

# NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MMA 11911710

Date In: 24/1/19 17:36	Job description	Date & Time Completed	Done by
Ref No: NA1 C7219014926/64	SAS e-filing		
Veh No: 5JV 3597R	E-mail (within 2hrs, AIC 2hrs)		
DOA: 23/1/19 20:05	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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/Wksp		

Profund Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLP 646 K.	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 repolier.

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

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

Remarks:

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

NA1906251

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) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idao Mobile 30	
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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	24/08/2019 17:36
Date Of Accident	23/08/2019 20:05
Exact Location Of Accident	PUNGGOL RD TWDS RIVERVALE WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV3597R
Insured/Policyholder	
Name Of Registered Owner	MR OON CHOON HUAT PETER
NRIC No	S6927739Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93883313
Alternative Phone No	OFFICE-93883313
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREVIA
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	DMPCSN3040861800
Cover Note Number	-
Driver	
Name of Driver	MR OON CHOON HUAT PETER
NRIC No	S6927739Z
Date Of Birth	04/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1987
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93883313
Fax Number	
Contact Number	OFFICE-93883313
EMail Address	NOEMAIL

Address	BLK 102 RIVERVALE WALK #07-66
Postcode	540102
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)	4
Passenger 1	NAME: : LIN SHU BIN GENDER: : FEMALE
Passenger 2	NAME: : DOMINIC OON YU KAI GENDER: : MALE
Passenger 3	NAME: : HILLARY OON KAI LIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190824/2128

#### 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	SLP646K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LIM XI TONG @ LIM BUK THONG
NRIC/Passport Number	S1778208H
Contact Number	96744041
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MR OON CHOON HUAT PETER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	LIN SHU BIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	DOMINIC OON YU KAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
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:

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



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

$\rho = 529 \text{ kg/m}^3$

Pinggol Rd twd S Riverside walk

Please Refer Police Report T/20190824/2128

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

Date &amp; Time:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190824/2128

1 of 4

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

Report No. T/20190824/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2019 16:57	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: OON CHOON HUAT PETER			Address: APT BLK 102 RIVERVALE WALK #07-66 SINGAPORE 540102		
ID Type / ID No.: NRIC NO / S6927739Z			Contact No.: Home/Office:		Mobile: 93883313
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/09/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SHIPPING CLERK			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/08/2019 20:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL ROAD RIVERVALE WALK Infront of PCF Punggol East Branch				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3597R	Car	TOYOTA	PREVIA 8 SEATER	Silver	Seriously Damaged	3
SLP646K	Car	MAZDA		Red	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV3597R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30408618 00	22/07/2018	21/01/2020





Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OON CHOON HUAT PETER	ID No.	S6927739Z
Related Vehicle	SJV3597R (Car)	Contact No.	93883313
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM XI TONG @ LIM BUK THONG	ID No.	S1778208H
Related Vehicle	SLP646K (Car)	Contact No.	96744041
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 23/08/2019 at about 2000hrs, I was driving my silver Toyota Previa bearing the registration number SJV3597R along Punggol Road towards Rivervale Walk. It was a two lane road and I was driving at the left lane. My vehicle was seated together with my wife, my son and my daughter. At the material time, my vehicle was stationary, in front of PCF Punggol East Branch as the vehicle in front of me came to a stop, wanting to give way to the bus which was moving off.

Subsequently, I felt an impact from my rear vehicle. As such, I came down to make a check. I then observed that the driver driving the red Mazda bearing registration number SLP646K has hit onto my vehicle. My vehicle's rear boot suffered a dent and the other said vehicle suffered a dent on the front bonnet.

On 24/08/2019, as my son, my wife and myself do not feel well. As such, we proceeded to Tan Tock Seng Hospital for medical treatment. All 3 of us were given 3 days of MC dated from 24/08/2019 and were prescribed pain killers.

I am lodging this report for my necessary follow-up actions.





**SINGAPORE  
POLICE FORCE**



T/20190824/2128

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

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Report No. T/20190824/2128

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190824/2128

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

4 of 4

Report No. T/20190824/2128

**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:

E /

Sgt 2 YONG JUN JIE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/08/2019 16:57

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 080

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6927739Z**

Name: **OON CHOON HUAT PETER**

Birth Date: **04 Sep 1969**

Issue Date: **23 Mar 2004**

001172872F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6927739Z**

Name: **OON CHOON HUAT PETER**

溫俊發

Race: **CHINESE**

Date of Birth: **04-09-1969** Sex: **M**

Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	05 Sep 1986
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Mar 1987
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Dec 2016

S6927739Z

S / No. 9000255236

Licence No: **S6927739Z**

NP 429A

For LKK/NAC Use Only

0585156

S6927739Z

Blood Group: **B+** Date of Issue: **29-06-1994**

APT BLK 102 RIVERVALE WALK #07-66

SINGAPORE 540102

NPAC No: **S6927739Z** Date: **09/07/2008** No: **6049024**



**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)

Engine No: 2A2H434136  
Chassis No: JTEGD52M107083831

CERTIFICATE No.

DMPCSH3040861800

1. Index Mark and Registration  
Number of Vehicle

SJV3597R

2. Name of Policy Holder

MR OON CHOOM HUAT PETER

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

22 JULY 2018

NAMED DRIVERS EX SECT. I.....\$41,000.00  
IN ADDITION TO NAMED DRIVERS EX:  
EX SECT. I - AGE <= 25.....\$43,000.00  
EX SECT. I - AGE >= 26.....\$3500.00  
\* AGE AS AT DATE OF ACCIDENT  
EX ON WINDSCREEN.....\$8100.00

4. Date of Expiry of Insurance

21 JANUARY 2020

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 \$4500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF  
OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

\* 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.

**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.

Kym Neo  
Autoshield Pte Ltd  
Manager  
Business Development

Countersigned By:

Authorized Officer  
DID: 63852231 Mobile: 86869991  
Email: kym@autoshield.com.sg

Authorized Signatory

3 Anson Road #10-00 Singapore 0469269 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com