

NATIONAL Assessment Centre Services

Date In: 12/01/2019 13:38	Job description	Date & Time Completed	Done by
Ref No: NA/CTI9000727/K4	SAS e-filing		
Veh No: SJB 63934	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 11/01/2019 20:00	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: SHD31824	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

NA1900334	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) N1: 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: Idao 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	12/01/2019 13:38
Date Of Accident	11/01/2019 20:00
Exact Location Of Accident	JUNC OF SENGKANG WEST AVE AND FERNVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6393Y
Insured/Policyholder	
Name Of Registered Owner	WONG MUN KIT ROBIN
NRIC No	S7734441A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92377392
Alternative Phone No	OTHERS-92377392

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	DMPCSN3093121802
Cover Note Number	

Driver

Name of Driver	WONG MUN KIT ROBIN
NRIC No	S7734441A
Date Of Birth	17/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92377392
Fax Number	
Contact Number	OTHERS-92377392
Email Address	NOEMAIL

Address	BLK 430B FERNVALE LINK #11-221
Postcode	792430
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 (including own vehicle) 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)	2
Passenger 1	
	NAME: : LIAN WEN YAN, GINA
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190112/2013

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	SHD3182Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOK CHIN NAM
NRIC/Passport Number	S0056342J

Contact Number 96269436
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4967D
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 3

Vehicle Registration Number SHB5248P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG BEE TIAN
NRIC/Passport Number S1212242Z
Contact Number 91052598
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG MUN KIT ROBIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB6393Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIAN WEN YAN, GINA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB6393Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

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.

 11/1/19

Policyholder's Signature
Date & Time:

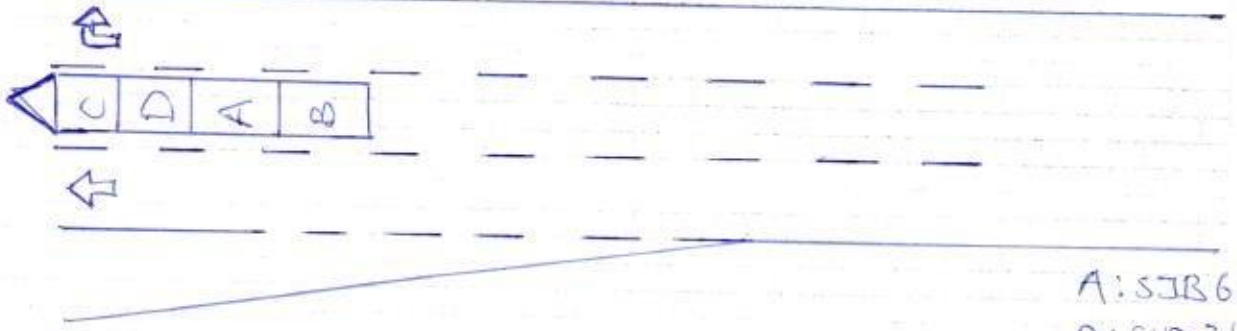
 11/1/19

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

 12/1/2019

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

SKETCH PLAN



A: SJR6893Y
B: SHD3182Y
C: SHB4967D
D: SHB5248P

SENGKANG WEST AVE X FERNVALE RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE / TIME AND LOCATION, I WAS

TRAVELING ON SENKANG WEST AVE ON MY WAY HOME

I STOPPED BEHIND A VEHICLE DUE TO RED LIGHT.

ALL OF A SUDDEN VEHICLE "B" COLLIDED ONTO MY REAR

AND MY VEHICLE MOVE FORWARD AND HITS ONTO MY

FRONT VEHICLE. AFTER THAT I REALISE I WAS INVOLVE

IN A 4 CARS ACCIDENT. WE PROCEED TO INSURANCES


PLS Refer to the Police Report -
T/20190112/2013

DECLARATION

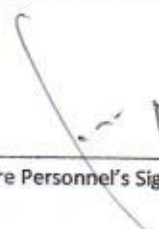
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

11/1/19


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

11/1/19


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

12/1/2019



SINGAPORE POLICE FORCE



T/20190112/2013

1 of 4

Report No. T/20190112/2013

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/01/2019 01:53

Vide Report No.:

Station Diary No.:
16

Informant's Particulars

Name of Informant:
ROBIN WONG MUN KIT

Address:
APT BLK 430B FERNVALE LINK #11-221 SINGAPORE
792430

ID Type / ID No.:
NRIC NO / S7734441A

Contact No.:
Home/Office: Mobile: 92377392

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 41 17/11/1977

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:

Occupation:
BANK OFFICER

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2019 20:00	Type of Location: X-Junction
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Location:
Junction of Road 1 and Road 2
SENGKANG WEST AVENUE
FERNVALE ROAD
Junction of Sengkang West Ave and Fernvale Road

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4967D	Car					0
SHB5248P	Car					0
SHD3182Y	Car					0
SJB6393Y	Car	TOYOTA	WISH 1.8 A	Silver		1



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190112/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB6393Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30931218 02	26/04/2018	25/04/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	NG BEE TIAM	ID No.	S1212242Z
Related Vehicle	SHB5248P (Car)	Contact No.	91052598
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	LOK CHIN NAM	ID No.	S0056342J
Related Vehicle	SHD3182Y (Car)	Contact No.	96269436
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	ROBIN WONG MUN KIT	ID No.	S7734441A
Related Vehicle	SJB6393Y (Car)	Contact No.	92377392
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190112/2013

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Report No. T/20190112/2013

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

On 11/01/2019 at about 2000hrs, I was driving my vehicle registration plate number SJB6393Y along Sengkang West Ave. I was travelling on the second lane of a three lane road. I then stopped my vehicle behind one vehicle registration plate number SHB5248P as the traffic light turns red. It is at the junction of Sengkang West Ave and Fernvale Road. Just then, one vehicle registration plate number SHD3182Y collided onto my vehicle rear causing my vehicle to move forward. My vehicle then hit onto the vehicle rear of SHB5248P.

We then alighted from the vehicle and I realised it was a chain collision involving 4 vehicles however the first vehicle had a slight contact as such the driver drove off after.

No one was injured during the accident. Traffic police were at scene to assist.

I wished to state that I do have an in-built CCTV in my vehicle.

After the accident, my wife and I then went to Mount Elizabeth Novena hospital for medical check. We were both given 4 days of medical leave by the doctor.

I lodging this report for my insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190112/2013

Police Station Of Origin;
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20190112/2013

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:
F /
Sgt 3 TAY JIAN LONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

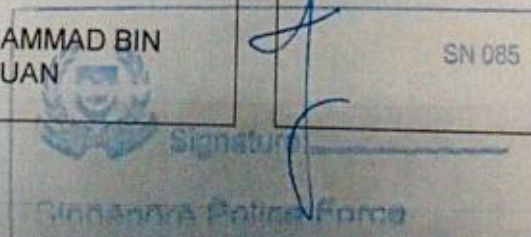
Date/Time:
12/01/2019 01:53

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Classification Of Case:

SN 085

Authentication Stamp
NP168



✱

Date of Accident : 11/01/2019 Accident Time: 2000HRS (24-HR-Format)
Accident Place : SENGKANG WEST AVE TO FERNVALE RD X-J
Vehicle, No. (Car Plate No.) : SJB6393Y Make/Model: TOYOTA WISH
Insurance Company : CHINA TAIPING. Policy No: DMPCSN3093121802
Owner or Company Name /IC No. : ROBIN WONG MUN KIT 87734441A
Owner or Company Contact No. : 9237 7392 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ROBIN WONG MUN KIT 87734441A
DRIVER'S Date Of Birth : 17/11/1977 DRIVER'S License Pass Date 07 OCT 1999
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 430B FERNVALE LINK #11-021 S7A0430.
DRIVER'S Contact No./ Alt No. : 1) 9237 7392 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR (e.g. working inside or outside office))
Email Address : Robinswong@yahoo.com.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera YES \ NO revert
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle, No: <u>(B) SHD3182Y</u>	Vehicle, No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____
	(C) SHB4967D
	(D) SHB5248P

* NEW - Passenger's name & gender:

Lian Wenyan, Gina FEMALE.

enquiry @ polymathgarage . com . sg ✓
enquiry @ polymathgarage . com . sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7734441A**

Name
ROBIN WONG MUN KIT
(WANG WENJIE)

Race
CHINESE
王 文 杰

Date of Birth
17-11-1977

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number
S7734441A

Name
ROBIN WONG MUN KIT
(ROBIN WANG WENJIE)

Birth Date
17 Nov 1977


Issue Date
15 Sep 2003

000838639A




Driver

4131345



NRIC No. **S7734441A**



Date of Issue
17-11-2007

APT BLK 4308 FERNVALE LINK #11-221
SINGAPORE 792430

NRIC No: **S7734441A** Date: **25/05/2015**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
07 Oct 1999



Licence No. **S7734441A**

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. DMPCSN093121802 Engine No. 11222566294
1. Index Mark and Registration Number of Vehicle SJB6393Y Chassis No. ENK100305715
2. Name of Policy Holder WONG MUN KIT ROBIN
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 26 APRIL 2018 NAMED DRIVERS EX SECT. I\$9750.00
4. Date of Expiry of Insurance 23 APRIL 2019 EX SECT. I - AGE <= 25\$53,000.00
5. Persons or Classes of Persons entitled to drive * EX SECT. I - AGE >= 26\$3500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN\$5100.00

(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 RACE-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.

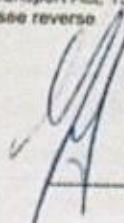
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT \$55,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE. ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OWN AUTHORIZED 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:


Terry's Office
38 Parbury Avenue #04-02 S467034
Tel/WatsApp: 9127 8514
Authorised Officer


Authorised Signatory