

NATIONAL Assessment Centre Services

Print 1 Jan 05 MHA 118162299

Date In: 8/14/18 - 14:45	Job description	Date & Time Completed	Done by
Ref No: NA 10721803268074	SAS e-filing		
Veh No: 68879064	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/12/18 - 11:50	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: M3248 08

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

NA 10721803268074

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: 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:-		
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-in INC) against INC \$20		
9) N12: Idac Mobile \$0		

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 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	18/12/2018 14:45
Date Of Accident	17/12/2018 11:50
Exact Location Of Accident	PIE (CHANGI) AFTER ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB7906G
Insured/Policyholder	
Name Of Registered Owner	M/S MYWAY ENGINEERING PTE LTD
Co Reg No	200715152D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0DX M
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	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3057091800
Cover Note Number	
Driver	
Name of Driver	KRISHNAMOORTHY LOGANATHAN
Passport No/FIN	G2403200R
Date Of Birth	07/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93363319
Fax Number	
Contact Number	OFFICE-93363319
Email Address	NOEMAIL

Address	BLK 668A JURONG WEST STREET 64 #10-124
Postcode	641668
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	MBR4808 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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: : WONG TIANZHU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181217/2137.

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	MBR4808
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE9353D
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 KRISHNAMOORTHY LOGANATHAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBB7906G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WONG TIANZHU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBB7906G
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.

MYWAY ENGINEERING PTE. LTD.
麦威工程有限公司
Reg: 200715152D

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.:

PIE charging after Eng Neo Aue

A diagram showing a 6x6 grid of squares. The first five columns are empty. The sixth column contains a vertical stack of four boxes. From top to bottom, the boxes are labeled: C, A, B, and an unlabeled box. Below the grid, there are seven upward-pointing arrows, one under each column.

A \Rightarrow GBB7906G
B \Rightarrow MBR4808
C \Rightarrow SCE9353D

Refer To Police Report T/20181217/2137

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

麦威工程有限公司

Policyholder's Signature

K. H. 18/12/18

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel
Name:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 12 / 18) (DD/MM/YYYY), TIME: (11 : 52) (HH:MM)

LOCATION: PIE towards changi after Eng Neo Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB7906 G
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMVUSN3057091800
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: WORK
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: My Way M/s Myway Engineer Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200715152D CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KRISHNAMOORTHY LOGANATHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G2403200R CONTACT: 9396 3319
c) ADDRESS: _____

* d) DATE OF BIRTH: (07 / 07 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3

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

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: Macpherson NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: MBR4808
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: SLE9353D
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ric060autoservices@gmail.com

fax = 6286 7060



SINGAPORE POLICE FORCE



T/20181217/2137

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 4

Report No. T/20181217/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 16:18	Vide Report No.: E/20181217/0064	Station Diary No.: 31
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Informant's Particulars

Name of Informant: KRISHNAMOORTHY LOGANATHAN			Address: APT BLK 668A JURONG WEST STREET 64 #10-124 SINGAPORE 641668		
ID Type / ID No.: FIN NO / G2403200R			Contact No.: Home/Office: Mobile: 83503253		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 07/07/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class: 2B,3 Date of Expiry: 01/03/2020		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2018 12:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Before Lornie exit towards Changi				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7906G	Van				Slightly Damaged	1
MBR4808	Car					0
SLE9353D	Car	HONDA		White		2



SINGAPORE POLICE FORCE



T/20181217/2137

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 4

Report No. T/20181217/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	WANG TIANZHU	ID No.	S8071503Z
Related Vehicle	GBB7906G (Van)	Contact No.	93363319
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	KRISHNAMOORTHY LOGANATHAN	ID No.	G2403200R
Related Vehicle	GBB7906G (Van)	Contact No.	83503253
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 01/03/2020
Date Treatment	17/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHANG KIAN YOONG	ID No.	G6671175M
Related Vehicle	MBR4808 (Car)	Contact No.	91750398
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



**SINGAPORE
POLICE FORCE**



T/20181217/2137

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 4

Report No. T/20181217/2137

CONTINUATION OF REPORT

Driver			
Name	GABRIEL ELVIN GAN KUAN LENG	ID No.	S7212524Z
Related Vehicle	SLE9353D (Car)	Contact No.	91080162
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 17/12/2018 at about 11.52am, while I was travelling along PIE towards Changi intending to go to Potong Pasir and I was travelling along lane two. While I was driving behind one other vehicle, SLE9353D, the said vehicle suddenly slowed down and came to a stop. As such, I did the same and came to a complete stop after which I felt an impact from the rear and due to the impact, my vehicle surged forward and hit onto the front vehicle. I then exited my vehicle and the driver of the front vehicle called for police.

Upon police arrival, we exchanged particulars amongst the drivers and we went for a medical check up and I received three days of medical leave while my passenger received four days of medical leave. My vehicle sustained slight damages.



**SINGAPORE
POLICE FORCE**



T/20181217/2137

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

4 of 4

Report No. T/20181217/2137

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 /

Sgt 2 MUHAMMAD NASRUL AMIRUDDIN BIN
SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/12/2018 16:18

Classification Of Case:



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HE JIAN CONSTRUCTION PTE. LTD.



Name
KRISHNAMOORTHY LOGANATHAN

Work Permit No.
0 36249749

Sector:
CONSTRUCTION



K0792906

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 2403200R**

Name:

**KRISHNAMOORTHY
LOGANATHAN**

Birth Date: **07 Jul 1991**

Issue Date: **02 Mar 2015**

Valid Till **01 Mar 2020**



002401059J



VISIT PASS
Immigration Regulations

17-09-2018

Name

KRISHNAMOORTHY LOGANATHAN

FIN

G2403200R

Date of Birth

07-07-1991

Sex

M

Nationality

INDIAN

Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

02 Mar 2015

**Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg**

02 Mar 2015



Licence No: G2403200R

NP 428A

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.	DMCVSN3057091800	Engine No :1KD1762196 Chassis No:KDH2010014181
1. Index Mark and Registration Number of Vehicle	GBB7906G	
2. Name of Policy Holder	M/S MYWAY ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 SEPTEMBER 2018	EX SECT. IS\$500.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	23 SEPTEMBER 2019	
5. Persons or Classes of Persons entitled to drive *		
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>		
6. Limitations as to use: *		
<p>(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.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(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.</p>		
<p><i>* 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></p>		

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