

NATIONAL Assessment Centre Services

Date In	05/03/2018 14:50	Job description	Date & Time Completed	Done by
Ref No	NA/CTI18004186/k4	SAS e-filing		
Veh No	SGM6322E	E-mail (within 2hrs, AIG 2hrs)		
DOA	03/03/2018 16:10	i-Motor Claim Form		
OD	TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Upload		
		Assessment/Survey Report		
TP Insurer		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: CLR6885L	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 refer of 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

Claimant's Particulars:	NA1801427	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD:		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (N=1 INC) against INC \$20		
		9) N12: Idao Mobile \$10		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

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 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	05/03/2018 14:50
Date Of Accident	03/03/2018 16:10
Exact Location Of Accident	BKE (WOODLANDS) 8 KM BEFORE EXIT TO SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6322E
Insured/Policyholder	
Name Of Registered Owner	LING JOO HUA
NRIC No	S8002001E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98766700
Alternative Phone No	OTHERS-98766700

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	DMPCSN3098431701
Cover Note Number	

Driver

Name of Driver	LIM ZHI CONG (LIN ZHICONG)
NRIC No	S8018540E
Date Of Birth	09/07/1980
Occupation	INDOOR
Date Of Driving Pass	16/11/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98766700
Fax Number	
Contact Number	OTHERS-98766700
Email Address	NOEMAIL

Address	BLK 356 WOODLANDS AVENUE 5 #03-408
Postcode	730356
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , 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/20180303/2116

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	SLR6885L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP4676Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM ZHI CONG (LIN ZHICONG)
Approximate Age
Injuries Sustain NECK PAIN
Injured person in which vehicle? SGM6322E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
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: 05/03/2018

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

SKETCH PLAN

— P/s Refer to the Attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— P/s Refer to the Police Report
T/ 20180303/2116

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: 05/03/2018
1105 hrs

Reporting Centre Personnel's Signature
Name: 5/3/2018
NRIC/FIN No.:

3/3/2018
SGM
6322E
4-10PM

TURF CLUB
HES

BKE (Woodlands) 8km, BEFORE EXIT
TO SLE



SLP
H646Y 6885L SGM 6322E

BKE

- A-SGM 63 22E
- B-SLR 6885L
- C-SLP 4676Y

**SINGAPORE
POLICE FORCE**

T/20180303/2116

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180303/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 18:36	Vide Report No.: J/20180303/0190	Station Diary No.: 82
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Informant's Particulars

Name of Informant: LIM ZHI CONG			Address: APT BLK 356 WOODLANDS AVENUE 5 #03-408 SINGAPORE 730356		
ID Type / ID No.: NRIC NO / S8018540E			Contact No.: Home/Office:		Mobile: 98766700
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 09/07/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/03/2018 16:10	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE (WOODLANDS) 8KM, BEFORE EXIT TO SLE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6322E	Car				Seriously Damaged	0
SLP4676Y	Car				Seriously Damaged	1
SLR6885L	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180303/2116

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Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180303/2116

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM6322E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30984317 01	25/10/2017	24/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM ZHI CONG		iD No.	S8018540E
Related Vehicle	SGM6322E (Car)		Contact No.	98766700
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	NIL
Driver				
Name	CHOW JAU TUNG		ID No.	S7405858B
Related Vehicle	SLP4676Y (Car)		Contact No.	98504461
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
Driver				
Name	HO JIA LE ANDY		ID No.	S8850553J
Related Vehicle	SLR6885L (Car)		Contact No.	90471988
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



**SINGAPORE
POLICE FORCE**



T/20180303/2116

3 of 4

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180303/2116

CONTINUATION OF REPORT

Brief Details.

On the 03/03/2018 at about 1610hrs, I was travelling on the left lane of a four lane road along BKE, intending to negotiate a bend to SLE and all of a sudden the vehicle in front of me jam brake. I am not sure what caused the vehicle in front of me to jam brake. I followed suit to avoid collision and as I maintained a safety distance, I managed to brake in time. Subsequently, I felt an impact on my rear twice with one second difference each, with the second impact stronger than the first. I switched on the hazard light and alighted my car to make a check. I then discovered that there was a chain collision involving me as the first vehicle and another two more (SLR6885L and SLP4676Y) . I then called for Police and ambulance. There was a taxi adjacent to my side that was also involved in an accident, hence there was TP nearby that approached us after settling the taxi. Ambulance arrived soon after and conveyed the wife who was the passenger of the second driver (SLR6885L) to the hospital. I am not sure what is the injury of the passenger however she did not look well. TP took all our particulars and statement and instructed us to lodge an accident report (vide J/20180303/0190 under TP IO Ivan) at the nearest Police Station. The last driver (SLP4676Y) and I was not injured, however I did feel some ache on my right side of the shoulder, however I am considering to seek medical attention if it is getting worser. My car's rear bumper was dislodged, thus my boot could not be locked properly and my left rear light fell off. The vehicle in the middle had its front bumper slightly dented but the rear bumper was badly dented. As for the last vehicle, the front bumper was badly damaged. No government property was damaged in the event of accident. My car's dashcam was not working and not placed in position, however the second and third vehicle do have dashcam.



**SINGAPORE
POLICE FORCE**



T/20180303/2116

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

4 of 4

Report No. T/20180303/2116

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:

J /

Sgt 3 GERALDINE TAN HUI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/03/2018 18:36

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

Enquire Vehicle Information**Vehicle No.**

Vehicle No.: SGM6322E

Vehicle Details

Vehicle Type: Passenger Motor Car

Vehicle Attachment 1: No Attachment

Make / Model: NISSAN / SYLPHY 1.5 4AT

Primary Colour: Purple

Year of Manufacture: 2006

Maximum Laden Weight: 1520 kg

Unladen Weight: 1175 kg

No. Of Axles: 2

Engine No.: HR15372986

Chassis No.: JN1BAAG11Z0100618

Engine Capacity: 1498 cc

Maximum Power Output: 80.0 kW (107 bhp)

IU Label No.: 1124578585

Propellant: Petrol

Passenger Capacity: 4

Original Registration Date: 25 Oct 2006

First Registration Date: 25 Oct 2006

Open Market Value: \$17,908.00

Additional Registration Fee Rate: 110.00 %

Actual ARF Paid: \$19,699.00

PARF Eligibility: Forfeited

Minimum PARF Benefit: -

COE No.: 2006110101001489K

COE Category: A - Car (1600cc & below)

COE Expiry Date: 30 Jun 2021

Quota Premium (QP): \$12,001.00

PQP Paid: \$23,227.00

OPC Cash Rebate Eligibility: No

QP during COE Bidding Exercise: \$12,001.00

CO2 Emission: -

[Previous](#)[OK](#)**Land Transport Authority**

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Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Sep 2017 / 08:11:08

Receipt Date/Time : 11 Sep 2017 / 08:10:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-170911-000085

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1	Road Tax Renewal - SGM6322E Road Tax (25 Oct 2017 - 24 Apr 2018) 20170911080910479044	411.00	0.00	411.00
	Sub-Total	411.00	0.00	411.00
	Total Before Rounding	411.00	0.00	411.00
	Rounding Difference			0.00
	Total Amount Payable			411.00
	Paid By			
	xxxxxxxxxxxx8733		Credit Card: Visa /MasterCard	411.00
	Total			411.00
	Cash Change			0.00
	Tendered Amount			411.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Reported on 5/3/2018
@ 11:05 AM

ACCIDENT STATEMENT

ACCIDENT DATE: (3/3/2018) (DD/MM/YYYY), TIME: (16:10) (HH:MM)

LOCATION: BKE towards (woodlands) 8km Before Exit
to SLE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM 6322E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98766700
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

6. WAS ANYBODY INJURED (YES / NO) Neck Pain

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 6885L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP 4676Y MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = asiamotor sports@hotmail.com

Fax = _____

Tel: 6744

Fax: 6746 5110

HP 987667003/3/2018 4:10 PM
SGM6322E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8018540E



Name
LIM ZHI CONG
(LIN ZHICONG)
林智聰
Race
CHINESE
Date of birth 09-07-1980 Sex M
Country of birth SINGAPORE



4882782



NRIC No. S8018540E



Date of issue
03-03-2011

Address
APT BLK 356 WOODLANDS AVENUE 5
#03-408
SINGAPORE 730356

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8018540E



LIM ZHI CONG
(LIN ZHICONG)
Birth Date 09 Jul 1980
Issue Date 16 Nov 2013



002246574H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 16 Nov 2013

NP 428A

License No. S8018540E

S8002001E



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

MZ1FR SN
AN0509A
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.	DMPCSN3098431701	Engine No :HR15372986 Chassis No:JN1BAAG1120100618
1. Index Mark and Registration Number of Vehicle	SGM6322E	
2. Name of Policy Holder	LING JOO HUA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 OCTOBER 2017	NAMED DRIVERS EX SECT. I\$5500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$53,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	24 OCTOBER 2016	EX ON WINDSCREEN\$5100.00
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/THEFT) WILL BE DOUBLED.
ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* 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



Authorised Officer

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