NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI1900217/13	SAS e-filing		
Veh No: SKD5434Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/02/19 1800	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: (TWINCAR Tel: Fax:)

TP Particulars: Veh No: SJT9211X 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

NA/901294

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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) FT : 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:-			
OD*			
*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 (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/02/2019 09:58

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 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.
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	14/02/2019 09:10
Date Of Accident	08/02/2019 18:00
Exact Location Of Accident	JOHOR BAHRU IMMIGRATION CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD5434Y
Insured/Policyholder	
Name Of Registered Owner	MR LIM KEE ENG
NRIC No	S0371008D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98341080
Alternative Phone No	OTHERS-98341080
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN
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	DMPCSN3073721800
Cover Note Number	
Driver	
Name of Driver	MR LIM KEE ENG
NRIC No	S0371008D
Date Of Birth	29/05/1950
Occupation	INDOOR
Date Of Driving Pass	11/04/1968
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98341080
Fax Number	
Contact Number	OTHERS-98341080
EMail Address	NOEMAIL

Address	BLK 256 SIMEI STREET 1 #06-525
Postcode	520256
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	SIDE SWIPE
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	3
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE 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	SJT9221X
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	SJK5753B
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)	

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.

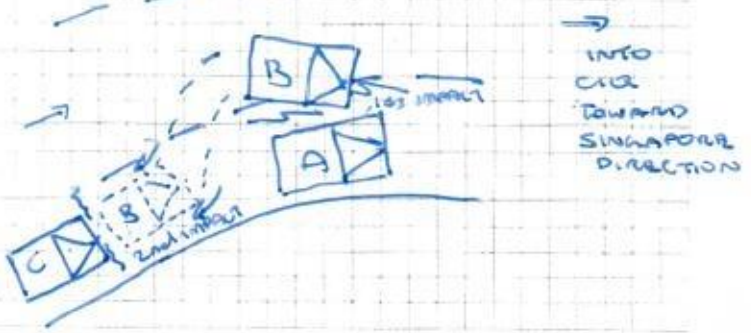
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		14/02/19

SKETCH PLAN

VEHICLE A - SKD 5434 Y

VEHICLE B - SJT 9221 X

VEHICLE C - SJK 5753 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TOWARD CIQ MALAYSIA TOWARD SINGAPORE DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE BEFORE ENTERING INTO THE CUSTOM, SUDDENLY A VEHICLE CUT INTO MY LANE AND HIT ONTO THE LEFT SIDE PORTION OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SJT 9221 X) COLLIDED TO THE LEFT SIDE OF MY VEHICLE, AND WHEN HE TRYING TO REVERSE TO STOP AT THE SIDE, HE REVERSE AND HIT ONTO ANOTHER VEHICLE AT THE BACK WITH CAR PLATE NUMBER (SJK 5753B) AND AFTER EXCHANGING OF DETAILS WE PROCEED TO (TRAFIK JOHOR BAHRU) TO FILE A REPORT, AND THE DRIVER OF (SJT 9221 X) ADMITTED IT WAS HIS FAULT THAT COLLIDED TO MY VEHICLE.

THE REPORT MADE AT JOHOR MALAYSIA IS ATTACHED TO THE REPORT FOR REFERENCE.

VEHICLE A - SKD 5434 Y

VEHICLE B - SJT 9221 X

VEHICLE C - SJK 5753 B

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:

14/02/19

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

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/003473/19
Tarikh : 08/02/2019
Waktu : 1845 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130080
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/003472/19

Butir-butir Penerima Repot
Nama : MOHAMAD JASRUL BIN JAFFRI FRANCIS **No Personel :** R173929 **Pangkat :** L/KPL

Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---
No Paspot: --- **Bahasa Asal :** ---
Alamat: ---

Butir-butir Pengadu
Nama : LIM KEE ENG
No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** E5789144L
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir :** 29/05/1950 **Umur :** 68 tahun 8 bulan
Keturunan : Melayu **Warganegara :** Malaysia
Pekerjaan : SWSATA
Alamat Tempat Tinggal : APT BLK 256 SIMEI STREET 1 #06-525, SINGAPORE , 520256
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 6598341080

Pengadu Menyatakan:-

PADA 08/02/2019 LEBIH KURANG JAM 1800HRS SAYA MEMANDU MOTOKAR NO SKD5434Y DARI JOHOR BAHRU HENDAK KE SINGAPURA. PADA KETIKA ITU APABILA SAMPAI DI TAMBAK JOHOR SAYA SEDANG, BERGERAK TERUS DI LORONG KANAN. TIBA-TIBA SEBUAH MOTOKAR NO SJT9221X DARI LORONG KIRI TUKAR LALUAN KE LORONG KANAN DAN MASUK KE LALUAN SAYA SECARA MNEGEJUT. SAYA CUBA BREK DAN ELAK TETAPI KENDERAAN TERSEBUT BERLANGGAR DENGAN KENDERAAN SAYA. SAYA TIDAK CEDERA. MOTOKAR SAYA ROSAK DI BAHAGIAN BUMPER DEPAN KIRI. LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R4188563 | 10/02/2019 11:32:34 AM

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R130080
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/003472/19
Tarikh : 08/02/2019
Waktu : 1826 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : NOORHASANAH BINTI ZULKIFLI **No Personel** : R188663 **Pangkat** : KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru)** : --- **No Polis/Tentera**: ---
No Paspot: --- **Bahasa Asal** : ---
Alamat: ---

Butir-butir Pengadu
Nama : LEE KONG HEAN
No K/P (Baru) : --- **No Polis/Tentera** : --- **No Paspot** : S7082012I
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 18/12/1970 **Umur** : 48 tahun 1 bulan
Keturunan : Cina **Warganegara** : Singapore
Pekerjaan : SWASTA
Alamat Tempat Tinggal : APT BLK 63B LENGKOK BAHRU #28-356 SINGAPORE , 152063
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 6592287003

Pengadu Menyatakan:-
PADA 8/2/2019 JAM LEBIH KURANG 1800HRS,SAYA MEMANDU M/KAR NO :SJT9221X DARI JB MENGHALA KE SINGAPORE .SEMASA SAYA MELALUI DI TAMBAK JOHOR (BERHAMPIRAN CHECK POINT) ,TIBA TIBA BAHAGIAN DEPAN KANAN M/KAR SAYA TELAH BEGESEL DENGAN SEBUAH M/KAR NO :SKD5434Y DI BAHAGIAN DEPAN KIRI DAN SEMASA SAYA MENGUNDURKAN M/KAR SAYA ,BAHAGIAN BELAKANG M/KAR SAYA TELAH TERLANGGAR SEBUAH M/KAR NO :SJK5753B DI BAHAGIAN DEPAN .KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN KANAN :FENDER ,BAHAGIAN BELAKANG :CALAR DI BAHAGIAN BUMPER DAN LAIN LAIN KEROSAKAN BELUM PASTI.SEKIAN LAPORAN SAYA .

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

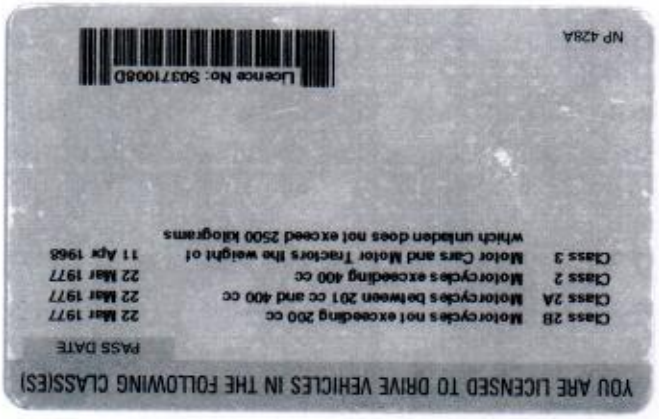
ID Pencetak | Tarikh @ Masa Cetak : R4188663 | 10/02/2019 11:32:34 AM

Vehicle No.	SKD 5434Y	**Model / Make**	Volkswagon Torren
Date of Accident	8/2/19		
Time of Accident	6.00 pm **HRS**		
Location of Accident	Johore Immigration Custom towards Singapore.		
Exact purpose use during accident	Personal.		
Name of Owner	Lim Kee Eng		
Telephone No.	**H/P :** 98341080 **Home :**		**Office :**
NRIC	S0371008D		
Address	Blk 256 Simei Street 1 #06-525 (520256)		
Claim type	**OD** **THIRD PARTY** **REPORTING ONLY**		
Insurance Company	Chinc Taiping		
Type of Coverage	(Comprehensive) **Third Party** **Third Party / Fire /Theft**		
Policy No.	DMPCSN 3073721800		
Name of Driver	As Above If No,		
NRIC	As Above	**Any Passengers :**	1 (male)
Date of birth	29/05/1950		
Occupation	Outdoor / Indoor		
Driving License Pass Date	11 April 1968		
Gender	(Male) / Female		
Contact No.	**H/P :** **Home :**		**Office :**
Address			
Driver have any own vehicle	(No), If yes, Reg No.		
Relationship	Employee, If no, state	OWNER	
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	(No), If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where? (TRAFIK JOHOR BAHRU)		
Vehicle B No.	SST 9221 X	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		**Witness Contact :**	
Accident Portion	LEFT FRONT AREA		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		


REPUBLIC OF SINGAPORE
DRIVING LICENCE
License Number S0371008D
Name
LIM KEE ENG
Birth Date 29 May 1950
Issue Date 12 Jun 2003
000564468C


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0371008D
Name
LIM KEE ENG
林 继 仁
Race
CHINESE
Date of Birth
29-05-1950
Sex
M
Country of Birth
SINGAPORE


APT BLK 256 SIMEI STREET 1 #06-525
SINGAPORE 520256
NRIC No: S0371008D
Date: 02/02/2008
No: 5882881
B+
16-02-1994
S0371008D
1685985


NP 428A
Licence No: S0371008D
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 2B Motorcycles not exceeding 200 cc 22 Mar 1977
Class 2A Motorcycles between 201 cc and 400 cc 22 Mar 1977
Class 2 Motorcycles exceeding 400 cc 22 Mar 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 11 Apr 1968

中国太平
CHINA TAIPING
MOTOR PRIVATE CAR

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

MXIE
N SN
AN0644A
COMPREHENSIVE
AUTOCARE

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. MPCSN3013721600

Engine No : GAV358511
Chassis No: MV4ZX21TSCW049639

1. Index Mark and Registration Number of Vehicle: SKU8455Y

2. Name of Policy Holder: MR LIM KEK ENG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 15 NOVEMBER 2018 (16:00 HOURS)

4. Date of Expiry of Insurance: 14 DECEMBER 2019

5. Persons or Classes of Persons entitled to drive *

NAMED DRIVERS EX SECT. I.....S$500.00
IN ADDITION TO NAMED DRIVERS EX:
EX SECT. I - AGE <= 25.....S$3,000.00
EX SECT. I - AGE >= 26.....S$500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN.....S$100.00

(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 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 S$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE LTD AS IP 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