

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NAI9019025661

Date In: 25/01/2015 11:54	Job description	Date & Time Completed	Done by
Ref No: N88/CT2/40084354	SAS e-filing		
Veh No: 3KE 8288U	E-mail P (Within 8hrs, AIC 2hrs)		
D.O.A: 28/02/2019 13:40	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:

SME3326K

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 repairer.

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

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

Completed by: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time:

NAI9019025661

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

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QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$23
*N8: DV / Collect Excess Coordination	\$3
TE (Nil) : TP (Non INC) against INC	\$20
9) NI2: Idea 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	25/02/2019 11:54
Date Of Accident	23/02/2019 13:45
Exact Location Of Accident	JUNCTION OF CAIRNHILL RD/ORCHARD RD B/F GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8788U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMANTHA LEE HUI QIAN
NRIC No	S8807328B
Email Address	ARDIAN.PUTRA.P@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91881333
Alternative Phone No	OTHERS-90608230

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	DMPCSN3016191800
Cover Note Number	

### Driver

Name of Driver	ARDIAN PRATAMA PUTRA BIN BUANG
NRIC No	S8790020G
Date Of Birth	13/01/1987
Occupation	INDOOR
Date Of Driving Pass	21/11/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90608230
Fax Number	
Contact Number	OFFICE-91881333
Email Address	ARDIAN.PUTRA.P@GMAIL.COM

Address	BLK 92 DAWSON ROAD #06-30
Postcode	141092
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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: : SAMANTHA LEE HUI QIAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190224/2034

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME3326K
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRIENS PIERRE ROBERT
NRIC/Passport Number	S7882755F
Contact Number	90176202

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SAMANTHA LEE HUI QIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKK8788U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ARDIAN PRATAMA PUTRA BIN BUANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKK8788U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN


### IMPORTANT NOTICE

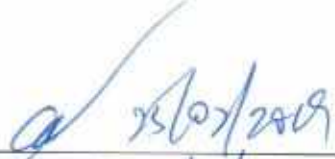
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

  
25/02/2019 1157hrs  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
25/02/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN

Junction Rd & Orchard Rd Before Groundwork Road



A) SKK 87884

B) SME 3326 K.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report  
7/20190224/2034

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Rashid*  
NRIC/FIN No.: *10101019*





# SINGAPORE POLICE FORCE



T/20190224/2034

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 4

Report No. T/20190224/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2019 13:57		Vide Report No.:		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: ARDIAN PRATAMA PUTRA BIN BUANG			Address: APT BLK 92 DAWSON ROAD #06-30 SINGAPORE 141092		
ID Type / ID No.: NRIC NO / S8790020G			Contact No.: Home/Office: Mobile: 90608230		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 13/01/1987	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 13:45	Type of Location: Junction
Location: Along Road 1 CAIRNHILL ROAD ORCHARD ROAD Junction before Grange Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK8788U	Car				Slightly Damaged	1
SME3326K	Car				Slightly Damaged	0

**Details of Person Involved**

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



Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Lee Hui Qian, Samantha	ID No.	S8807328B
Related Vehicle	SKK8788U (Car)	Contact No.	91881333
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	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ARDIAN PRATAMA PUTRA BIN BUANG	ID No.	S8790020G
Related Vehicle	SKK8788U (Car)	Contact No.	90608230
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	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Briens Pierre Robert	ID No.	S7882755F
Related Vehicle	SME3326K (Car)	Contact No.	90176202
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

**Brief Details.**

On the 23/02/2019 at about 1347hrs, I was driving vehicle "SKK8788U" along Cairnhill Road going towards Orchard Road. As I was approaching the traffic junction just before Grange Road, I intended to check turn left into Orchard road, however the vehicle on the right, turned left as well, which led to a collision between moving vehicles. After the collision, I have stopped my vehicle to make a check on the opposing party. The driver was conscious and doesn't require any immediate medical attention, we had then exchanged our particulars. I wish to include that, before the collision, the opposing driver of vehicle "SME3326K" failed to signal left, which led to the accident.

I wish to state that both vehicle suffered from slight damages, there are scratches and dents on my vehicle's right passenger and driver's door. The opposing party's vehicle suffered from scratches & dent on the front left bumper. After the accident, I felt uncomfortable on my back area, I wish to state that, I





**SINGAPORE  
POLICE FORCE**



T/20190224/2034

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Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20190224/2034

**CONTINUATION OF REPORT**

have previous medical issues on my back area, and strongly believed the pain is reoccurring due to the accident. I would like to include that, during the accident, my Wife was also in the vehicle, after the accident, her rear neck area felt a little uncomfortable, as such we have then went to the GP, and was given 3 days of outpatient leave respectively.

I wish to state that, during the accident, no government properties were damaged, neither was the Ambulance or the Police activated. There is a in-car camera installed in my vehicle, and it is in working condition.



**SINGAPORE  
POLICE FORCE**



T/20190224/2034

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

4 of 4

Report No: T/20190224/2034

**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 1 AVERY CHUA CHANG RONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING  
Contact No.: 90020518

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
24/02/2019 13:57

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 2 / 2014) (DD/MM/YYYY). TIME: (13 : 47) (HH:MM)

LOCATION: Cairnhill Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK 8788 U  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPLSN 3016191000  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volkswagen Jetta  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Samantha Lee Hui Qian (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8807328 D CONTACT: 91881333  
 c) ADDRESS: Blk 92 Dawson Rd #06-30 Singapore 141092

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

## DRIVER

- a) NAME: Ardian Pratama Putra Bin Bung (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S87900706 CONTACT: 90608230  
 c) ADDRESS: Blk 92 Dawson Rd #06-30 Singapore 141092

\* d) DATE OF BIRTH: (13 / 01 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/11/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Kebun Baim NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 3326 K MODEL: Audi A4  
 b) DRIVER'S NAME: Brian's Pierre Robert  
 c) NRIC/FIN/PASSPORT: S7882755F CONTACT: 90176202

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (Including driver)  
 (2) wife

\* No of passengers  
 (Including driver)  
 (1)

\* No of passengers  
 (Including driver)  
 ( )

Email = ardian.putra.p@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8790020G



Name  
ARDIAN PRATAMA PUTRA BIN  
BUANG

Race  
JAVANESE

Date of birth  
13-01-1987

Country/Place of birth  
INDONESIA

Sex  
M



5900693



NRIC No. S8790020G



Date of issue  
26-03-2018

Address

APT BLK 92 DAWSON ROAD  
#06-30  
SINGAPORE 141092

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8790020G

Name

ARDIAN PRATAMA PUTRA BIN  
BUANG

Birth Date 13 Jan 1987

Issue Date 01 Oct 2009



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

		EXPIRY DATE
Class 1B	Motorcycles <= 200 CC	01 Oct 2009
Class 1A	Motorcycles between 201 CC and 400 CC	28 Dec 2011
Class 1	Motorcycles > 400 CC	30 Oct 2013
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	31 Nov 2012

S8790020G

S / No. 9000199189

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.	DMPCSN3016191800	Engine No : CTH001912 Chassis No: WVVZZZ16ZDM025336
1. Index Mark and Registration Number of Vehicle	SKK8788U	
2. Name of Policy Holder	LEE HUI QIAN SAMANTHA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 MARCH 2018	NAMED DRIVERS EX SECT. I .....S\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: 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
4. Date of Expiry of Insurance	24 MARCH 2019	
5. Persons or Classes of Persons entitled to drive *		

(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/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. : UNITED OVERSEAS BANK LIMITED 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory