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	V 8284A	INC(	)/Non-INC(	)	
	~ 0-0/1/	or a constant	Tel:		)
Owner / Driver: ( . ) Per	iod: (	)	Cover Type: (		<u>).</u>
Policy No: ( ) Per		Dater,	Tliner		)
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO	); N: 0-2	)%; P: 21-79%. P	: 80-100%]	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding 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.

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.

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Date Of Report

08/02/2019 19:54

Date Of Accident

07/02/2019 09:15

**Exact Location Of Accident** 

PORTSDOWN AVE TOWARDS NORMANTON PARK(FLYOVER)

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKA3113C

SINGAPORE

Insured/Policyholder Name Of Registered Owner

LUO WENCONG

NRIC No

S8424845B

Email Address

MANSON131@GMAIL.COM

Mobile Phone No.

(LOCAL) +65-91131314

Alternative Phone No.

OTHERS-91131314

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

E250-1.8 CGI ELEGANCE (W212) (A)

Exact Purpose for which vehicle was being used at TRANSPORTATION BACK HOME

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

time of accident

PRIVATE CAR

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMPCSN3029021800

Cover Note Number

Driver

Name of Driver

LUO WENCONG

NRIC No

S8424845B

Date Of Birth

18/08/1984

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

17/12/2004

14 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-91131314

Fax Number

OTHERS-91131314

Contact Number EMail Address

MANSON131@GMAIL.COM

Address

BLK 62B STRATHMORE AVENUE

#06-58

Postcode

143062

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?

Number of vehicles (including own vehicle) involved in the accident

YES

Was any body injured in the Accident?

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:

: CHUA WEI TIEN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190208/7003

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJX8284A

Vehicle Make/Model/Colour

HONDA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN JINXING ANDREW

NRIC/Passport Number

S8229235G

Contact Number

97548728

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

LUO WENCONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKA3113C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

CHUA WEI TIEN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKA3113C

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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

1802191245

Driver's Signature (If driver is not the policyholder)

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

8284A

POLICE REPORT 1/20190208/2003

# DECLARATION

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

Policyholder's Signature Date & Time:

080214 1245

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

NRIC/FIN No.:

of hours





T/20190208/7003

1 of 3

Report No. T/20190208/7003

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 13:11		lade:	Vide Report No.: Station Diary N		
Informa	nt's Particu	ulars			
The Control of the Co	f Informant: ENCONG		Address: APT BLK 62B STRATHMORE 143062	AVENUE #06-58 SINGAPORE	
ID Type / ID No.: NRIC NO / S8424845B		45B	Contact No.: Home/Office: Mobile: 91131314		
National	lity: PORE CITIZ	EN	Email: manson131@gmail.com		
Sex: Age: Date of Birth: Male 34 18/08/1984			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Singapore Armed Forces personnel		orces personnel	Driving Licence Information: Class: 3	Date of Expiry:	

	VIGARIAGENI	dent	D 1 TT 1	T (1)
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2019 21:15	Type of Location: Flyover
Location: PORTSDOW	N AVENUE			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Traffic		Traffic Control:		Troffic Volume:
	Way	Traffic Light - Wo		Traffic Volume: Light

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKA3113C	Car	MERCEDES BENZ	E 250	Grey		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKA3113C	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30290218 00	14/04/2018	31/05/2019		





T/20190208/7003

2 of 3

Report No. T/20190208/7003

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

# CONTINUATION OF REPORT

Details of Person	n Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL Use			Use of	Pedestrian	Cross	ing: NA
Passenger	2250年3年1月1日	CARL STOP			To Bloom	00004000D
Name	CHUA WEI TIEN			ID No.		S8601202B
Related Vehicle	SKA3113C (Car)			Contac	t No.	91913014
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	07/02/2019	11/		Discharge		2/2019
No. of Days gran	ted Medical Leave	04	Degre	e of Injury	Slight	
Driver		STATE OF THE PARTY.	Park Property		45	OCH STANDARD HER TEN
Name	LUO WENCONG			ID No.		\$8424845B
Related Vehicle	SKA3113C (Car)			Conta	ct No.	91131314
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	07/02/2019		Date	Discharge	And in case of the last of the	2/2019
	ited Medical Leave	04	Degre	ee of Injury	Sligh	it

## Brief Details.

I was waiting at the first lane(extreme right) of the red light traffic along portsdown flyover(towards Normanton Park) to Turn Right into AYE. There were about 6-8 stationary car in front of me. Upon the traffic light turn green and I was about to move off, the car SJX8284A hit the rear of my car SKA3113C at 9.13pm 07/02/19. I am the driver and my Wife(14 weeks pregnant) was at the front passenger seat. As both of us experienced pain at the back and neck, we admitted to NUH A&E for a post accident check up. We were both given a 4 days MC. The driver of SJX8284A(Andrew Tan Jing Xin, S8229235G, contact: 97548728) acknowledged that he held full responsibility of the accident and I will be claiming under his insurance(Other Party Insurance -AXA).

Yes. i have the video footage and photos.





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

3 of 3 Report No. T/20190208/7003

CONTINUATION OF REPORT

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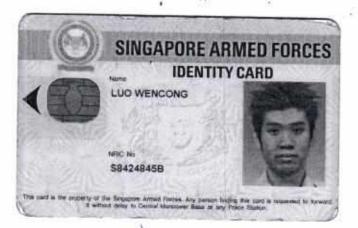
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 13:11
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

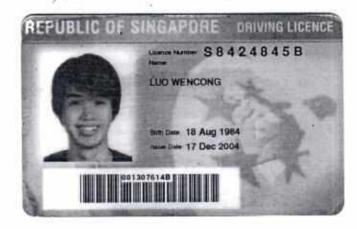
# ACCIDENT STATEMENT

CIDENT DATE: ( UT.) DZ ) 2014 )(DD/MM/Y	YYY), TIME: ( 09.13 PM )(HH:MM
ATION: PORTSDOWN FLITTER TOL	HARD WORMANTS I BARK
	TALL PROPERTY OF THE PARTY OF T
	2 7
CIPOLICY NUMBER: DM PCSN 3029 02	11800
d) POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
B) MAKE & MODEL: MERIESDES BENZ W	
I)TYPE: SALOON / COUPE / MPV /VAN / LC	DRRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMME	ERCIAL / MOTORGYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:_	TRANSPORTATION BALLHOME
I ARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM)	/-REPORTING ONLY)
. INSURED / POLICY HOLDER	Personal Macademia residente de la constante d
A)NAME: LUD WENTONY.	(MALE/FEMALE)
b)NRIC/FIN/PASSPORT: 58424845B	CONTACT: 9113/3/4
CLADDRESS: BLK 62B STRATHWORE 40	DE #06-58 S143062
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
DRIVER .	
1 -11 11 11 11	(MALE / FEMALE)
DJNKIC/FIN/FASSPORI:	CONTACT:
c)ADDRESS:	
MAID ATE OF DIRECT 1 12 462 (1921)	
	DD/MM/YYYY)
	2224
	LIDEDIC COMPANIVE (VECTINO)
IF NO. RELATIONSHIP OF THE DRIVER W	URED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W a) WEATHER CONDITION: (CLEAR) RAINING	VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS	VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS  WAS ANYBODY INJURED (YES) / NO)	URED'S COMPANY? (YES / NO) VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS_  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)	VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS  WAS ANYBODY INJURED (YES) / NO)	VITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS  WAS ANYBODY INJURED (YES) / NO)  a) REPORTED TO POLICE (YES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATIC	ON: THINE
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS_  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATIC THIRD PARTY VEHICLE  a) VEHICLE NUMBER: \$3 x 8 2 8 4 A	ON: BUINE  MODEL: HOLDA
IF NO, RELATIONSHIP OF THE DRIVER WE DIWEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY) / WET / OTHERS_WAS ANYBODY INJURED (YES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATICE THIRD PARTY VEHICLE  a) VEHICLE NUMBER: STATE WHICH POLICE STATICE THIRD PARTY VEHICLE  b) DRIVER'S NAME: THAT SIN X NOT ANY CONTRIBUTED THAT SIN X NOT A	ON: BUINE  MODEL: HOLDA
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS  WAS ANYBODY INJURED (YES) / NO)  a) REPORTED TO POLICE (YES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATION  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 53 x 8284 A  b) DRIVER'S NAME: 740 310 X 100 A  c) NRIC/FIN/PASSPORT: 582292356  THIRD PARTY VEHICLE	ON: BUINE  MODEL: HOLDA
IF NO, RELATIONSHIP OF THE DRIVER W  a) WEATHER CONDITION: (CLEAR) RAINING  b) ROAD SURFACE: (DRY) / WET / OTHERS  WAS ANYBODY INJURED (YES) / NO)  a) REPORTED TO POLICE (YES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATION  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 53 x 8284 A  b) DRIVER'S NAME: 740 310 X 100 A  c) NRIC/FIN/PASSPORT: 582292356  THIRD PARTY VEHICLE	ON: BUIME  MODEL: HOLDA
IF NO, RELATIONSHIP OF THE DRIVER WE DIWEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY) / WET / OTHERS_WAS ANYBODY INJURED (YES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATICE THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 53 x 8284 A  b) DRIVER'S NAME: 54 2 1235 6  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	ON: BUINE  ON: MODEL: HONDA  DREW  CONTACT: 47548728
IF NO, RELATIONSHIP OF THE DRIVER WE DIWEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC THIRD PARTY VEHICLE  DIE OF THE DIMBER: 53 x 8284 A  DRIVER'S NAME: 53 x 8284 A  DRIVER'S NAME: 53 x 8284 A  THIRD PARTY VEHICLE  DIRECTOR OF THE DRIVER WAS IN THE DIRECTOR OF THE DI	ON: BUINE  ON: MODEL: HONDA  DREW  CONTACT: 47548728
	ATION: PORTSDOWN PLANTER TOU  DETAILS OF VEHICLE  G) VEHICLE NUMBER: SKA3113 C  b) INSURANCE COMPANY: CHINA TAI  C) POLICY NUMBER: DM P (SN 3 0 2 9 0 7  d) POLICY TYPE: (COMPREHENSIVE)/THIRD  B) MAKE & MODEL: MERIESDES & SO 2 W  1) TYPE: (BALOON) / GOUPE / MPV / VAN / LC  G) VEHICLE CATEGORY: (PRIVATE// GOMME  h) PURPOSE OF USING AT ACCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUP OWN I  IF NO, PLEASE STATE (THIRD PARTY CLAIM)  INSURED / POLICY HOLDER  A) NAME: LUD WEN [ON]  C) ADDRESS: BLK 628 STRATHMORE A  * CONTINUE TO 3.d IF DRIVER ALSO POLICY  DRIVER  d) NAME: AS ADDRESS:  C) ADDRESS:  "d) DATE OF BIRTH: (18 / 08 / 1984 ) (C)  B) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF DRIVING PACC 14 12

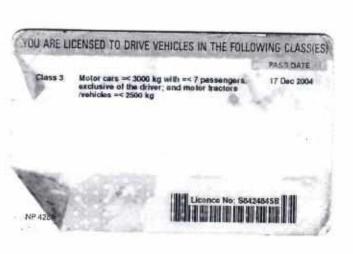
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中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1E E SN AN0621A Cov.Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE No.	DMPCSN3029021800	Engine No : 27186030373434 Chano:wDD2120472A540025
Index Mark and Registration	SKA3113C	AUTOSAFE
Number of Vehicle		E-1000
Name of Policy Holder	LUO WENCONG	
Effective date of the Commencemer insurance for the purposes of the Ri Ordinance or Enactment	of of 17 April 2018 egulations,	Named Drivers Ex Sect. I 5\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 5\$3,000.00
4 Date of Expiry of Insurance	13 April 2019	Ex Sect. I - Age >= 26
5. Persons or Classes of Persons entit	led to drive"	
(a) The Policyholder.		
(b) Any other person who	is driving on the Policyhol	der's order or with his permission.
regulations to drive the	Motor Vehicle or has been s	ordance with the licensing or other laws or o permitted and is not disqualified by order of a tion in that behalf from driving the Motor Vehicle.
6. Limitations as to use:*		
The policy does not cove trial, speed-testing, th	r use for hire or reward tui	or the Policyholder's business. tion driving test racing pace-making, reliability an samples in connection with any trade or business Trade.
Excess whichever is appl will be doubled.	icable for losses occurring	outside Singapore (Constructive Total Loss/Theft)
	s for the first 5\$1,000 will our Authorised workshops for	apply to the Insured and Named Drivers in the event each Policy Year.
HIRE PURCHASE CO. : SING	INVESTMENTS & FINANCE LTD A	S HP OWNER
* Limitations rendered in and Section 95 of the Ro	operative by Section 8 of the Motor V ad Transport Act 1987 (Malaysia), are	ehicles (Third-Party Risks and Compensation) Act (Chapter 189) not to be included under these headings.
I/We hereby C provisions of the Moto Transport Act, 1987 (N	r Vehicles (Third-Party Risks and	n this Certificate relates is issued in accordance with the Compensation) Act (Chapter 189) and Part IV of the Road
Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE
		Q
ed By:		VIANA
Authorised C		Authorised Signatory