

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA12095373-01**

| | | | |
|-------------------------------|--|-----------------------|---------|
| Date In: 21/6/05-15:39 | Job description | Date & Time Completed | Done by |
| Ref No: NA12095373-01 | SAS e-filing | | |
| Veh No: JMN24806 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 21/6/05-17:55 | i-Motor Claim Form | | |
| OT / 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: **JMN24806** 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%; F: 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | |
|---------------------------------|---|-----------------------|
| | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors' Comments :- | 5) RT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat 1: | 6) TR: Re-inspection \$75 | |
| | 7) N1: Idac DA + SMRT Survey \$160 | |
| Cat 2 / 3: | 8) NTUC Additional Services:- | |
| | OD* | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (N11): TP (Non INC) against INC \$20 | |
| | 9) N12: Idac 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 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 | 22/06/2020 15:39 |
| Date Of Accident | 21/06/2020 17:55 |
| Exact Location Of Accident | YIO CHU KANG RD TWDS CTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SLU2480G |
| Insured/Policyholder | |
| Name Of Registered Owner | PREM SINGH S/O MANJEET SINGH |
| NRIC No | SXXXX868J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98474476 |
| Alternative Phone No | OFFICE-98474476 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | GLC250 AMG 4MATIC AUTO |
| 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 | REPORTING ONLY |
| 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 | DMPCSN3091281902 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | PREM SINGH S/O MANJEET SINGH |
| NRIC No | SXXXX868J |
| Date Of Birth | 08/01/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/03/2005 |
| Driving Experience | 15 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98474476 |
| Fax Number | |
| Contact Number | OFFICE-98474476 |
| E Mail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 405C FERNSVALE LANE #13-103 |
| Postcode | 793405 |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

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 | SMN5018P |
| Vehicle Make/Model/Colour | HYUNDAI ELANTRA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHUA THONG BEE |
| NRIC/Passport Number | SXXXX663B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

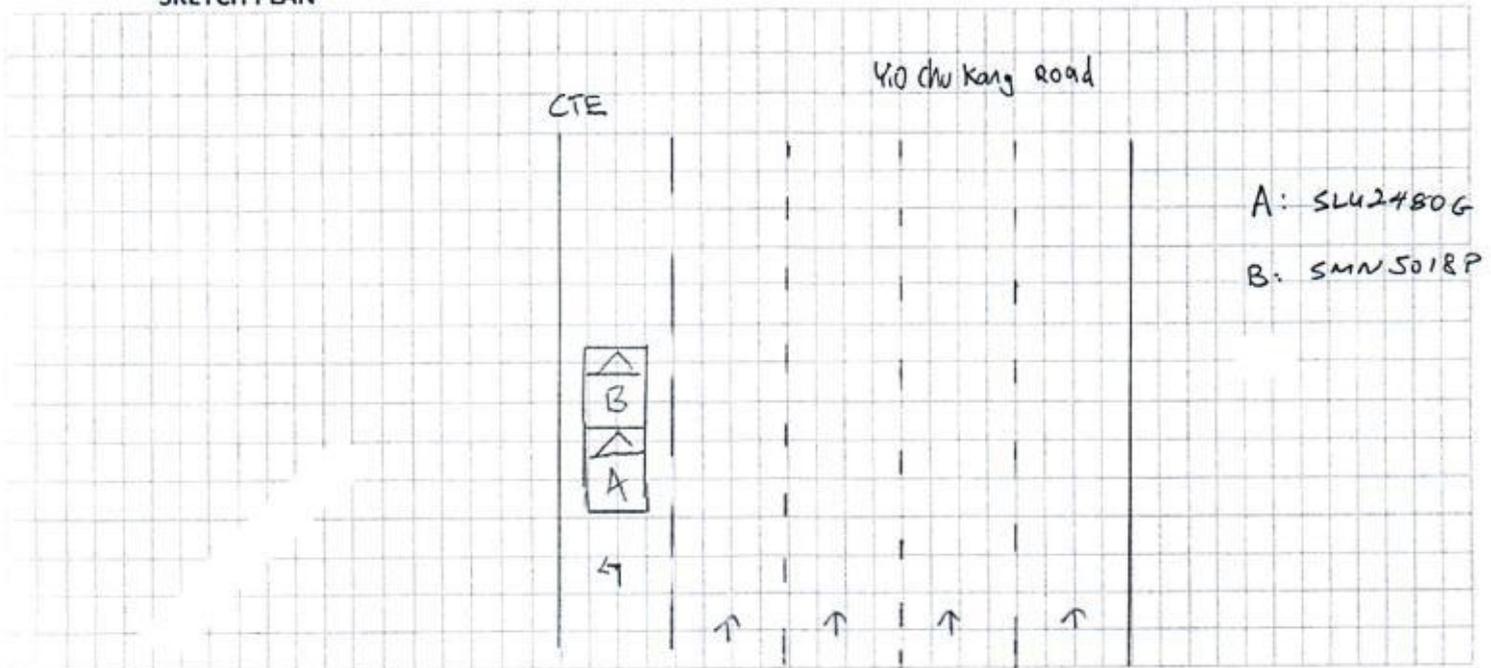


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/06/2020 @ 1755hrs, I was driving along Yio Chu Kang Road towards CTE when I met into accident. The car in front of me jammed emergency brake. I managed to jam brake as well hitting into the rear of the car in front of me a red Hyundai Elantra (SMN5018P). I tried to avoid by swerving out but to no avail I still didn't manage to stop in time. I wish to state that after the accident happened, we all confirmed that nobody was injured and we will be claiming insurance for the damaged sustained.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|-------------------------------------|------------|
| Date of accident | 21/06/2020 | (DD/MM/YY) |
| Time of accident | 1755 | (HH:MM) |
| Exact location of accident | Along Yio chu kang Road towards CTE | |

DETAILS OF VEHICLE

| | | | |
|--|---|-------------------------------------|--|
| Vehicle registration number | SLV2480G | | |
| Vehicle make and model | Mercedes GLC 250 AMG | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: <u>SUV</u> |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | | | |
|-------------------|---|---|----------------------------------|
| Insurance company | China Taiping | | |
| Policy number | DMPCSN3019281902 | | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|--|--|---------------------------------|
| Name | Prem Singh s/o Manjeet Singh | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7900868J | | |
| Contact | 98474476 | | |
| Address | Blk 405c Fernvale Lane #13-103 S(793405) | | |

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

| | | | |
|------------------------------|---------------------------------|---|---------------------------------|
| Name | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |
| Email address | Ricky.boy8@HOTMAIL.COM | | |
| Date of birth | 08/01/1979 | | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | | | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | _____ (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | _____ |

| WITNESS 1 | |
|-----------|-------|
| Name | _____ |

| WITNESS 2 | |
|-----------|-------|
| Name | _____ |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|-----------------|
| Vehicle registration number | SMN5018P |
| Vehicle make model | Hyundai Elantra |
| Name | Chua Thong Bee |
| NRIC / Fin / Passport number | 57533663B |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



REGULATORY MANAGEMENT GROUP

GENERAL INSURANCE ASSOCIATION OF SINGAPORE - RECORDS MANAGEMENT CENTRE
500 North Bridge Road, Singapore 049370
Tel: (65) 6224 0200 Fax: (65) 6224 0299
Operating Hours: Monday to Friday, 0900 - 1700
www.gia.org.sg / e-mail: reg.mgmt@gia.org.sg

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: MNA120053313 Vehicle Registration No: SLV2A80G
 Name of person making report: Prem Singh s/o Manjeet Singh NRIC/FIN/Passport No: S7900868J
 (*Vehicle Driver / Vehicle Owner) (P) Please delete as appropriate
 Address: Blk 405C Fernvale Lane #13-103 Singapore 793405
 Contact (Tel): 98474476 Mobile No.: _____
 Email Address: _____
 Date of Accident: 21/06/2020 Time of Accident: 1755
 Place of Accident: Yio chu kang Road towards CTE
 Insurance Company: China Taiping

(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:

change to reporting only



 Policyholder / Driver's Signature
 Date: _____



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



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1E
R 5N
AN0083A
Cov.Type: C

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)

ORIGINAL

| | | |
|--|------------------------------|--|
| CERTIFICATE No. | DMPCSN3091281902 | Engine No :27492030868726 ChaNo:WDC2539462F175806 |
| 1. Index Mark and Registration Number of Vehicle | SLU2480G | AUTOSAFE ***** |
| 2. Name of Policy Holder | PREM SINGH S/O MANJEET SINGH | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 27 November 2019 | Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 |
| 4. Date of Expiry of Insurance | 26 November 2020 | Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00 |
| 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. : KENSO LEASING 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

KCB AGENCY
Co Reg No. 53116652C
200 Jalan Sultan
#02-303 Textile Centre
Singapore 199018
Tel: 6391 3813 Fax: 6391 13810

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:KCB AGENCY.....
Authorised Officer

.....
Authorised Signatory