

# NATIONAL Assessment Centre Services

Date In: 29/12/2018 13:47	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18023317/KY	SAS e-filing		
Veh No: SMF5508.J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/12/2018 21:15	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: JSW7650. 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

NA1808588	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idno 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 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	29/12/2018 13:47
Date Of Accident	28/12/2018 21:15
Exact Location Of Accident	DOVER ROAD TWDS NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5508J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARDUST RESOURCES HOLDINGS PTE LTD
Co Reg No	-
Email Address	MINGDONGZHU@LIVE.COM
Mobile Phone No	(LOCAL) +65-87093835
Alternative Phone No	OFFICE-87093835

### Vehicle Particulars

Manufacturer	PORSCHE
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMPCSN3073961800
Cover Note Number	

### Driver

Name of Driver	ZHU MINGDONG
Passport No/FIN	G3830393M
Date Of Birth	21/12/1987
Occupation	INDOOR
Date Of Driving Pass	27/11/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87093835
Fax Number	
Contact Number	OTHERS-87093835
Email Address	MINGDONGZHU@LIVE.COM

Address	QUATTUOR ISLA ASSOCIATES PTE LTD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR OF CO.
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181229/2000

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSW7650
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE

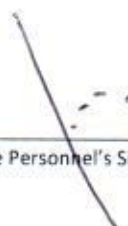
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

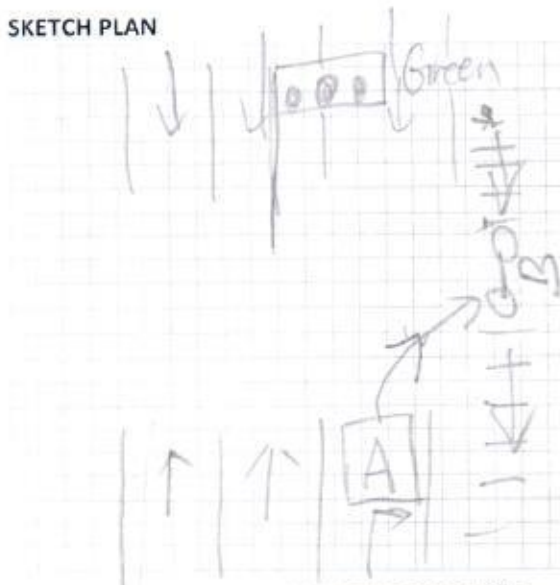
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

29/12/2018

SKETCH PLAN



Dover Road towards  
North Buona Vista Road.

A - SMF 5508J

B - JSW 7650

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls Refer to the Police Report - T/20181229/2000*

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.:

*29/12/2018*





# SINGAPORE POLICE FORCE



T/20181229/2000

1 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20181229/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2018 00:11		Vide Report No.: D/20181228/0132		Station Diary No.: 2	
<b>Informant's Particulars</b>					
Name of Informant: ZHU MINGDONG			Address: APT BLK 7 ARDMORE PARK #21-01 ARDMORE RESIDENCE SINGAPORE 259954		
ID Type / ID No.: FIN NO / G3830393M			Contact No.: Home/Office: Mobile: 87093835		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 21/12/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Director			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: 28/12/2018 21:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DOVER ROAD NORTH BUONA VISTA ROAD Dover Road towards North Buona Vista Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSW7650	Motorcycle				Slightly Damaged	0
SMF5508J	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181229/2000

2 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20181229/2000

**CONTINUATION OF REPORT**

Driver			
Name	ZHU MINGDONG	ID No.	G3830393M
Related Vehicle	SMF5508J (Car)	Contact No.	87093835
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

**Brief Details.**

On 28/12/2018 at about 2115hrs, I was driving my vehicle (SMF5508J) along Dover Road towards North Buona Vista Road. There was a vehicle in front of me and we came to a stop in front of the traffic light towards North Buona Vista Road. When the traffic was green and clear, the vehicle in front of me drove off and I followed. While turning right towards North Buona Vista road, a motorcycle came riding towards my vehicle along the pedestrian walkway along the road and clash onto the front of my vehicle. The rider then landed on my vehicle's bonnet and was lying there. I exited my vehicle and made a check on him and a off duty doctor came render assistance. Soon after, Police and Ambulance came. I was given a case number (D/20181228/0132) and was advised to lodge a report immediately. The rider was conveyed to hospital by the ambulance. I do not know what are his injuries and damages to his motorcycle. Damage to my vehicle are as follows:

- a) Dented bonnet
- b) Damaged number plate
- c) Front windscreen slightly cracked
- d) A camera sensor which was placed at the front bonnet area damaged.

I am not injured.





**SINGAPORE  
POLICE FORCE**



T/20181229/2000

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

3 of 3

Report No. T/20181229/2000

**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:

A /

Sgt 1 LEW KANGTING, JONATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

29/12/2018 00:11

Classification Of Case:

Authentication Stamp

NP168

# ACCIDENT STATEMENT

Reported on 29/12/2018

1325 HRS

ACCIDENT DATE: (28 / 12 / 2018) (DD/MM/YYYY). TIME: (21:15) (HH:MM)

LOCATION: Dover Rd toward North Buena Vista Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 5508J  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 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: \_\_\_\_\_  
 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: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87093835  
 c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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

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

6. WAS ANYBODY INJURED (YES / NO) ☒ NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSW 7650 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: \_\_\_\_\_

Email = mingdong zhu @ live . com

fax =

VIDEO = Mingdong zhu @ live . com

Waiting for Company Chop?



10  
 9  
 8  
 7  
 6  
 5  
 4  
 3  
 2  
 1

*The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.*

PEOPLE'S REPUBLIC OF CHINA

类型/Type

Country Code

护照号码: Passport No.

P

CHN

E81421643

122 N

朱明冬  
ZHU, MINGDONG

478 *Sen*

### Nonverbal

## Threat of Death

男/M

中国/CHINESE

21 DEC 1987

出生地点: Place of birth

江苏/JIANGSU

Date of issue:

24 10月/OCT 2016

Place of birth

雅加达

Date of Copy: \_\_\_\_\_

23 10月/OCT 2026

JAKARTA

参考文献	Authority
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持照人簽名: Boater's signature

中国驻印度尼西亚大使馆  
EMBASSY OF P.R.CHINA  
IN INDONESIA

POCHNZHU<<MINGDONG<<<<<<<<<<<<<<<<<<<<<<<  
E814216435CHN8712219M2610232NGOMMDPHLGKMA940

08144717376



1. ZHU MINGDONG

2.

JIANGSU

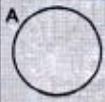
3.


21-December-1987

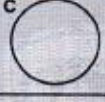
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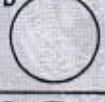
THE RITZ CARLTON JAKARTA ROOM 3211 JAKSEL

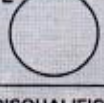
5.

A 

B 

C 

D 

E 



Signature of holder

**DISQUALIFICATIONS :**

The holder is deprived of the right to drive in the  
territory of ..... until .....

At ..... on .....

The holder is deprived of the right to drive in the  
territory of ..... until .....

At ..... on .....





**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**QUATTUOR ISLA ASSOCIATES PTE. LTD.**

Name  
**ZHU MINGDONG**

FIN  
**G3830393M**

**K1040902**

**SURAT IZIN MENGENUDAI**  
(Driving License)

**A**  
**METRO JAYA**

**PRIA**

Nama : **ZHU, MINGDONG**  
Alamat : **THE RITZ CARLTON JAKARTA ROOM 3211 JAKARTA SELATAN**

Tempat & : **JIANGSU**  
Tgl. Lahir : **21-12-1987**  
Tinggi : **170 cm**  
Pekerjaan : **SWASTA**  
No. SIM : **87121205974521**  
Berlaku s/d : **21-12-2022**  
**JAKARTA, 27-11-2017**  
**DIRLANTAS POLDA METROJAYA**

**DRS. HALIM PAGARRA, MH**  
**KOMBES POL NRP. 64030695**

**VISIT PASS**  
Immigration Regulations

20-12-2018

Name  
**ZHU MINGDONG**

FIN  
**G3830393M**

Date of Birth  
**21-12-1987**

Sex  
**M**

Nationality  
**CHINESE**

**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.**

Download SGWorkPass App to check status

**Barcode**

**H 04579210**

**PERHATIAN:**

1. Memasukan SIM melanggar pasal 263 KUHP, dapat dipidana penjara paling lama 6 (enam) tahun.
2. Pelanggaran lalu lintas oleh pengemudi diberi bobot nilai dengan pencatatan pada pangkalan data Polri dengan kategori :
  - a. pelanggaran ringan (administrasi) dengan bobot nilai 1.
  - b. pelanggaran sedang (berdampak kemacetan) dengan bobot nilai 3.
  - c. pelanggaran berat (berdampak kecelakaan lalu lintas) dengan bobot nilai 5.
3. Bagi pemilik SIM yang pelanggaranannya melebihi bobot 12, SIM dapat dicabut sementara dan atau dilakukan uji ulang pada saat perpanjangan SIM (Perkap Nomor 9 Tahun 2012 tentang Surat Izin Mengemudi).

**CALL CENTRE : 1500669**



中国太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX4FE SN  
AN0658A  
Cov.Type: C

**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.	DMPCSN3073961800	Engine No :CXT004159 Chassis No:WP0ZZZ972HL160125
1. Index Mark and Registration Number of Vehicle	SMF5508J	
2. Name of Policy Holder	STARDUST RESOURCES HOLDINGS PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 NOVEMBER 2016 (15:02 HOURS)	NAMED DRIVERS EX SECT. I .....\$53,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$53,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	18 NOVEMBER 2019	EX ON WINDSCREEN .....\$3350.00
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: \*

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.

\* 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

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