

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA/419/1548

Date In: 08/09/2019 08.25	Job description	Date & Time Completed	Done by
Ref No: NA/CT190/54534	SAS e-filing		
Veh No: SKD 5553 T	E-mail (Within 2hrs, A/C 2hrs)		
DOA: 30/01/2005 12.00	I-Motor Claim Form		
OID: 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: SGX 2600	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: INC/Non-INC/Other

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

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

Date/Time	Action

NA/1906625

Claimant's Particulars	Amount	Remarks
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditor's Comments:		
Sat. 1:		
2/3:		

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: 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: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$30	
9) NI: Idas Mobile		
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	02/09/2019 09:25
Date Of Accident	30/08/2019 19:00
Exact Location Of Accident	MCE TUNNEL TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5553T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO SIN TIONG (ZHANG XINZHONG)
NRIC No	S7110305F
Email Address	SHAUN.TEO@MEINHARDTGROUP.COM
Mobile Phone No	(LOCAL) +65-97252433
Alternative Phone No	OTHERS-97252433
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E250
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3023421900
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO SIN TIONG (ZHANG XINZHONG)
NRIC No	S7110305F
Date Of Birth	23/03/1971
Occupation	INDOOR
Date Of Driving Pass	03/02/1998
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97252433
Fax Number	
Contact Number	OTHERS-97252433
Email Address	SHAUN.TEO@MEINHARDTGROUP.COM

Address BLK 55 TELOK BLANGAH DRIVE  
#04-70  
Postcode 100055  
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 4  
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) 2  
Passenger 1  
NAME: : WIFE  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190831/2064

#### 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 SGX2610S  
Vehicle Make/Model/Colour HONDA STREAM  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHENG KIAN MENG  
NRIC/Passport Number S7816440I  
Contact Number

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

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8813  
Vehicle Make/Model/Colour NOT ACCURATE  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver ER TZE BENG  
NRIC/Passport Number S7303035H  
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5286Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver CHUA BOON HENG  
NRIC/Passport Number S0192783C  
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

## 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: 02/08/19

09.35

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

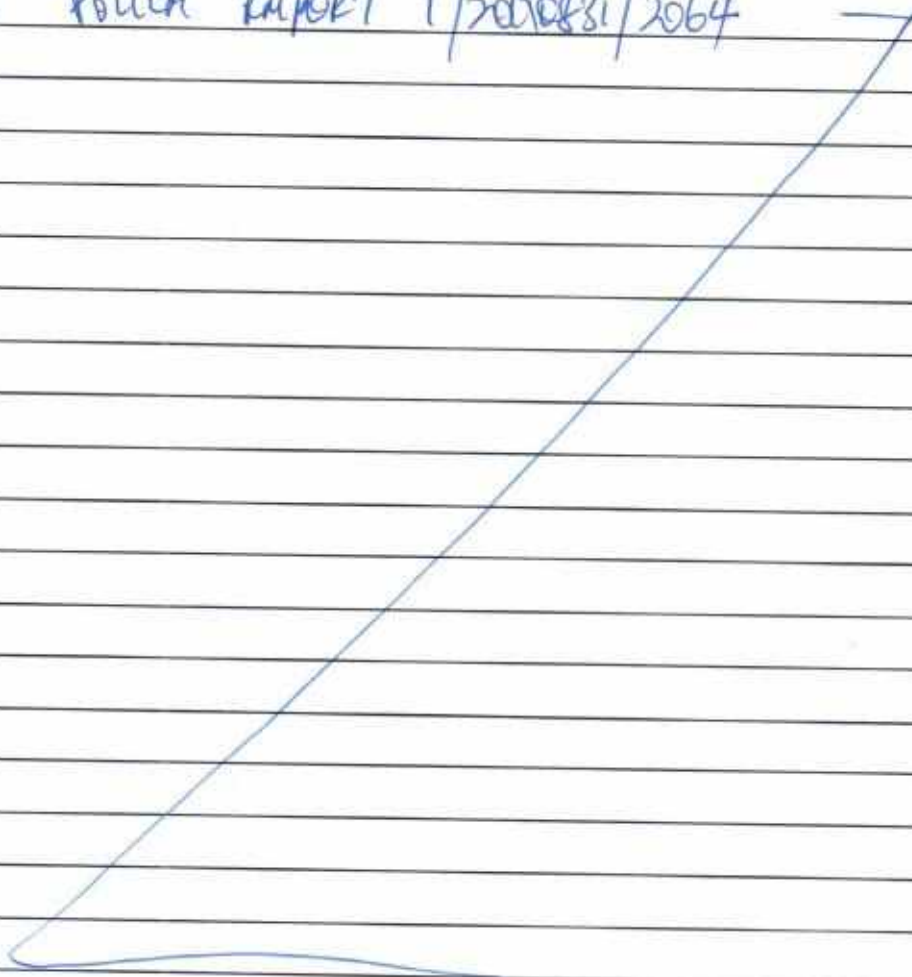
MCE TUNNAGE TOWARDS CATHAY

- A) SKQ 55537
- B) SGX 26105
- C) SHC 8813 (NOT OCCURRED)
- D) SHC 52862



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20190831/2064



## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 02/09/17

9:35 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/09/2017  
*[Signature]*



Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20190831/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/08/2019 12:57	Vide Report No.:	Station Diary No.: 24
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: TEO SIN TIONG			Address: APT BLK 55 TELOK BLANGAH DRIVE #04-70 SINGAPORE 100055		
ID Type / ID No.: NRIC NO / S7110305F			Contact No.: Home/Office: Mobile: 97252433		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 23/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LIGHTING DESIGNER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2019 19:00	Type of Location: EXPRESSWAY TUNNEL
Location: Along Road 1 MARINA COASTAL DRIVE  ALONG MCE TOWARDS THE DIRECTION OF AIRPORT ON THE 4TH LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGX2610S	Car	HONDA		Black	Slightly Damaged	0
SHC5286Z	Car			Red	Seriously Damaged	1
SHC8813 (Not Accurate)	Car			Blue	Slightly Damaged	1
SKQ5553T	Car	MERCEDES BENZ	E250 SEDAN (R18)	Grey	Slightly Damaged	1



# SINGAPORE POLICE FORCE



T/20190831/2064

2 of 4

Report No. T/20190831/2064

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ5553T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30234219 00	29/03/2019	10/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHENG KIAN MENG		ID No.	S7816440I
Related Vehicle	SGX2610S (Car) (3)		Contact No.	NIL
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	CHUA BOON HENG		ID No.	S0192783C
Related Vehicle	SHC5286Z (Car) D		Contact No.	NIL
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	ER TZE BENG		ID No.	S7303035H
Related Vehicle	SHC8813 (Car) (C)		Contact No.	NIL
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



**SINGAPORE  
POLICE FORCE**



T/20190831/2064

3 of 4

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20190831/2064

**CONTINUATION OF REPORT**

Driver			
Name	TEO SIN TIONG	ID No.	S7110305F
Related Vehicle	SKQ5553T (Car)	Contact No.	97252433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 30/08/2019 at about 7.00pm I was driving along my car (V1) with my wife onboard as passenger along MCE towards the direction of Airport. Inside MCE tunnel at the 2km mark there was heavy traffic and my car came to a stop for about 10 second. While the traffic came to a stopped I heard a loud sound coming from the back and suddenly I felt an impact coming from the back.

I exited my car to make a check and realized it was a chain collision accident involving 4 cars. All driver exchanged particulars and nobody was injured at that point of time. No ambulance and no traffic police came to the scene.

- V1: SKQ5553T (Mercedes E250, Grey colour, 1 passenger)
- V2: SGX2610S (Honda, Black colour)
- V3: SHC8813 (Comfort Delgo Taxi, Blue colour, 1 passenger)
- V4: SHC5286Z (TransCab Taxi, Red colour, 1 passenger)



**SINGAPORE  
POLICE FORCE**



T/20190831/2064

4 of 4

Report No. T/20190831/2064

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**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:

D /  
Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/08/2019 12:57

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/08/2019 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: NCE TUNNEL (3KM MARK)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 5553T  
 b) INSURANCE COMPANY: CHINA TAIPING  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES E250  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: CHENG KIAN MENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S78164401 CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: TEO CIN TIONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7110305F CONTACT: 97252423  
 c) ADDRESS: BIKIT TELUK BLANGAH DRIVE #04-70  
501005H

\* d) DATE OF BIRTH: 23/03/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/02/1996

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

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: TELUK BLANGAH NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGX 2610S MODEL: HONDA STREAM  
 b) DRIVER'S NAME: CHENG KIAN MENG  
 c) NRIC/FIN/PASSPORT: S78164401 CONTACT: 9852 9911

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8813 MODEL: COMFORT TAXI  
 b) DRIVER'S NAME: ER TZE BEN  
 c) NRIC/FIN/PASSPORT: S7303035H CONTACT: \_\_\_\_\_

## THIRD PARTY VEHICLE

VEHICLE NO: SHC 57862

email =

VIDEO

DRIVER NAME: CHUA BOON HENG

80192783C

shao.tev@meinhardtgroup.com

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

(B)

(C)

(D)

MOTOR PRIVATE CAR

**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)

PLM 327886

ORIGINAL

CERTIFICATE No.	DMPCSN3023421900	Engine No : WDD2120362A936666
		ChasNo: 27492030130081
1. Index Mark and Registration Number of Vehicle	SKQ5553T	
2. Name of Policy Holder	TEO SIN TIONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 April 2019	Named Drivers Ex Sect. I ..... S\$750.00 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	10 April 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 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. : MAYBANK 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.

Issued By:

Authorised Officer

Authorised Signatory