

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA919065783

Date In: 21/05/2009 11:57	Job description	Date & Time Completed	Done by
Ref No: NAA/C171900882/4	SAS e-filing		
Veh No: SMJ 4371X	E-mail (Safaka 8hrs, AIC 2hrs)		
D.O.A: 20/05/2009 19:00	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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMK 3971R	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: ()

Remarks:	Completed by:	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	Activity

NA903741	Invoice	Amount	Payable
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2005)		
	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	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (NI1): TP (Non INC) against INC	\$20	
	9) NI2: Idea Mobile	\$30	
	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 GtA 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	21/05/2019 17:52
Date Of Accident	20/05/2019 19:00
Exact Location Of Accident	JOHOR BAHRU IMMGRATION TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ4371X
Insured/Policyholder	
Name Of Registered Owner	CHENG YEW YONG
NRIC No	S1826787Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97717171
Alternative Phone No	OTHERS-97717171
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	
Cover Note Number	60203946
Driver	
Name of Driver	CHENG YEW YONG
NRIC No	S1826787Z
Date Of Birth	31/10/1967
Occupation	INDOOR
Date Of Driving Pass	26/09/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97717171
Fax Number	
Contact Number	OTHERS-97717171
Email Address	NOEMAIL

Address	BLK 248 YISHUN AVENUE 6 #05-114
Postcode	760284
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	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)	5
Passenger 1	NAME: : YULINA GENDER: : FEMALE
Passenger 2	NAME: : BERNARD CHENG GENDER: : MALE
Passenger 3	NAME: : AARON CHENG GENDER: : MALE
Passenger 4	NAME: : ARNOLD CHENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AIRPORT POLICE DIVISION
Police Station Address	ROAD: 35 AIRPORT BOULEVARD , POSTCODE: 819645 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65460000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT P/20190520/7003

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	SMK3971R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ZHENG PENG
NRIC/Passport Number	S8224290B
Contact Number	87763982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHENG YEW YONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YU LINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	BERNARD CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	ARNOLD CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	AARON CHENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ4371X
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.
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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**.
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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

The sketch plan is drawn on a grid background. It shows a vertical line representing a causeway. To the left of this line, there are two small squares, each containing a triangle. The top square is labeled 'A' and the bottom square is labeled 'B'. To the right of the vertical line, the text 'Causeway' is written above 'Tnds JB'. Further to the right, there are two circled labels: (A) SMJ 4371X and (B) SMK 3971K.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refa to Police Rpt No: P/20190520/7003

The rest of the section is a large area with horizontal lines, mostly crossed out with a diagonal line from the bottom left to the top right.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21/5/19


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

 21/05/2019
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: [Signature]



SINGAPORE POLICE FORCE



P/20190520/7003

1 of 3

POLICE REPORT (NP299)

Report No. P/20190520/7003

Police Station Of Origin
Airport Police
35 Airport Boulevard SINGAPORE 819645
Tel No:1800-5460000

Date/Time Report Made 20/05/2019 22:40	Vide Report No.	Station Diary No.
Name Of Informant CHENG YEW YONG	Address APT BLK 284 YISHUN AVE 6 #05-114 SINGAPORE 760284	
ID Type / ID No. NRIC NO / S1826787Z	Contact No. Home/Office:	Mobile: 97717171
Nationality SINGAPORE CITIZEN	Email Address nelsoncheng99@hotmail.com	
Occupation phv driver	Sex Male	Age 51
Institution/School Name	Date of Birth 31/10/1967	Race Chinese
Date/Time Of Incident 20/05/2019 18:45 - 20/05/2019 19:00	Location Of Incident At the queue 200m towards Johore customs area, heading to Singapore.	

Brief details.

On the 20 May 2019 about 6.45pm, I was driving heading from Johore Bahru to Singapore the Malaysia near the customs area about 200m away.

Suddenly I felt a bang on the rear of my vehicle and my vehicle jerk forward. I told my wife to go the back to exchange particulars, and take photographs from the car behind

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2019 22:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. P/20190520/7003

She go back of the car and confirmed the car behind (Mercedes Benz smk3971r) driven by Lee Zhengpeng s8224290B had bang to the back of my car SMJ4371x.

There were damages at the bumper of my car and when I reached home, I felt sore neck and shoulder, I felt tarumatished by the accident.

Subjects Involved				
Suspect				
Person Name	lee zhengpeng			
ID Type	NRIC NO	ID No	S8224290B	
Gender	Male	Age	37	
Race	Chinese	Language	Chinese	
Victim				
Person Name	CHENG YEW YONG			
ID Type	NRIC NO	ID No	S1826787Z	
Gender	Male	Age	51	
Race	Chinese	Language	English	
Occupation	phv driver	Address Type		
Address	APT BLK 284 YISHUN AVE 6 #05-114 SINGAPORE 760284		Mobile No	97717171
Is Informant A Victim?	Yes			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/05/2019 22:40

Classification Of Case:



**SINGAPORE
POLICE FORCE**



P/20190520/7003

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. P/20190520/7003

Person Name	CHENG YEW YONG (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2019 22:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1826787Z

NAME
CHENG YEW YONG

Photo
CHINESE
Date of Birth
31-10-1967
Sex
M
Country of Birth
SINGAPORE



23691

NRIC No. S1826787Z

Blood Group
A+

Date of Issue
10-09-1994

APT BLK 284 YISHUN AVE 6 #05-114
SINGAPORE 760284

NRIC No: S1826787Z Date: 23/04/2008 No: 5963379



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S1826787Z**

Name: **CHENG YEW YONG**

Birth Date: **31 Oct 1967**

Issue Date: **29 Jul 2014**

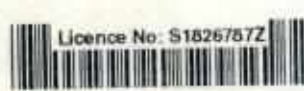


002330260E

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	01 Jun 1989
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	26 Sep 1991
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	23 Apr 2014
	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	29 Jul 2014

NP 428A



Licence No: S1826787Z



VOCATIONAL LICENCE

Licence No : S1826787Z

Name : CHENG YEW YONG

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	21/08/2018
03	BUS VL	04/09/2014
04	BUS ATTENDANT	04/09/2014



> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6787Z
Vehicle Details	
Vehicle No.:	SMJ4371X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A) S
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	G4FGKU095040
Chassis No.:	KMHD841CMKU866490
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$14,623.00
Original Registration Date:	05 Mar 2019
First Registration Date:	05 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$14,623.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Mar 2029
PARF Rebate Amount:	\$10,967.00
Intended COE Rebate Details	
COE Expiry Date:	04 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,170.00
COE Rebate Amount:	\$25,543.00
Total Rebate Amount:	\$36,510.00

The information contained herein is correct as at 21 May 2019

OK

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 20.05.2019	TIME: 19:00hrs	(hh:mm) 24 hrs Format
LOCATION: Causeway Towards JCS		
VEHICLE NUMBER: SMJ 4571X		
INSURED NAME: Chens Yew Yone		
NRIC / FIN: S19267872	CONTACT: 9771 7171	
MAKE: Hyundai	MODEL: AD Avante 1.6 GLS (A)S	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: Chino		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 60203946		
NAME DRIVER: Chens Yew Yone		(<input checked="" type="checkbox"/>) SAME AS INSURED
NRIC / FIN: S19267872	CONTACT: 9771 7171	
DATE OF BIRTH: 31.10.1967		
DRIVING PASS DATE: 26.09.1991		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 284 Yishun Ave 6 #09-114 S1760284		
Number Of Passenger Include Driver: driver + 4 pax		
① Yulina - female ④ Bernard Chens - male ② Arnold Chens - male ③ Aaron Chens - male		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details: ① Yulina - (F) ③ Bernard Chens - (M) ② Arnold Chens - (M) ④ Aaron Chens - (M)		
Convey By Ambulance: () YES () NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver) Contact
Veh B: SMK 3971R	Lee Zhensheng	() / Not Sure () 8776 3982
Veh C:		() / Not Sure ()
Veh D: S8224290B		() / Not Sure ()
Veh E:		() / Not Sure ()
Veh F:		() / Not Sure ()
Veh G:		() / Not Sure ()

Feedback@sg.ctaiping.com



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
3, Anson Road #15-02 Springleaf Tower Singapore 079603
Tel: 6343 6111 Fax: 6222 1039
Website: www.sg.ctaiping.com
Co. Reg. No. 200203384E

ORIGINAL

MOTOR COVER NOTE

COVER NOTE NO. : 60203946
AGENT CODE : AN0357A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	CHENG YEW YONG
MAKE/MODEL OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO "S"
YEAR OF MANUFACTURE	2018
YEAR OF REGISTRATION	2019
ENGINE NO.	G4FGKU095040
CHASSIS NO.	KMHD841CMKU866490
ENGINE CAPACITY/TONNAGE	1591 cc
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
* PERIOD OF INSURANCE FROM :	26 February 2019
TO :	25 February 2020
EXCESS	S\$ 1250 (SECT I & II)
AUTOSAFE	YES
HIRE PURCHASE CO.	ORCHARD CREDIT (PTE) LTD

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)

Not valid unless countersigned by Authorized Agent

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Agent Name & Date

Authorized Signature

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

* IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30 DAYS FROM 22/2/2019

Cheng Yew #01-374 768761 67556142

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA419065733 Vehicle Registration No: SMJ4371X
Name (as shown in NRIC): Chan Jui Yee NRIC/FIN/Passport No: S1826787Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 20/05/2019 Time of Accident: 19:00
Place of Accident: Before Border Immigration Towards 8 Lane
Insurance Company: Chuan Jui Pao

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number To SMJ 4371X

Policyholder / Driver's Signature
Date:

[Signature] 20/05/2019
Reporting Centre Personnel's Signature
Name: Pelle Waters
NRIC/FIN No.:
Date: