

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA11815747**

Date In: 1/12/18-16:08	Job description	Date & Time Completed	Done by
Ref No: NA11815747	SAS e-filing		
Veh No: h134 45834	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/9/18 - 08:50	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: **MD10134** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616) Date & Time Completed Done by

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1807959	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
Int 1:	Invoice dated	Fee Charged	
Int 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 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. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/12/2018 16:08
Date Of Accident	03/09/2018 08:50
Exact Location Of Accident	SLIP RD BUKIT BATOK WEST AVE 7 TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4583Y
Insured/Policyholder	
Name Of Registered Owner	M/S HOMEBUSTERS PTE LTD
Co Reg No	201402310G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65623147

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY TDI DSG WGDR WIN
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	REPORTING ONLY
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	DMCVSN3052751800
Cover Note Number	

Driver

Name of Driver	YONG WENG HENG
NRIC No	S8541181J
Date Of Birth	15/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98314046
Fax Number	
Contact Number	OFFICE-98314046
Email Address	NOEMAIL

Address	BLK 409 BUKIT BATOK WEST AVENUE 4 #06-174
Postcode	650409
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SMD1013G
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: ;

SKETCH PLAN

IMPORTANT NOTICE

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

Before After Rd.

A: 6N6US834
B: 5MD10B6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE.
SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN
TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 7 / 18) (DD/MM/YYYY), TIME: (08:50) (HH:MM)

LOCATION: Stp Rd Bukit Batok West Ave 7 feds Bukit Batok Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 63645821
 b) INSURANCE COMPANY: C77
 c) POLICY NUMBER: DMCU41305275 1800
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: M/s Homebushes Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 863147
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yang Weng Hong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 85411817 CONTACT: 98314046
 c) ADDRESS: Blk 401 Bukit Batok West Avenue 4 #06-174 (80404)

*d) DATE OF BIRTH: (15 / 12 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/2006

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: 5MD1136 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

Email =

fax =

video =

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

The Following Are The Brief Particulars of :

Registration No.	201402310G
Company Name	HOMEBUSTERS PTE. LTD.
Former Name if any	
Incorporation Date	23/01/2014
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	23/01/2014

Principal Activities

Activities (I)	INTERIOR DESIGN SERVICES (74191)
Description	INTERIOR DESIGN
Activities (II)	RENOVATION CONTRACTORS (43301)
Description	RENOVATION

Capital			
Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
10000	10000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
10000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Authentication No. : I18219691E

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

Registered Office Address	25 MANDAI ESTATE #04-05 INNOVATION PLACE SINGAPORE (729930)
Date of Address	01/09/2015
Date of Last AGM	
Date of Last AR	
Date of A/C Laid at Last AGM	
Date of Lodgment of AR, A/C	

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
YONG WENG HENG	S8541181J	SINGAPORE CITIZEN	ACRA	23/01/2014
409 BUKIT BATOK WEST AVENUE 4 #06-174 SINGAPORE (650409)		Director		
CHUA PING HAN, EDDIE	S8109090D	SINGAPORE CITIZEN	OSCARS	23/01/2014
90 DAWSON ROAD #25-10 SKYTERRACE @ DAWSON SINGAPORE (142090)		Director		

Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address				
1 CHUA PING HAN, EDDIE	S8109090D	SINGAPORE CITIZEN	OSCARS	08/01/2017

Authentication No. : I18219691E

INFORMATION RESOURCES

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address				
90 DAWSON ROAD #25-10 SKYTERRACE @ DAWSON SINGAPORE (142090)				
Ordinary(Number)	Currency			
5000	SINGAPORE, DOLLARS			
2 YONG WENG HENG	S8541181J	SINGAPORE CITIZEN	ACRA	
409 BUKIT BATOK WEST AVENUE 4 #06-174 SINGAPORE (650409)				
Ordinary(Number)	Currency			
5000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

A/C - Accounts

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : I18219691E

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INFORMATION RESOURCES

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA180403165689

DATE : 03/04/2018

This is computer generated. Hence no signature required.



Authentication No. : I18219691E



**SINGAPORE
POLICE FORCE**



J/20170628/2040

1 of 2

POLICE REPORT (NP322)

Report No. J/20170628/2040

Police Station Of Origin
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Date/Time Report Made 28/06/2017 10:52		Vide Report No.		Station Diary No. 22	
Name Of Informant YONG WENG HENG		Address APT BLK 409 BUKIT BATOK WEST AVENUE 4 #06-174 SINGAPORE 650409			
ID Type / ID No. NRIC NO / S8541181J		Contact No. Home/Office Mobile 98314046			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Interior designer		Sex Male	Age 31	Date of Birth 15/12/1985	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 21/06/2017 16:00		Location Of Incident 511 BUKIT BATOK STREET 23 VICOM BT BATOK INSPECTION CTR SINGAPORE 659545			

Brief details.

On the abovementioned date, time and place, I discovered the mentioned item missing.

Property Information

Signature Of Officer Recording The Report:

J / Staff Sgt SAIFULLAH BIN SUHAIMI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Staff Sgt R G RAJKUMAR
Contact No.: 67910000

Authentication Stamp



Singapore Police Force

Signature Of Informant:

Date/Time:
28/06/2017 10:52

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



J/20170628/2040

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20170628/2040

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		One Singapore driving license belonging to YONG WENG HENG

Signature Of Officer Recording The Report:

J / Staff Sgt SAIFULLAH BIN SUHAIMI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Staff Sgt R G RAJKUMAR
Contact No.: 67910000

Authentication Stamp

SN 114

Signature Of Informant:

Date/Time:
28/06/2017 10:52

Classification Of Case:

FUPO hotline number: 68429645

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8541181J



Name

YONG WENG HENG

杨 永 兴

Race

CHINESE

Date of birth

15-12-1985

Sex

M

Country/Place of birth

SINGAPORE



5295066



NRIC No S8541181J



Date of issue

29-03-2014

Address

APT BLK 409 BUKIT BATOK WEST AVENUE 4
#06-174
SINGAPORE 650409

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN3052751800	Engine No :DFS220552 Chassis No:WV1ZZZ2KZHX161642
1. Index Mark and Registration Number of Vehicle	GBG4583Y	
2. Name of Policy Holder	M/S HOMEBUSTERS PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 AUGUST 2018	EX SECT. IS\$650.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	16 AUGUST 2019	
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. : ETHOZ CAPITAL 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.

Countersigned By:

Authorised Officer

Authorised Signatory