

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA119053087

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 24/4/19 14:25                                 | Job description                          | Date & Time Completed | Done by |
| Ref No: MA1CTZ19003173/h4                              | SAS e-billing                            |                       |         |
| Veh No: G66 9570                                       | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 23/4/19 19:30                                   | I-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="checkbox"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:  | I-Photo Uploaded                         |                       |         |
|  | Assessment/Survey Report                 |                       |         |
|  | Ass't Report by Fax / Hand to Owner/Whse |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: FBH 5629 M                                       | 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |         |
|---|---------|
| Comments: (INC require 6788 0010)                       | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

MA1902961

|                                 |   |             |
|---------------------------------|---|-------------|
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               | 30.00       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$40)    |             |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |             |
| QC Checked by (Engi-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |
| Auditors' Comments:             | For claiming against INC Only (w/c 10 Jan 2005) |             |
| Ref 1:                          | 6) TR: Re-Inspection \$75                       |             |
| Ref 2/3:                        | 7) NI: Ideal DA + SMRT Survey \$160             |             |
|                                 | 8) NTUC Additional Services:-                   |             |
|                                 | ON:   |             |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |
|                                 | *N6: Repair Coordination \$10                   |             |
|                                 | *N7: Post Repair Inspection \$25                |             |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |
|                                 | TP (N11): TP (S-on INC) against INC \$20        |             |
|                                 | 9) N12: Ideal 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             | 24/04/2019 14:45                                |
| Date Of Accident           | 23/04/2019 19:30                                |
| Exact Location Of Accident | ALONG KALLANG AVE TURNING RIGHT INTO CITY HUB 2 |
| Country/State of Loss      | SINGAPORE                                       |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | GBG957D                                    |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | A1 SANITARY PLUMBING & ELECTRICAL SERVICES |
| Co Reg No                   | -  |
| Email Address               | NOEMAIL                                    |
| Mobile Phone No             |  |
| Alternative Phone No        | OFFICE-98178906                            |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV350              |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN3033381800                              |
| Cover Note Number         | -   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TAN YEN TAI          |
| NRIC No              | S1236532B            |
| Date Of Birth        | 07/01/1957           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 05/03/1985           |
| Driving Experience   | 34 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-98178906 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |                                |
|---|--------------------------------|
| Address   | BLK 106 HOUGANG AVE 1 #04-1239 |
| Postcode  | 530106                         |
| 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                         | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | YES |
| 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                       | HOUGANG NEIGHBOURHOOD POLICE CENTRE                            |
| Police Station Address                    | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4890999 - FAX NO: 63128989                        |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 | FBH5629M   |
| 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)

**DETAILS OF INJURED PERSON 1**

|   |          |
|---|----------|
| Name  | RIDER    |
| Approximate Age                                     |          |
| Injuries Sustain                                    | UNKNOWN  |
| Injured person in which vehicle?                    | FBH5629M |
| Were seat belts worn?                               |          |
| Was this injured conveyed to hospital by ambulance? | YES      |
| 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.

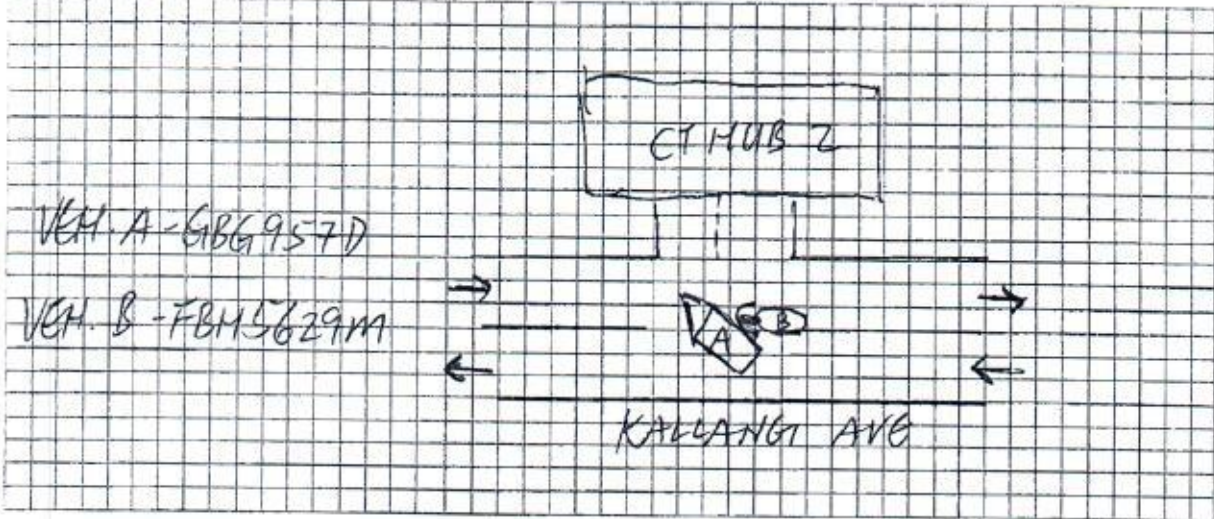
**A1 SANITARY PLUMBING & ELECTRICAL SERVICES**  
BLK 106 HOUGANG AVENUE 1 #04-123B  
SINGAPORE 530106  
M/P: 9817 8906

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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

## DECLARATION

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

**A1 SANITARY PLUMBING & ELECTRICAL SERVICES**  
 BLK 106 HOUGANG AVENUE 1 #04-1239  
 SINGAPORE 530106  
 H/P: 9817 8908

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.:



Date of Accident : 23/04/2019 Accident Time: 1930 (24-HR-Format)  
Accident Place : ALONG ROAD 1, KALLANG AVE  
Vehicle No. (Car Plate No.) : GBG957D Make/Model: NISSAN NV350  
Insurance Company : CHINA TAIPING Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : A1 SANITARY PLUMBING & ELECTRICAL SERVICES  
Owner or Company Contact No. : 98178906 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name /IC No. : TAN YEN TAI S1236532B  
DRIVER'S Date Of Birth : 07/01/1957 DRIVER'S License Pass Date 5/03/1985  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : BLK 106 HOUGANG AVE 1 #04-1239 5530106  
DRIVER'S Contact No. / Alt No. : 1) 98178906 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes. Vehicle B rider convey.

Other Party Driver's Particular (if any)

|  |                              |
|--|------------------------------|
| Vehicle No. <u>(B)</u> <u>FBH5629M</u> | Vehicle No: _____            |
| Vehicle Make/Model: _____              | Vehicle Make/Model: _____    |
| Name Driver: _____                     | Name Driver: _____           |
| IC No. Driver/Contact: _____           | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:





**SINGAPORE  
POLICE FORCE**



T/20190423/2200

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20190423/2200

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>23/04/2019 23:57 | Vide Report No.: | Station Diary No.:<br>133 |
|--|------------------|---------------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>TAN YEN TAI        |            | Address:<br>APT BLK 106 HOUGANG AVENUE 1 #04-1239 SINGAPORE 530106 |                              |
| ID Type / ID No.:<br>NRIC NO / S1236532B |            | Contact No.:<br>Home/Office: Mobile: 98178906                      |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>62 | Date of Birth:<br>07/01/1957                                       | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>PLUMPER                   |            | Driving Licence Information:<br>Class: 2B.3                        | Date of Expiry:              |

**General Information of the Accident**

|   |                                 |                                    |   |   |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>23/04/2019 19:30 | Type of Location:<br>T-Junction         |
| Location:<br>Along Road 1<br>KALLANG AVENUE<br><br>Along Kallang Avenue turning right into City Hub 2 |                                 |                                    |   |   |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                       |
| Traffic Flow:<br>Two Way  |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light                |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction                           |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model  | Color | Condition | No of Passenger |
|-------------|------------|--------|--|-------|-----------|-----------------|
| FBH5629M    | Motorcycle | YAMAHA | YZF-R15<br>MANUAL                              | White |           | 0               |
| GBG957D     | Van        | NISSAN | NV350<br>PANEL VAN<br>2.5 5MT<br>5DR EURO<br>V | Brown |           | 0               |





Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**CONTINUATION OF REPORT**

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Rider**

|                                   |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Name                              | GOH JIA WEI, JEREMY   | ID No                                  | S98905471                         |
| Related Vehicle                   | FBH5629M (Motorcycle) | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

**Driver**

|                                   |               |  |                                    |
|-----------------------------------|---------------|--|------------------------------------|
| Name                              | TAN YEN TAI   | ID No                                  | S1236532B                          |
| Related Vehicle                   | GBG957D (Van) | Contact No.                            | 98178906                           |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                                |

**Brief Details.**

On 23/04/2019 at about 1930hrs, I was driving my van(Registration No. GBG957D) along Kallang Avenue when I was turning right into City Hub 2 on a one way lane. Suddenly another motorcycle(Registration No. FBH 5629M) tried to overtake me and side swipe my van's right side resulting in dent damages and the rider fell onto the road. I then alighted from my van to render assistance. As it was a one-way lane, I shifted my van forward not to obstructed traffic. Ambulance and Traffic Police was called in and the rider was conveyed to unknown hospital. I am not injured. There is dashcamera in my van facing front however the SD card has been seized by Traffic Police. I am lodging this Traffic Accident report as advised.





**SINGAPORE  
POLICE FORCE**



T/20190423/2200

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 3

Report No: T/20190423/2200

**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 2 BOH YONG SENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No: 65476246

Authentication Stamp  
MP168

Signature Of Informant:

Date/Time:  
23/04/2019 23:57

Classification Of Case:

Singapore Police Force



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1236532B



Name

TAN YEN TAI

陈 演 财

Race

CHINESE

Date of birth

07-01-1957

Sex

M

Country/Place of birth  
SINGAPORE

S1236532B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1236532B

Name:

TAN YEN TAI



Birth Date: 07 Jan 1957

Issue Date: 11 Apr 2018



002791936F

5323179



NRIC No. S1236532B



Date of issue

02-07-2014

APT BLK 106 HOUGANG AVENUE 1 #04-1239  
SINGAPORE 530106

NRIC No: S1236532B

Date: 15/01/2017

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

**EFFECTIVE DATE**

|          |  |             |
|----------|--|-------------|
| Class 2B | Motorcycles =< 200 cc  | 27 Feb 1985 |
| Class 3  | Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 05 Mar 1985 |



Licence No: S1236532B

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.  | DMCVSN3033381800                           | Engine No :YD25419782A<br>Chassis No:JN1MC2E26Z0008236          |
| Index Mark and Registration<br>Number of Vehicle   | GBG957D                                    |   |
| Name of Policy Holder  | A1 SANITARY PLUMBING & ELECTRICAL SERVICES |   |
| Effective date of the Commencement of Insurance for<br>the purposes of the Regulations, Ordinance or Enactment | 31 MAY 2019                                | EXCESS SECT I .....S\$500.00<br>EX ON WINDSCREEN .....S\$100.00 |
| Date of Expiry of Insurance  | 31 MAY 2019                                |   |
| 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.

Limitations as to use: \*

- (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.  
THE POLICY DOES NOT COVER.
- (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.

HIRE PURCHASE CO. : TAN CHONG CREDIT PTE LTD AS HP 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.

Witnessed By:

Authorised Officer

Authorised Signatory