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Owner / Driver: (	34831	Tel	)	
Policy No: ( ) Period	( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
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July :  Date/Time Actions  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Darnaged Portion:  2C Checked by (Engr-In-Charge):	1 Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo Foreign 6) TR: Re-i 7) N1: Idac 8) NTUC Ac QIP* *N5: Cou *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); onge Assessment (\$100); INC ( ong Fee	1st Bill	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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 archiving of this report at the centre and to copies of the report being made available. aforesaid.

Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category ThiRD PARTY COMMERCIAL VEHICLE Insurance Company None of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driv		ACCIDENT STATEMENT
Date Of Accident 19/03/2018 13:20  Exact Location Of Accident UPPER PAYA LEBAR RD TWDS PAYA LEBAR RD  SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number GBF4621B  Insured/Policyholder  Name Of Registered Owner Ore Registered Owner	Date Of Report	20/03/2018 14:21
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE Vehicle Registration Number GBF4621B Insured/Policyholder Name Of Registered Owner Co Reg No NOEMAIL Mobile Phone No Alternative Phone No OFFICE-85698012  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Insurance Company Vehicle Category Commercial Vehicle Insurance Company Type Of Coverage Piet Policy No Dimyor Vote Number Diriver Name of Driver Name of Driver Name of Driver Name of Driving Pass Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number Contact Number Contact Number  Fax Number Contact Number	Date Of Accident	
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner Co Reg No		UPPER PAYA LEBAR RD TWDS PAYA LEBAR RD
Vehicle Registration Number GBF4621B Insured/Policyholder Name Of Registered Owner Co Reg No - Email Address NoEMAIL Mobile Phone No Alternative Phone No OFFICE-85698012  Vehicle Particulars Manufacturer NISSAN Model Vehicle Particulars Manufacturer NISSAN Model NoVehicle Particulars Mobile Phone your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Commercial Vehicle Tinsurance Company Name of Insurance Company Type Of Coverage Pileat Policy No Policy Number Order Note Number  Driver  Name of Driver NRIC No S8804139B Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number Contact Number Fax Number Fax Number Fax Number Contact Number Fax Number Fax Number Fax Number Contact Number Fax Number Contact Number Fax Number Fax Number Contact Number Fax Nu		SINGAPORE
Name of Registered Owner  Name Of Registered Owner  Co Reg No Email Address NOEMAIL	Di Di	ETAILS OF OWN VEHICLE
Insured/Policyholder  Name Of Registered Owner Co Reg No	Vehicle Registration Number	GBF4621B
Name Of Registered Owner         M/S TESCON INTEGRATED PTE LTD           Co Reg No         -           Email Address         NOEMAIL           Mobile Phone No         OFFICE-85698012           Vehicle Particulars         NISSAN           Manufacturer         NISSAN           Model         NV200           Exact Purpose for which vehicle was being used at time of accident         NV200           Are you claiming under your own insurance policy or repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMCVSN1676551701           Cover Note Number         DMCVSN1676551701           Cover Note Number         LIM AH NGUAN           NRIC No         S6804139B           Date Of Birth         31/01/1968           Occupation         0UTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Kohall Address <t< td=""><td></td><td></td></t<>		
Co Reg No Email Address Mobile Phone No Alternative Phone No Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number  Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mole  Mole  OFFICE-85698012  NOEMAIL		M/S TESCON INTEGRATED PTE LTD
Email Address NOEMAIL  Mobile Phone No  Alternative Phone No  Vehicle Particulars  Manufacturer  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  If No, Please state action to be taken  Vehicle Category  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Nome of Drive		
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Manufacturer         NISSAN           Model         NV200           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         COVER NUMBER           Cover Note Number         -           Portiver         LIM AH NGUAN           NRIC No         S6804139B           Date Of Birth         31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           EMail Address         NOEMAIL	Alternative Phone No	OFFICE-85698012
Model NV200  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company  Name of Insurance Company  CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.  COMPREHENSIVE  Fleet Policy NO Policy Number Cover Note Number  Driver  Driver  LIM AH NGUAN NRIC No S6804139B 31/01/1968 Occupation Date Of Driving Pass Driving Experience Gender Mobile Number  Exa Number  Contact Number  Exa Number  Contact Number  Exa Number  Contact Number  Exa Number  Exa Number  Contact Number  Exa Number  Ex	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Policy Number  Cover Note Number  Name of Driver  NRIC No Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  Contact Number  Contact Number  EMail Address  NO  NO  WORKING  NO  THIRD PARTY  COMMERCIAL VEHICLE  NO  COMMERCIAL VEHICLE  INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  DMCVSN1676551701	Manufacturer	NISSAN
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE  Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NRIC No S6804139B 31/01/1968 Occupation Date Of Driving Pass Driving Experience Gender Mobile Number  LIM AH GLOCAL) +65-85698012  Fax Number Contact Number  EMail Address NOEMAIL	Model	NV200
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  NRIC No  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  Fax Number  Contact Number  THIRD PARTY  THE THIRD PARTY  THIRD PARTY  THIRD PARTY  THIRD PARTY  THIRD PARTY  THE	Exact Purpose for which vehicle was being used at time of accident	WORKING
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Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy Policy Number Cover Note Number  Cover Note Number  Name of Driver NRIC No Se804139B Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  EMail Address NOEMAIL  CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE NO DMCVSN1676551701  COMPREHENSIVE NO SOMORY	If No, Please state action to be taken	
Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Name of Driver  Name of Driver  NAME OF Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  Contact Number  CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  DMCVSN1676551701	Vehicle Category	COMMERCIAL VEHICLE
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMCVSN1676551701           Cover Note Number         -           Driver           Name of Driver         LIM AH NGUAN           NRIC No         \$6804139B           Date Of Birth         31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Insurance Company	
Fleet Policy	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Policy Number Cover Note Number	Type Of Coverage	COMPREHENSIVE
Driver   Cover Note Number	Fleet Policy	NO
Driver         LIM AH NGUAN           NRIC No         \$6804139B           Date Of Birth         \$31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Policy Number	DMCVSN1676551701
Name of Driver         LIM AH NGUAN           NRIC No         \$6804139B           Date Of Birth         31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Cover Note Number	
NRIC No         \$6804139B           Date Of Birth         31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Driver	
Date Of Birth         31/01/1968           Occupation         OUTDOOR           Date Of Driving Pass         04/06/1990           Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Name of Driver	LIM AH NGUAN
Occupation OUTDOOR  Date Of Driving Pass 04/06/1990  Driving Experience 27 YEARS AND 9 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-85698012  Fax Number  Contact Number  EMail Address NOEMAIL	NRIC No	S6804139B
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Driving Experience         27 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-85698012           Fax Number         Contact Number           EMail Address         NOEMAIL	Occupation	OUTDOOR
MALE	Date Of Driving Pass	1 TO
Mobile Number  Fax Number  Contact Number  EMail Address  NOEMAIL	Driving Experience	27 YEARS AND 9 MONTHS
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Contact Number EMail Address NOEMAIL	Mobile Number	(LOCAL) +65-85698012
EMail Address NOEMAIL	Fax Number	
EMail Address	Contact Number	
	EMail Address	NOEMAIL Page 1 of

Address

BLK 315 HOUGANG AVE 5 #03-115

Postcode

530315

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: HOSSAIN AKRAM

GENDER:

MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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

**GBF3483P** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

### **DETAILS OF INJURED PERSON 1**

Name LIM AH NGUAN

Approximate Age

Injuries Sustain FINGER, ANKLE, BACK

Injured person in which vehicle? GBF4621B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name HOSSAIN AKRAM

Approximate Age

Injuries Sustain WRIST
Injured person in which vehicle? GBF4621B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.: bada reput

> Barylon HI Brazen HA

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#### DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

#### **Accident details**

Date and time of accident	Date: 14 03 2018	(DD/MM/Y	Y) Time:	13:50	(HH:MM)
	offer longer toper 49	ildurot	bordo	18000	48
	West	15-000			

#### Details of vehicle

Vehicle registration number	GBF 4621 B
Vehicle make and model	N18884 WY200
Type of vehicle	Saloon   MPV   CRV   Van   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

### Insurance information

Insurance company	MISIAT. AUGIKIS		
Policy number	DMCUSN1676551	101	
Type of policy	Comprehensive Ø	Third party fire & theft	TP only

#### Insured / Policy holder

MIS	TESCON	INTEGRATED	05× 378	Male 🗆	Female
	Wie	Mis Jescon	MIS TESCON INTEGRATED	Wie JERRON INJERVALED WE PLO	MIS TESCON INTERNATED PTE LTO Male D

#### Driver

# Same as insured above □ (skip to D.O.B)

Name	FIM AH MENAM	Male∖ø	Female 🗆
NRIC / Fin / Passport number	568041398		
Contact	8569 8012		
Address	BIK 312 HONZYNG UNEWNE #03-112	1 530	315
Email address			
Date of birth	31-01-1268		
Occupation	Indoor   Outdoor		
Driving date pass	04/06/1990		

# General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No p	driver and insured:	
Accident captured by camera?	Yes	Noø		
Weather condition	Cleane	Raining	Others:	
Road surface	Dryve	Wet 🗆		
No of passenger		The second secon		(Inclusive of driver)

#### Passenger 1

Name	MACZOH	AKRAM	
Gender	Male 🗹	Female 🗆	

#### Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

### Passenger 3

Name			CONTRACTOR OF STREET
Gender	Male 🗆	Female 🗆	

### Passenger 4

Name		
Gender	Male □	Female 🗆

#### Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

### Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

# Other information

Was anybody injured?	Yes. Ø	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

# **Details of police action**

Reported to police?	Yes 🗆	No D	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name	A STATE OF THE STA
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBF 3483 P
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	No.
Vehicle make model	

# Witness 2

Name

# Injured person 1

Name	LIM AH NGUAN
Injuries sustained	Finger lanke I back
Which vehicle person in?	GBF 4621 B
Were seat belts worn?	Yes no a
Was injured conveyed to hospital by ambulance?	Yes □ No Ø

# Injured person 2

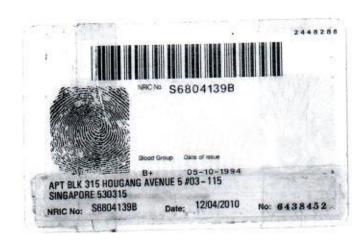
Name	HUSSAIN AKRAM
Injuries sustained	WHST
Which vehicle person in?	GBF 11671 B
Were seat belts worn?	Yes pd No 🗆
Was injured conveyed to hospital by ambulance?	Yes D Nove

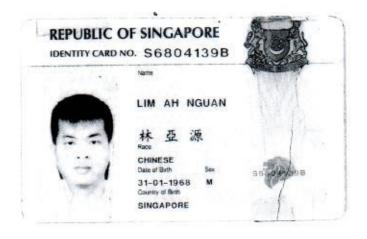
### Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

# Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





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

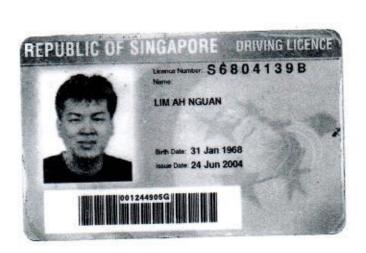
PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

23 Jan 1985 04 Jun 1990

NP 428A







#### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0421A Cov. Type: C

MOTOR COMMERCIAL VEHICLE

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)

**ORIGINAL** 

~ =	DT	Ch	CA	TE	Allo

DMCVSN1676551701

Engine No : K9KC400D055890 ChaNo: VSKYBAM20Z0130632

 Index Mark and Registration Number of Vehicle

GBF4621B

2. Name of Policy Holder

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment

03 November 2017 Excess Sect I ...... 5\$450.00

EX ON WINDSCREEN ...... 5\$100.00

4. Date of Expiry of Insurance

02 November 2018

M/S TESCON INTEGRATED PTE LTD

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.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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: ......XTTESSE\_SOLUTIONS..... Authorised Officer

Authorised Signatory