11/2017	7 19:30	(ACCE 1479-1470-1470-1470-1470-1470-1470-1470-1470	D/20171118/0058		118		
Informant	s Particul	ars			Control of the Contro		
Name of Ir	formant:		Address:				
LAI KEEN	CHENG		APT BLK 481 JURONG WEST STREET 41 #08-220				
			SINGAPORE 640481				
ID Type / ID No.:			Contact No.:				
NRIC NO / S2701352Z			Home/Office: Mobile: 98368801				
Nationality:			Email:				
SINGAPORE CITIZEN		N					
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant:				
Male	56	24/11/1960	Driver				
Race:			Language:	Institution /	School Name:		
Chinese							
Occupation:			Driving Licence Information:				
Lorry driver			Class: 2B,3,4,5	Date of Exp	piry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2017 10:10		Type of Location: Straight Road	
Location: Along Road 1 WEST COAS		2				
Weather:		Road Surface:		Road	Speed Limit:	
Sunny		Dry				
Traffic Flow: Traffic		Traffic Control:	fic Control:		Traffic Volume:	
One Way Traffic		Traffic Light - Work	raffic Light - Working		Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same		e - Same Direction		,	one conveyed by ulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PLU1588	Car				Slightly	0
					Damaged	
XE2944C	Lorry				Slightly	0
					Damaged	

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

### POLICE REPORT Pg. 2





Report No. T/20171118/2130

2 of 3

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver		And the state of t	The second secon	V 0.00 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name	Unknown Driver		ID No.		G2039563Q
Related Vehicle	PLU1588 (Car)		Conta	ct No.	98996208
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	the control of the co
Driver		A Comment of the Comm			
Name	LAI KEEN CHENG		ID No.		S2701352Z
Related Vehicle	XE2944C (Lorry)		Conta	ct No.	98368801
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave NIL	Degree of	f Injury	NIL	

On 18/11/2017 at about 1010hrs, I was driving my vehicle; XE2944C along West Coast Highway after Clementi Road.

As there was an road repair on the lane I was at, the 2nd lane from the left. I filtered to my left as heavy vehicles are required to be on the extreme left lane. As I filtered left, I side swiped another vehicle; PLU1588 on his right side with my left side. After the accident, I immediately stopped my vehicle and got off to exchange particulars with the owner of PLU1588. However, as I panicked I did not manage to get a clear picture of his identity card.

As I wanted to settle insurance claims, however his vehicle is a Malaysian car. I wish to state that both parties came out of the accident unharmed and uninjured. I also wish to state that we both agreed that we will settle it amicably and among ourselves, however a tow truck driver came between us and advised him not to trust me. I also wish to state that I am lodging this report for record purposes.

# POLICE REPORT Pg. 3





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SI

Report No. T/20171118/2130

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 CHIANG WEI TONG	4
Ogt Z OTHANG WEI TONG	
Signature Of Interpreter:	Date/Time:
Not applicable	18/11/2017 19:30
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Staff Sgt MA JUNXIANG	
Contact No.: 65476251	
Authentication Stamp	