

NATIONAL Assessment Centre Services. [wef: Jan'05] MNA18062388

Date In: 14/5/18-13:43	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ18008772/24	SAS e-filing		
Veh No: SLK289OR	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/5/18-21:55	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA67402	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%. P: 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

NA1803050	Invoice Preparation Checklist	Amr (\$) Est Bill	Amr (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Op*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	14/05/2018 13:43
Date Of Accident	11/05/2018 21:55
Exact Location Of Accident	PIE (CHANGI) AT JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2890R
Insured/Policyholder	
Name Of Registered Owner	LU YIWEI
NRIC No	S7885618A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93862809
Alternative Phone No	OFFICE-93862809

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI QUATTRO (EU6)
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	DMPCSN1673681701
Cover Note Number	

Driver

Name of Driver	YU JINHUA
NRIC No	S7979669G
Date Of Birth	21/12/1979
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90886056
Fax Number	
Contact Number	OFFICE-90886056
Email Address	NOEMAIL

Address	766 BEDOK RESERVOIR ROAD #13-20
Postcode	479248
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180512/2042.

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	SLH6740Z
Vehicle Make/Model/Colour	HONDA
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 SHC6218P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 3

Vehicle Registration Number SKX2179Z
Vehicle Make/Model/Colour TOYOTA
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 YU JINHUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKL2890R
Were seat belts worn? YES
Was this 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



A= SKL 2890R

B= SLH 6740Z

C= SHC 6218P

D= SKX 2179Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

NO. 7/20180512/2042

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:

12 May 2018 12:30 pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180512/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 11:03		Vide Report No.: G/20180511/0240		Station Diary No.: 46
Informant's Particulars				
Name of Informant: YU JINHUA		Address: 766 BEDOK RESERVOIR ROAD #13-20 SINGAPORE 479248		
ID Type / ID No.: NRIC NO / S7979669G		Contact No.: Home/Office: Mobile: 9088 6056		
Nationality: CHINESE		Email:		
Sex: Female	Age: 38	Date of Birth: 21/12/1979	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ENGINEERING MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2018 21:55	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AT EUNOS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6218P	TAXI	KIA		Silver		0
SKL2890R	Car	AUDI		Black	Seriously Damaged	0
SKX2179Z	Car	TOYOTA		Grey		0
SLH6740Z	Car	HONDA ✓		Blue		1



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOO KUEK CHONG	ID No.	S6910333B
Related Vehicle	SHC6218P (TAXI)	Contact No.	9657 1863
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	YU JINHUA	ID No.	S7979669G
Related Vehicle	SKL2890R (Car)	Contact No.	9088 6056
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	LIM JUN WEI	ID No.	S9119904A
Related Vehicle	SKX2179Z (Car)	Contact No.	8222 8242
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



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180512/2042

CONTINUATION OF REPORT

Driver			
Name	YEAP CHOON LEONG	ID No.	S9079989D
Related Vehicle	SLH6740Z (Car)	Contact No.	9488 2952
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 11/05/2018 at about 2155hrs, I was driving my black Audi car bearing registration number SKL2890R along PIE heading towards Changi Airport along lane 1 and I had no passenger onboard. As I was approaching Eunus exit, the vehicle in front of mine, one grey Toyota car bearing registration number SKX2179Z, suddenly jammed brake. I applied on my brakes immediately and was able to avoid collision with SKX2179Z however the vehicle behind mine, one blue Honda car bearing registration number SLH6740Z, was not able to brake in time and hit the rear of my car. The impact of the collision from the 3rd car, SLH6740Z, on my car was strong which caused my car to move forward and hit the 1st car, SKX2179Z. Shortly after, another vehicle, one silver Kia taxi bearing registration number, SHC6218P, hit the 3rd car and the impact from that collision also caused my car to move forward again.

All the drivers of the vehicles involved in the accident alighted from own vehicles and communicated with one another. We exchanged particulars and took photographs of the damages on our vehicles. As nobody complained of any serious injury, ambulance was not called. One LTA officer came to accident scene and assisted to manage the accident. My car as well as the 3rd car were towed to a nearby carpark at Blk 110 Bedok North Road before Traffic Police came to the scene.

The driver of the 1st car and the taxi driver left the accident scene after we exchanged particulars.

I will be seeing a doctor later in the afternoon after this Police report.



**SINGAPORE
POLICE FORCE**



T/20180512/2042

4 of 4

Report No. T/20180512/2042

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:
G /
Sr Staff Sgt NADIYAH BINTE BASA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/05/2018 11:03

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

Details of Accident

DATE: 11/05/2018

TIME: 21:55 Hrs

Exact Location of Accident: PIE Eunos Exit @ lane 1

Details of own Vehicle

Vehicle Registration Number: SKL 2890K

Name of Registered Owner: Lu Yiwei

Nric: Pink / Blue 57885618A

Fin / Passport No.:

Date of Birth (DD/MM/YYYY): 09/12/1978

Address: #13-20, 766 Bedok Reservoir Road, Singapore

Contact: (Hm) (Off) 93862809 (Hp)

Email:

Vehicle Particulars (Own Vehicle)

Vehicle make & model

Type of vehicle

Exact purpose for which vehicle was

Being used at time of accident

Private / commercial / Hire & Reward

Are you claiming under your own

Yes / No

Insurance policy for repair to your vehicle?

If no, please indicate intention:

Third party

Vehicle Category:

Private / Commercial / Motorcycle

Insurance (Own Vehicle)

Name of Insurance Company

China

Type of Policy

ACT / Comprehensive / 3rd Party / 3rd party Fire & Theft

Fleet Policy

Yes / No

Policy Number

Motor CI

Driver Particulars

Name of Driver: Yu Jinhua

Nric: Pink / Blue 57979669G

Fin / Passport No.:

Date of Birth (DD/MM/YYYY): 21/12/1979

Occupation: Indoor / Outdoor

Class 3 Pass date:

13/11/2008

Gender: Male / Female

Address: #13-20, 766 Bedok Reservoir Road

Contact: (Hm) (Off) 90886056 (Hp)

Email: jinhua-yu@apple.com

Was driver an employee of the insured's co.?

Yes / No

If no, relationship of driver with the insured

spouse

Vehicle registration no. of driver's own vehicle: N.A.

(If Applicable)

Insurance company of driver's own vehicle

N.A.

(If Applicable)

No. of Pax inside your vehicle: 1

1) Name: Gender: Male / Female

2) Name: Gender: Male / Female

3) Name: Gender: Male / Female

4) Name: Gender: Male / Female

Any Video Footage: Yes / No

Accident Statement : Part 2

General Information of Accident

Type of Collision : _____

(eg. Chain collision, side swipe, front to rear)

Weather Conditions : Clear / Raining Others : _____

Road Surface : Dry / Wet Others : _____

Other Information

a) Was anybody injured in the accident? Yes / No If Yes : Anyone Convey by Ambulance Yes / No

b) Was any other vehicle or property damaged? Yes / No
(including witness)

Details of Police Action

Was the accident reported to the police? Yes / No

Was notice of intended prosecution given? Yes / No

Details of Other Vehicle Property

Vehicle Registration No. :

Vehicle Make / Model / Colour :

Details of Property :

B SLH6740Z / C SHL6218P / D SKX2179Z
Honda / TAXI / toyota

Details of Other Vehicle's Insured Policy Holder Driver

Name of Driver : _____

NRIC Pink / Blue : _____ Fin / Passport No : _____

Contact : _____

Address : _____ S()

Insurance Company

Name of Insurance Company : _____

Nature of Damage : _____

Details of Witness

Name : _____

Contact : _____

Email Address : _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7979669G**
 Name: **YU JINHUA**
 Birth Date: **21 Dec 1979**
 Issue Date: **13 Nov 2008**

001675086H

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7979669G**



Name: **YU JINHUA**
 郁金華
 Race: **CHINESE**
 Date of birth: **21-12-1979** Sex: **F**
 Country of birth: **CHINA**

S7979669G

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

Class	Description	PASS DATE
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	13 Nov 2008

NP 428A

Licence No: S7979669G

8696083



NRIC No: **S7979669G**



Nationality: **CHINESE**
 Date of issue: **10-03-2005**

766 BEDOK RESERVOIR ROAD #13-20
 SINGAPORE 479248
 NRIC No: **S7979669G** Date: **31/12/2011** No: **6872565**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg No. 200208384E

MODEL
R 2M
B20086A
Cov.Type: C

MOTOR PRIVATE CAR

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)

PLM 303901

ORIGINAL

CERTIFICATE No. **DMPCSM1673681701** Engine No: **CMC022629**
Chassis No: **WAUZZZ19R2KA024545**

1. Index Mark and Registration Number of Vehicle **SKL2890R**

2. Name of Policy Holder **LU YIWEI**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment **29 October 2017** Named Drivers Ex Sect. I **S\$1,250.00**
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 **S\$3,000.00**

4. Date of Expiry of Insurance **28 October 2018** Ex Sect. I - Age >= 26 **S\$500.00**
* Age as at date of accident
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\$1,000 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. : HITACHI CAPITAL ASIA PACIFIC 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.

Issued By:

Authorised Officer

Authorised Signatory