

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA11812327 ✓

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 27/1/18-10:43 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1721801356/24 | SAS e-filing | | |
| Veh No: 5JE9993A | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 26/1/18-08:30 | 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: EY 8822 | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA1806150 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| 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:- | | |
| QC Checked by (Engr-In-Charge): | QJ: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Ref 1: | Invoice dated | Fee Charged | |
| Ref 2 / 3: | 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 | 27/09/2018 10:43 |
| Date Of Accident | 26/09/2018 08:30 |
| Exact Location Of Accident | AYE (CITY) AFTER CLEMENTI RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | SJF9993A |
| Insured/Policyholder | |
| Name Of Registered Owner | MR WONG ZHENG XIONG (HUANG ZHENGXIONG) |
| NRIC No | S8334462H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92712783 |
| Alternative Phone No | OFFICE-92712783 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | CIVIC 1.8L A |
| 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 | DMPCSN3042451800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------------|
| Name of Driver | WONG ZHENG XIONG (HUANG ZHENGXIONG) |
| NRIC No | S8334462H |
| Date Of Birth | 01/11/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/06/2009 |
| Driving Experience | 9 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92712783 |
| Fax Number | |
| Contact Number | OFFICE-92712783 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 629 SENJA ROAD #15-190 |
| Postcode | 670629 |
| 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? | NO |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180926/7016.

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 | EY1882Z |
| 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) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLP4835E |
| 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) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------------|
| Name | WONG ZHENG XIONG (HUANG ZHENGXIONG) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SJF9993A |
| 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.:

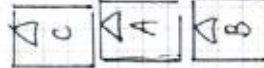
SKETCH PLAN

Vehicle A: 8JF9993A

AYE (City) after Clementi Road ←

Vehicle B: EY 1882Z

Vehicle C: SLP 4835E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (26/09/2018) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: AYE (City), after Clementi Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STF9993A
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Civic
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Wong Zheng Xiong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0334462H CONTACT: 92712703
c) ADDRESS: 629 Senja Road #15-190 S(670629)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (01/11/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EY1982Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP4835E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =



SINGAPORE POLICE FORCE



T/20180926/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180926/7016

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 26/09/2018 20:42 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: WONG ZHENG XIONG | | | Address: APT BLK 629 SENJA ROAD #15-190 SINGAPORE 670629 | | |
| ID Type / ID No.: NRIC NO / S8334462H | | | Contact No.: Home/Office: Mobile: 92712783 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: nextken@hotmail.sg | | |
| Sex: Male | Age: 34 | Date of Birth: 01/11/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SALES MANAGER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 26/09/2018 08:30 | Type of Location: Straight Road |
| Location: AYER RAJAH EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|--------------|-------|-------------------|-----------------|
| EY1882Z | Car | | | | Seriously Damaged | 2 |
| SJF9993A | Car | HONDA | CIVIC 1.8L A | Blue | Seriously Damaged | 1 |
| SLP4835E | Car | | | | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20180926/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180926/7016

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|----------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJF9993A | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSN30424518 00 | 26/06/2018 | 25/06/2019 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | WONG ZHENG XIONG | ID No. | S8334462H |
| Related Vehicle | SJF9993A (Car) | Contact No. | 92712783 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/09/2018 | Date Discharge | 26/09/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

ON 26/09/2018 AT ABOUT 08:30HR, I WAS TRAVELLING STRAIGHT ALONG AYE(CITY). DUE TO HEAVY TRAFFIC, VEHICLES WERE ALL SLOW MOVING. FRONT VEHICLE SLOWED DOWN & BRAKE, AND I FOLLOWED SUIT. SUDDENLY, ABOUT 3-5 SECONDS LATER, VEHICLE NUMBER - EY1882Z, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPELL FORWARD & HIT ONTO THE FRONT CAR.

I THEN SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20180926/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180926/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/09/2018 20:42

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8334462H



Name

WONG ZHENG XIONG
(HUANG ZHENGXIONG)

黃政雄

Race

CHINESE

Date of birth

01-11-1983

Sex

M

S8334462H

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8334462H

Name:

(HUANG ZHENGXIONG)

Birth Date: 01 Nov 1983

Issue Date: 19 Jun 2009



001755353F

5237280



NRIC No. **S8334462H**

Date of Issue

09-11-2013

APT BLK 629 SENJA ROAD #15-190
SINGAPORE 670629

NRIC No: **S8334462H**

Date: **07/10/2017**

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

PASS DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **19 Jun 2009**

NP 428A



Licence No: **S8334462H**

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)

\$ 1528.60

| | | | |
|---|---|--|-------------------------------|
| CERTIFICATE No. | DMPCBN3042451900 | Engine No : E18A13036598 | Chassis No: JHMPD163085216547 |
| 1. Index Mark and Registration Number of Vehicle | SJF9993A | | |
| 2. Name of Policy Holder | MR WONG ZHENG XIONG (HUANG ZHENGXIONG) | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 26 JUNE 2018 (17:24 HOURS) | NAMED DRIVERS EX SECT. 1.....\$8750.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. 1 - AGE <= 25.....\$3,000.00 EX SECT. 1 - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....\$100.00 | |
| 4. Date of Expiry of Insurance | 25 JUNE 2019 | | |
| 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. 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 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

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287595
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:



Authorised Officer

Authorised Signatory