

**NATIONAL Assessment Centre Services** (Ver 1 Jan 2005) **NA418039759**

Date In: **23/03/2018 17:17**

Ref No: **NBA/CT18005496/V**

Veh No: **864 5741/V**

D.O.A: **22/03/2018 19:30**

OD: **TP / Reporting Only**

TP Insureh:

Preferred Wksp / INC Assign Wksp / QW1:

TP Particulars: Yell No: **SKN 8520J** INC ( ) / Non-INC ( )

Owner / Drivers ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Est Status (WO): N: 0-20% P: 21-79% P: 30-100%)

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 repeler.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: (INC 6788 5016)

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time: ( ) Action: ( )

**NA18001876**

Human Resources:

Driver/Owner:

Contact No:

Assigned Portion:

C. Checked by (Engr-In-Charge):

Will be Comments:

1/2/3:

Invoice Breakdown/Charges:

Invoice Breakdown/Charges	Amount	INC ( )	Adp. Bill
1) AR: Accident Reporting (\$50)			
2) DA: Damage Assessment (\$100)		INC (\$40)	
3) TP: Towing Fee	\$100		
4) PT: Follow-Through Survey	\$150		
5) PT: Follow-Through Survey (Recovery)	\$70		
For preliminary assessment INC Only (Ref 10 Jan 2010)			
6) TR: Assistance	\$75		
7) N1: DA + SMRT Survey	\$160		
8) NTUC Additional Services			
Q11:			
*N1: Courtesy Car / Tpl Allowance	\$1		
*N1: Repair Coordination	\$10		
*N1: Post Repair Inspection	\$15		
*N1: DY / Collect User's Coordination	\$1		
TR (N1) / TP (N1) / INC ( ) / Total INC	\$70		
7) N1: Extra Mobile	\$10		

Invoice dated: ( )

Invoice Price: ( )

Not Charged: ( )

Not 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	23/03/2018 17:17
Date Of Accident	22/03/2018 19:30
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5741Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PALANISAMY SEKAR
NRIC No	S2661845B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81813668
Alternative Phone No	OTHERS-81813668

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	DMPCSN3029441700
Cover Note Number	

### Driver

Name of Driver	PALANISAMY SEKAR
NRIC No	S2661845B
Date Of Birth	15/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81813668
Fax Number	
Contact Number	OTHERS-81813668
EEmail Address	NOEMAIL

Address	BLK 457 JURONG WEST STREET 41 #07-764
Postcode	640567
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSR4897 (PRIVATE CAR)
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : SEKAR MEENA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180322/2186

#### 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	SKN8520J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name AXA INSURANCE PTE LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSR4897  
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 PALANISAMY SEKAR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SGY5741Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2


Name SEKAR MEENA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SGY5741Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode


## 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.: 

(A) SGY 5341Y

(B) SKN 8520J

(C) ISR 4897

PIE  
TOWARDS  
THAS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20180322/2186

DECLARATION

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

*D. Sew*

Policyholder's Signature  
Date & Time:

*D. Sew*

Driver's Signature  
(If driver is not the policyholder)

*23/03/2018*

Reporting Centre Personnel's Signature  
Name:

*Rishi Kumar*



# SINGAPORE POLICE FORCE



T/20180322/2186

1 of 4

Report No. T/20180322/2186

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7769999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
22/03/2018 21:38

Vide Report No.:  
E/20180322/0134

Station Diary No.:  
63

### Informant's Particulars

Name of Informant:  
PALANISAMY SEKAR

Address:  
APT BLK 457 JURONG WEST STREET 41 #07-764  
SINGAPORE 640457

ID Type / ID No.:  
NRIC NO / S2681845B

Contact No.:  
Home/Office: Mobile: 81813668

Nationality:  
INDIAN

Email:

Sex: Age: Date of Birth:  
Male 63 15/01/1955

Type of Informant:  
Driver

Race:  
Indian

Language:

Institution / School Name:

Occupation:  
Company director

Driving Licence Information:  
Class: Date of Expiry:

### General Information of the Accident

Type of Accident:  
Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
22/03/2018 19:30

Type of Location:  
Straight Road

Location:  
Along Road 1  
PAN ISLAND EXPRESSWAY

Along PIE towards Tuas, after upper Thomson road exit

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Dual Carriage Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Heavy

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
No

### Details of Vehicles Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
JSR4897	Car				Seriously Damaged	5
SGY5741Y	Car	NISSAN	SYLPHY 1.5 4AT	Grey	Seriously Damaged	1
8KN8520J	Car				Seriously Damaged	0

### Details of Vehicle Insurance

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



T/20180322/2188

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20180322/2188

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGY5741Y	NTUC Income Insurance Co-Operative Limited	5094394934	27/09/2017	28/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Tong Sue Tun		ID No.	A41230768
Related Vehicle	JSR4897 (Car)		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
Driver				
Name	PALANISAMY SEKAR		ID No.	S2661845B
Related Vehicle	SGY5741Y (Car)		Contact No.	81813668
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2018		Date Discharge	22/03/2018
No. of Days granted Medical Leave	01		Degree of Injury	Slight
Passenger				
Name	Sekar Meena		ID No.	S2667162J
Related Vehicle	SGY5741Y (Car)		Contact No.	NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2018		Date Discharge	22/03/2018
No. of Days granted Medical Leave	01		Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20180322/2186

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Report No. T/20180322/2186

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-458  
SINGAPORE 120427  
Tel No: 1800-7769999

**CONTINUATION OF REPORT**

Driver		ID No.	S1561908B
Name	Ang Lee Kim Jane		
Related Vehicle	SKN8520J (Car)		Contact No. 97311134
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	Slight

**Brief Details.**

On 22/03/2018 at about 1930hrs, I was driving along PIE towards Tuas, Lane 1, in my vehicle SGY5741Y. As I drove after Upper Thomson Road exit, there was a massive jam ahead of me. As such my vehicle was cruising at a slow speed of about 5 km/h. All of a sudden, a vehicle SKN8520J, collided on to the back of my vehicle. And thereafter, another Malaysian vehicle JSR4897 collided onto the back of SKN8520J, resulting in a chain collision.

Police came and attended to the accident reference E/20180322/0134. In charge IO Sharulnezam. I suffered pain on to the back of my neck. My vehicle sustained damages to the back of my vehicle, with the rear bumper being dislodged slightly and dents to the back, causing the boot to be unable to close. The rear indicator lights are broken as well. The other vehicle SKN8520J sustained similar damages. The Malaysian vehicle suffered a major dent to the front of the vehicle.

I do not have any in car camera in my vehicle. This is the second time I had encountered in an accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-458  
SINGAPORE 120427  
Tel No: 1800-7759999



T/20180322/2186

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Report No. T/20180322/2186

**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:

D /

Sgt 2 TAN WEE KIONG, SHAUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2018 21:38

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476355

Authentication Stamp

NP166



SINGAPORE  
POLICE FORCE

SN 40

SIGNATURE

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 22 Mar 2018	TIME: 1930	(hh:mm) 24 hrs Format
LOCATION PIE Towards Tuas		
VEHICLE NUMBER SGY 5741Y		
INSURED NAME PALANISAMY SEKAR		
NRIC / FIN S 266 1845 B	CONTACT:	
MAKE NISSAN	MODEL SYLPHY	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only		
INSURANCE COMPANY CHINA TAIPIING		
TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMP CSN 3029441700		
NAME DRIVER :		
( / ) SAME AS INSURED		
NRIC / FIN	CONTACT:	
DATE OF BIRTH: 15/01/1955		
DRIVING PASS DATE: 11/02/2009		
OCCUPATION: ( ) INDOOR ( / ) OUTDOOR		
GENDER: ( / ) MALE ( ) FEMALE		
EMAIL ADDRESS: ( ) NO EMAIL		
ADDRESS OF DRIVER: APT B1C AST JURONG WEST STREET 41		
#07-764 SINGAPORE 640457		
Number Of Passenger Include Driver: 2 Pax		
Was driver an employee of the Insured's Company? ( ) YES ( / ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle?: ( ) YES ( / ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( / ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( / ) YES ( ) NO		
Was Anybody Injured In The Accident? ( / ) YES ( ) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES ( / ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO		
Was There Accident Reported To The Police? ( / ) YES ( ) NO If Yes Attach Police Report		
Police Report Number (if any) T/2018 0322/2186		
Details Of 3rd Party		
Name / NRIC		Contact
Veh B SKN 8520J	(AXA)	
Veh C JSR 4897		
Veh D		
Veh E		
Veh F		
Veh G		


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

PASS DATE  
11 Feb 2009  
11 Feb 2009

NP 428A


Licence No.




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2661845B**  
Name:  
**PALANISAMY SEKAR**

Birth Date: **15 Jan 1955**  
Issue Date: **11 Feb 2009**



001708115G



209227



S2661845B




Nationality  
**INDIAN**

Blood Group      Date of Issue  
**A+**      **19-07-1996**


LET BLK 477 JURONG WEST STREET 41 #07-784  
SIGNATURE 610457  
IDC NO. S2661845B      Date: 09-08-2007      No: 5766981

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S2661845B**



Name  
**PALANISAMY SEKAR**




**பு சேகர்**

Race  
**INDIAN**

Date of Birth      Sex  
**15-01-1955      M**

Country of Birth  
**INDIA**



9447949



NRIC No. S2667162J



Nationality  
INDIAN  
Date of issue  
10-06-2017

Address  
APT BLK 457 JURONG WEST STREET 41  
#07-784  
SINGAPORE 640457

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2667162J



Name  
SEKAR MEENA

Race  
INDIAN

Date of birth  
10-06-1962

Sex  
F

Country/Place of birth  
INDIA



**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No:	DMPCSN3029441700	Engine No : HR15174396A Chassis No: JN1BAAG11Z0105269
1. Index Mark and Registration Number of Vehicle	SGY5741Y	
2. Name of Policy Holder	MR PALANISAMY SEKAR	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 APRIL 2017	NAMED DRIVERS EX SECT. I.....S\$500.00 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	31 MARCH 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 / THEFT) WILL BE DOUBLED.

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.: TECK WEI CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse  
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory