

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **NA19027417**

Date In: 22/01/2019 16:26	Job description	Date & Time Completed	Done by
Ref No: NA19027417	SAS e-filing		
Veh No: SMC 37624	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 26/01/2019	1-Motor Claim Form		
OID TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-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: **SMC 37624** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Dates: 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: ()

Remarks: [15 Jan 2019 07:58:56] Complete & Report 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

NA1901542

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Issue DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	* NS: Courtesy Car / Tpr Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (N-in INC) \$28	
	* N12: Issue Mobile \$30	
	Invoice dated Fee Charged	
	Invoice dated Fee Charged	

QC Checked by (Engr-In-Charge): **228**

2/3

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	27/02/2019 16:26
Date Of Accident	26/02/2019 18:30
Exact Location Of Accident	MANDAI ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3995T
Insured/Policyholder	
Name Of Registered Owner	KHAIRUNNISA BINTE MD YUSOP
NRIC No	S8812518E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92771095
Alternative Phone No	OTHERS-92771095
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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	DMPCSN3005911900
Cover Note Number	
Driver	
Name of Driver	KHAIRUNNISA BINTE MD YUSOP
NRIC No	S8812518E
Date Of Birth	17/04/1988
Occupation	INDOOR
Date Of Driving Pass	17/12/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92771095
Fax Number	
Contact Number	OTHERS-92771095
EMail Address	NOEMAIL

Address	BLK 549 BEDOK NORTH AVENUE 1 #10-440
Postcode	460549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : HAMAZAH ISA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190227/2062

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	SMC3762U
Vehicle Make/Model/Colour	FORKLIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOK WEI YANG
NRIC/Passport Number	S9716664A
Contact Number	97405493

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SJS6451Z
VOLKSWAGEN
PRIVATE CAR
GOOI CAI TING
S8910144A
98007473

1

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

KHAIRUNNISA BINTE MD YUSOP
SLIGHT INJURY
SMG3995T
YES
YES

SKETCH PLAN

IMPORTANT NOTICE

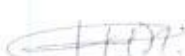
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

SKETCH PLAN

MAURITIUS ROAD TOWARDS YESTHUR



- (A) SMC 3995 T
- (B) SMC 3762 U
- (C) STS 6451 Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS REFER TO POLICE REPORT T/20190227/2062

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: Roshni
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190227/2062

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Report No. T/20190227/2062

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2019 12:47		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: KHAIRUNNISA BINTE MD YUSOP			Address: APT BLK 549 BEDOK NORTH AVENUE 1 #10-440 SINGAPORE 460549		
ID Type / ID No.: NRIC NO / S8812518E			Contact No.: Home/Office: Mobile: 92771095		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 17/04/1988	Type of Informant: Driver		
Race: Malay			Language: Malay	Institution / School Name:	
Occupation: RESEARCH TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 MANDAI ROAD towards Yishun, just before right turn junction to Mandai Road & Upp Thomson.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against Stopped Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS6451Z	Car	VOLKSWAGO N	Golf	Black	Slightly Damaged	0
SMC3762U	Car	FORD		Blue	Slightly Damaged	0
SMG3995T	Car	HONDA	Jazz	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190227/2062

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Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20190227/2062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3995T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30059119 00	21/01/2019	20/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GOOI CAI TING	ID No.	S8910144A	
Related Vehicle	SJS6451Z (Car)	Contact No.	98007473	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	MOK WEI YANG	ID No.	S9716664A	
Related Vehicle	SMC3762U (Car)	Contact No.	97405493	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	KHAIRUNNISA BINTE MD YUSOP	ID No.	S8812518E	
Related Vehicle	SMG3995T (Car)	Contact No.	92771095	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	26/02/2019	Date Discharge	26/02/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20190227/2062

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Report No. T/20190227/2062

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Brief Details.

On 26/02/2019 @ 1830hrs, I was driving my car, SMG3995T, on lane 2 of Mandai Road towards Yishun, just before right turn junction to Mandai Road/ Upp Thomson. All of a sudden, the car in front of me, SFS1201J, jammed brake and did a sudden lane change to the first lane. I jammed my brake too to avoid collision and managed to stop in time. All of a sudden, I felt an impact from the rear after I have stopped my car. I went down to check and realized that a car, SMC3762U, had collided onto the rear of my car while another car, SJS6451Z, collided onto the rear of the car behind me. My car did not hit the car in front of me, SFS1201J. Since no one seems injured at that point of time, the involved parties exchanged particulars and subsequently left the accident scene. My car is equipped with a front and rear facing in car cameras and the cameras recorded the accident. The way the driver of car SFS1201J drove and suddenly jammed brakes to lane change was really dangerous and caused the accident. After I left the accident scene, I did not feel well and went to Khoo Teck Puat Hospital to seek medical treatment. I was subsequently discharged and given 3 days of medical leave. That's all.



**SINGAPORE
POLICE FORCE**



T/20190227/2062

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Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20190227/2062

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:

G /

Staff Sgt MOHAMMAD FADZLI BIN JAMALUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2019 12:47

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2019		TIME: 1830HRS (hh:mm) 24 hrs Format	
LOCATION MANDAI RD TND1 YISHUN			
VEHICLE NUMBER SM/G 3995T			
INSURED NAME KHAIRUNNISA BINTE MD YUSOP			
NRIC / FIN 58812518E		CONTACT: 92771095	
MAKE HONDA		MODEL JAZZ	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY CHINA TAIPING			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : DMPCSN3005911900			
NAME DRIVER :		(/) SAME AS INSURED	
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 17/04/1988			
DRIVING PASS DATE : 17 DEC 2008			
OCCUPATION : (/) INDOOR () OUTDOOR			
GENDER : () MALE (/) FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: BLK 549 BEDOK NORTH AVE 1 #10-440 S(460549)			
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER (HAMAZAN ISA) (M)			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES () NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle:			
Weather Conditions: () Clear () Raining () Drizzling () Others			
Road Surface : () Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? () YES (/) NO			
If YES, Injured details : KHAIRUNNISA BINTE MD YUSOP (58812518E)			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? (/) YES () NO WITH OWNER.			
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report			
Police Report Number (if any) T/20190227/2062			
Details Of 3rd Party		Name / NRIC	No.of Paxs (incl'driver)
Veh B SMC 37624			() / Not Sure ()
Veh C SJB 64512			() / Not Sure ()
Veh D			() / Not Sure ()
Veh E			() / Not Sure ()
Veh F			() / Not Sure ()
Veh G			() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8812518E



Photo

KHAIRUNNISA BINTE MD YUSOP

خبرونيسا بنت محمد يوسف

Race

MALAY

Date of birth

17-04-1988

Sex

F

S8812518E

Country/Place of birth

SINGAPORE



5939441



NRIC No. S8812518E



Date of issue

17-05-2018

Address

APT BLK 549 BEDOK NORTH AVENUE 1
#10-440
SINGAPORE 460549

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8812518E**
 Name: **KHAIRUNNISA BINTE MD YUSOP**

Birth Date: **17 Apr 1988**
 Issue Date: **17 Dec 2008**

001688451D

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		PASS DATE
CI	Class 2B Class 3	07 Feb 2018 17 Dec 2009
	Motorcycles <= 200 CC Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	

S / No. 9000305272

S8812518E

NP 428A

Licence No: S8812518E

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.	DMPCSN3005911900	Engine No : L15B31020356 Chassis No: JHMGK5850GX201207
1. Index Mark and Registration Number of Vehicle	SMG3995T	
2. Name of Policy Holder	KHAIRUNNISA BINTE MD YUSOP	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 JANUARY 2019	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
4. Date of Expiry of Insurance	20 JANUARY 2020	EX ON WINDSCREEN.....S\$100.00
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 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\$500 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. : TOKYO CENTURY LEASING (S) 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.



Countersigned By:

Authorised Officer

Authorised Signatory