

# NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

NA/19118781

Date In: 28/08/2019 16:43	Job description	Date & Time Completed	Done by
Ref No: NA/19118781	SAS e-filing		
Veh No: SKW 984/D	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 27/08/2019 08:25	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/Whse		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SCF 5316H	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 ( )	

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repolar.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date of Incident: _____	Location: _____
Time of Incident: _____	Weather: _____
Police Report No: _____	Police Station: _____
Witness Name: _____	Witness Phone: _____
Witness Address: _____	Witness City: _____
Witness State: _____	Witness Zip: _____

NA/1906575	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Architect's Comments:	For claiming against INC Only (var 10 Jan 2003)	\$75
Date:	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NIUC Additional Services:	
	9) NI: Idas Mobile	\$30
	10) NI: Idas Mobile	\$30
	11) NI: Idas Mobile	\$30
	12) NI: Idas Mobile	\$30
	13) NI: Idas 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	28/08/2019 16:43
Date Of Accident	27/08/2019 08:25
Exact Location Of Accident	PASIR PANJANG FERRY TERMINAL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9841D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	53361615I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90662376
Alternative Phone No	OFFICE-90662376

### Vehicle Particulars

Manufacturer	MAZDA
Model	5
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED

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	DMHCSN1921101900
Cover Note Number	

### Driver

Name of Driver	LOW WEI HAO, JEFFREY (LUO WEIHAO)
NRIC No	S8623750D
Date Of Birth	21/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90662376
Fax Number	
Contact Number	OTHERS-90662376
Email Address	NOEMAIL

Address	BLK 610 WOODLANDS AVENUE 4 #5-435
Postcode	730610
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408665 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190827/7009

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5316H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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:

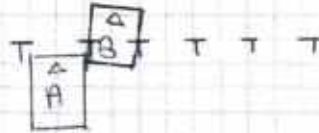
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Pasir Panjang Ferry Terminal carpark.

V.A) SKW9841D

V.B) SLF5316H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A SKW9841D was parked stationary in a parking lot. Before I left everything was intact and no damage. Shortly I went back to retrieve my vehicle, I saw there was damage on my front right portion. I retrieved my video and realised vehicle 'B' SLF5316H had grazed against my vehicle while he was reversing in the lot beside me.

POLICE REPORT 1/20090827/7009



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:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190827/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190827/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2019 13:33		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW WEI HAO, JEFFREY			Address: APT BLK 610 WOODLANDS AVENUE 4 #05-435 SINGAPORE 730610		
ID Type / ID No.: NRIC NO / S8623750D			Contact No.: Home/Office: Mobile: 90662376		
Nationality: SINGAPORE CITIZEN			Email: jeffreylwh86@gmail.com		
Sex: Male	Age: 33	Date of Birth: 21/08/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No.	Date/Time of Accident: 27/08/2019 08:25	Type of Location:
Location:  PASIR PANJANG FERRY TERMINAL CAR PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW9841D	Car					0
SLF5316H	Car	MAZDA		Blue		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190827/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190827/7009

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LOW WEI HAO, JEFFREY		ID No.	S8623750D
Related Vehicle	SKW9841D (Car)		Contact No.	90662376
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 27/08/2019 MY VEHICLE SKW9841D WAS PARKED STATIONARY AT A PARKING LOT INSIDE PASIR PANJANG FERRY TERMINAL. BEFORE I LEFT, EVERYTHING WAS INTACT AND THERE WAS NO DAMAGES ON MY VEHICLE. SHORTLY I WENT BACK TO RETRIEVE MY VEHICLE, I SAW THERE WAS DAMAGE ON MY FRONT RIGHT PORTION. I RETRIEVED MY VIDEO AND REALIZED VEHICLE SLF5316H HAD GRAZED AGAINST MY VEHICLE WHILE HE WAS REVERSING IN THE LOT BESIDE MINE. HE DID NOT LEAVE ANY NOTES ON MY VEHICLE, INSTEAD ABOUT 2 MINS LATER, HE DROVE AWAY.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190827/7009

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Report No. T/20190827/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp

NP168

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

Date/Time:  
27/08/2019 13:33

Classification Of Case:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 27/08/2019 (dd/mm/yy) Time of Accident: 08 25 (24-HR-FORMAT)  
Vehicle No.: SKW 9841 D Vehicle Make & Model: MAZDA5 5-DOOR WAGON 2.0L SP.6EAT S  
Exact location of Accident: PASIR PANJANG FERRY TERMINAL CARPARK  
Policyholder's Name / IC No.: CAR CONCEPT LEASING 533616151  
Driver's Name / IC No.: LOW WEI HAO JEFFREY S8623750D (As Above) ☐  
Driver's Contact No.: 9066 2376 Company Contact No.: \_\_\_\_\_  
Driver's Address: 466D SEMBAWANG DRIVE #12-351 SPRING LODGE 754466  
Insurance Company: CHINA TAIPING Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** Hirer

or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 00

**Passenger Name :** \_\_\_\_\_  
**Passenger Name :** \_\_\_\_\_

**Gender :** \_\_\_\_\_  
**Gender :** \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLF 5316 H

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

002692038

LOW WEI HAO, JEFFREY  
(LUO WEIHAO)

For LKK/NAC Use Only

Birth Date: 21 Aug 1986  
Issue Date: 09 Jun 2017

002692038

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8623750D

For LKK/NAC Use Only

LOW WEI HAO, JEFFREY  
(LUO WEIHAO)

罗伟豪

Race: CHINESE  
Date of birth: 21-08-1986  
Country of birth: SINGAPORE

Sex: M

S8623750D

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	04 Jan 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	16 Feb 2009

For LKK/NAC Use Only

Licence No: S8623750D

NP 428A

4390757

S8623750D

For LKK/NAC Use Only

Date of issue: 03-04-2009

Address:  
APT. BLK 610 WOODLANDS AVENUE 4  
#05-435  
SINGAPORE 730610



# 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.	DMHCSN1921101900	Engine No : PE10279001
1. Index Mark and Registration Number of Vehicle	SRW9841D	Chassis No: JM6CW1071GG122804
2. Name of Policy Holder	M/S CAR CONCEPT LEASING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 MAY 2019	EXCESS SECT. I ..... S\$1,500.00
4. Date of Expiry of Insurance	29 MAY 2020	EXCESS SECT. I (OUTSIDE SINGAPORE) ..... S\$3,000.00
5. Persons or Classes of Persons entitled to drive *		EXCESS SECT. II ..... S\$1,500.00
		EXCESS SECT. II (OUTSIDE SINGAPORE) ..... S\$3,000.00
		EX ON WINDSCREEN ..... S\$100.00

AS PER NAMED DRIVER(S) STATED BELOW.

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIKER/DRIVER ONLY

## 6. Limitations as to use: \*

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS
  - (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.
- THE POLICY DOES NOT COVER
- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
  - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HD 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