

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MANAY 19/19/04

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 09/09/2009 15:20 | Job description | Date & Time Completed | Done by |
| Ref No: N/BA/CT/090/59274 | SAS e-filing | | |
| Veh No: GBJ 5820R | E-mail (W/dln 3hrs, A/C 2hrs) | | |
| D.O.A: 06/09/2009 17:30 | 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/Wksp | | |

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLA 4294.4

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: Reason for e-filing:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Assign:

MAN 906854

Client/Insurer/Repairer:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$40)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2000)

6) TR: Re-inspection \$75

7) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (Nil): TP (N/A INC) against INC \$20

*N12: Idas Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

MAN 906854

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 | 09/09/2019 15:20 |
| Date Of Accident | 08/09/2019 17:30 |
| Exact Location Of Accident | UPPER CHANGI ROAD EAST BEFORE PIE CHANGI EXIT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBJ5820R |
| Insured/Policyholder | |
| Name Of Registered Owner | VAN-GO PTE LTD |
| Co Reg No | 201825823E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90063509 |
| Alternative Phone No | OFFICE-90063509 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | REGIUS ACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | DMCVSN1924361900 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHAMED YASSIN BIN ABDUL HAGUE |
| NRIC No | S8515744B |
| Date Of Birth | 04/06/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/11/2010 |
| Driving Experience | 8 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90063509 |
| Fax Number | |
| Contact Number | OTHERS-90063509 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 221A SUMANG LANE #13-01 |
| Postcode | 821221 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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? | 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) | 3 |
| Passenger 1 | NAME: : MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN GENDER: : MALE |
| Passenger 2 | NAME: : MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 | SLA4294U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

| | |
|-------------------------------------|-----------------------|
| Name of Driver | TEO TECK LENG VINCENT |
| NRIC/Passport Number | S7115997C |
| Contact Number | 98079015 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|--------------------------|
| Vehicle Registration Number | FBH4385Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | ABUBAKAR BIN ABDUL WAHAB |
| NRIC/Passport Number | S1169649Z |
| Contact Number | 90889894 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-------------------------------------|------------------------|
| Vehicle Registration Number | SGK5793X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NILAS S/O SYNUL ABDEEN |
| NRIC/Passport Number | S7237670F |
| Contact Number | 94598259 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------------|
| Name | MOHAMED YASSIN BIN ABDUL HAGUE |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | GBJ5820R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|----------------------------------|---|
| Name | MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | GBJ5820R |
| Were seat belts worn? | YES |

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ5820R

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.



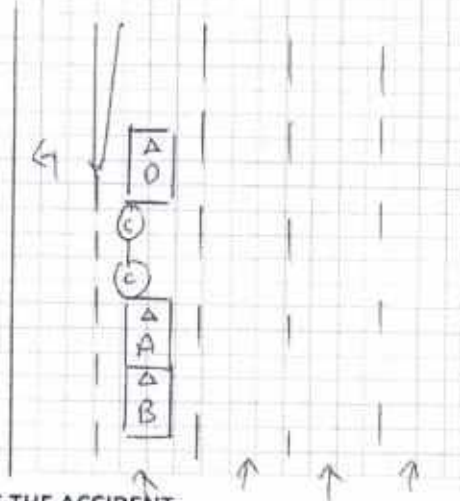
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

UPPER CHANGI ROAD EAST BEFORE PIE CHANGI AIRPORT EXIT



V.A) GBJ 5820R
V.B) SLA 4244L
V.C) FBH 4385Y
V.D) SGK 5793X

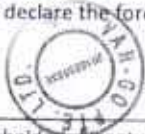
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling along my designated lane along upper changi Road before PIE (Changi Airport Exit). The vehicle in front of me slowed down to a stop as such, followed suit. As I came to a stop, I suddenly felt a huge impact hitting me on the rear causing me to propel forward hence hitting the vehicle in front of me. I got down from my vehicle to realised that I was involved in a 4 car chain collision.

POLICE REPORT 1/20190908/7101

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/20190908/2101

Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

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Report No. T/20190908/21

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ABUBAKAR BIN ABUL WAHAB | ID No. | S1169649Z |
| Related Vehicle | FBH4385Y (Motorcycle) | Contact No. | 90889894 |
| 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 | MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN | ID No. | T1406538A |
| Related Vehicle | GBJ5820R (Van) | Contact No. | NIL |
| Hospital/Clinic | CALROSE MEDICAL FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 06/09/2019 | Date Discharge | 06/09/2019 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | MOHAMED YASSIN BIN ABDUL HAGUE | ID No. | S8515744B |
| Related Vehicle | GBJ5820R (Van) | Contact No. | 90063509 |
| Hospital/Clinic | CALROSE MEDICAL FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/09/2019 | Date Discharge | 06/09/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |



SINGAPORE POLICE FORCE



T/20190908/2101

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 5

Report No. T/20190908/2101

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 08/09/2019 22:57 | Vide Report No.: | Station Diary No.: 49 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: MOHAMED YASSIN BIN ABDUL HAGUE | | | Address: APT BLK 221A SUMANG LANE #13-01 SINGAPORE 821221 | | |
| ID Type / ID No.: NRIC NO / S8515744B | | | Contact No.: Home/Office: Mobile: 90063509 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 34 | Date of Birth: 04/06/1985 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Van driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/09/2019 17:30 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER CHANGI ROAD before PIE exit Changi Airport | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two 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 |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| FBH4385Y | Motorcycle | | | | Slightly Damaged | 0 |
| GBJ5820R | Van | | | | Slightly Damaged | 2 |
| SGK5793X | Car | | | | Slightly Damaged | 0 |
| SLA4294U | Car | | | | Slightly Damaged | 0 |



T/20190908/2101

Police Station Of Origin:
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190908/2101

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|--|-----------------------------------|
| Passenger | | | |
| Name | MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN | ID No. | T1607241E |
| Related Vehicle | GBJ5820R (Van) | Contact No. | NIL |
| Hospital/Clinic | CALROSE MEDICAL FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 06/09/2019 | Date Discharge | 06/09/2019 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | NILAS S/O SYNUL ABDEEN | ID No. | S7237670F |
| Related Vehicle | SGK5793X (Car) | Contact No. | 94598259 |
| 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 | TEO TECK LENG VINCENT | ID No. | S7115997C |
| Related Vehicle | SLA4294U (Car) | Contact No. | 98079015 |
| 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 08.09.2019 at about 1730hrs, I was driving my vehicle GBJ5820R along Upper Changi Road towards PIE Changi Airport on lane 3 or a 4 lane road. As the traffic is piling up, the front vehicle start to slow down and I followed suit. Out of a sudden, I felt an impact on my rear left portion of my vehicle, the impact forced my vehicle to surge forward and hit onto the motorcycle FBH4385Y, the rider fell down the ground and my vehicle continue to surge forward and hit onto the 1st vehicle SGK5793X

As nobody required any Ambulance Service, we exchange particulars and left the scene. Sometime in the evening, my 2 kids and I went to Calrose Medical Family Clinic to seek medical treatment and I was given 3 days of out patient leave, whereby my elder son was placed under observation for head contusion and bruise on the lower lips, my 2nd son is fine at the moment.



**SINGAPORE
POLICE FORCE**



T/20190908/2101

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Report No. T/20190908/2101

Police Station Of Origin:
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

I like to state that my vehicle is installed with front built in camera. That is all.



**SINGAPORE
POLICE FORCE**



T/20180908/2101

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Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No. 1800-7818999

Report No. T/20180908/2101

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 TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2019 22:57

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No. 65476172

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06/09/2019 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)
Vehicle No.: GBJ5820R Vehicle Make & Model: TOYOTA REGIUS ACE
Exact location of Accident: UPPER CHANGI ROAD EAST BEFORE PIE CHANGI EXIT
Policyholder's Name / IC No.: VAN-GO PTE LTD 201825823E
Driver's Name / IC No.: MOHAMED YASSIN BIN ADBUL HAGUE S8515744B (As Above) ☐
Driver's Contact No.: 9006 3509 Company Contact No.:
Driver's Address: APT BLK 221A SUMANG LANE #13-01, S(821221)
Insurance Company: China Taiping Email address (if any):

Relationship between Owner & Driver: Employee 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): 3

Passenger Name: MUHAMMAD YAFI SHARIQUE

Gender: Male

Passenger Name: MUHAMMAD YUSRAN SYAHIRAN

Gender: Male

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: SGK 5793X (D)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: SLA4294U (B)

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.

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 | DMCVEN1924361900 | Engine No : 11GD8397475 Chassis No: GDH2012005590 |
| 1. Index Mark and Registration Number of Vehicle | GBJ5820R | |
| 2. Name of Policy Holder | VAN-GO PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 6 JUNE 2019 | EXCESS SECT I\$51,500.00 EXCESS SECT. II\$51,500.00 EX ON WINDSCREEN\$5100.00 |
| 4. Date of Expiry of Insurance | 5 JUNE 2020 | |
| 5. Persons or Classes of Persons entitled to drive * | | |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION OR TO WHOM THE VEHICLE IS HIRED.

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. AND PROVIDED FURTHER THAT THE MOTOR VEHICLE IS REGISTERED UNDER THE ROAD TRAFFIC ACT AND ITS REGISTRATION UNDER THE ROAD TRAFFIC ACT HAS NOT BEEN CANCELLED AT THE TIME OF THE ACCIDENT LOSS OR DAMAGE.

6. Limitations as to use *

- (1) USE FOR RACING, RACE-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.
- (3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD BY ANY PERSON TO WHOM THE VEHICLE IS HIRED.

HIRE PURCHASE CO. & SWEET SENG CREDIT 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.

Authorised Signatory

Authorised Officer

Countersigned By: