

NATIONAL Assessment Centre Services.

Ref: J00001

21/08/2020 12:27

Date In: 21/08/2020 12:27

Ref No: NIA/CTE20000814

Veh No: GBE 8896E

DOA: 19/08/2020 17:10

OT: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Milling

E-mail (Update status, A/C status)

I-Motor Claims Form

I-Motor W/O (with/without CD status, TP status)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Preferred Whse / INC Assign Whse / OW: (

Tel:

Fax:

TP Rate/fees:

Veh No:

SMP9XOR

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: YRS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

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

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury:

NIA2004986

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Est. 1:

Est. 2:

| Item | Amount | Total |
|---|--------|-------|
| 1) All Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | | |
| 3) TP: Towing Fee | | |
| 4) PF: Follow-Through Survey | | |
| 5) PF: Follow-Through Survey (Resurvey) | | |
| 6) TR: Re-inspection | | |
| 7) NI: Day DA + 5MRT Survey | | |
| 8) NUC Additional Services: | | |
| 9) NI: Day DA + 5MRT Survey | | |
| 10) NI: Day DA + 5MRT Survey | | |
| 11) NI: Day DA + 5MRT Survey | | |
| 12) NI: Day DA + 5MRT Survey | | |
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Fee Charged

Fee Charged

Invoice dated

Invoice dated

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 | 21/09/2020 12:27 |
| Date Of Accident | 19/09/2020 17:10 |
| Exact Location Of Accident | PIE TOWADS JURONG BEFORE BEDOK NORTH AVE 3 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBE8396E |
| Insured/Policyholder | |
| Name Of Registered Owner | WOOD & WOOD FLOORING PTE LTD |
| Co Reg No | 2XXXXX226M |
| Email Address | KN@WOODANDWOOD.COM.SG |
| Mobile Phone No | (LOCAL) +65-96517985 |
| Alternative Phone No | OFFICE-96517985 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| 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 REPORTING ONLY

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 | DMCVSNA00015592001 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SELVARAJU MAHENDRAN |
| NRIC No | GXXXX003M |
| Date Of Birth | 16/05/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/03/2014 |
| Driving Experience | 6 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96517985 |
| Fax Number | |
| Contact Number | OTHERS-96517985 |
| EMail Address | KN@WOODANDWOOD.COM.SG |

| | |
|---|--|
| Address | 203 HENDERSON ROAD #08-08 HENDERSON INDUSTRIAL PARK |
| Postcode | 159546 |
| 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 | 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? | 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT MERAH WEST NPC |
| Police Station Address | ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200921/2024

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 | SMF9210R |
| Vehicle Make/Model/Colour | AUDI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SPENSER WIJEWEERA |
| NRIC/Passport Number | SXXXX919F |
| Contact Number | 96775606 |
| 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.

X



Policyholder's Signature
Date & Time:

Smahly 21/9/20

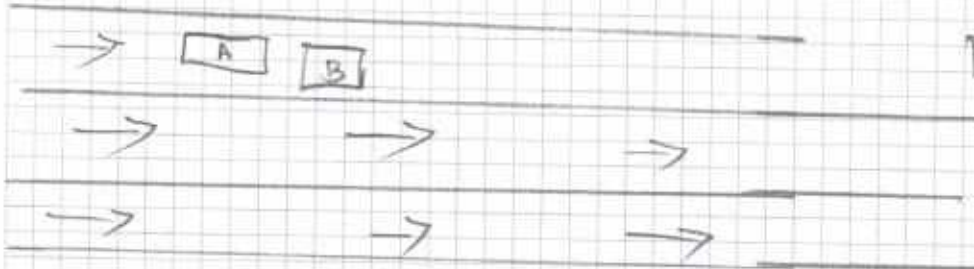
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

24/09/2020
[Signature]

SKETCH PLAN

PIE TOWARDS JURNER Bt/B BROOK ROAD RO EX1



A) GRE 8396E

B) SMF 9210R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020921/2024

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:

Smahy 21/9/20

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

21/9/2024
Said Mubaz

ACCIDENT STATEMENT

ACCIDENT DATE: 19/09/20 (DD/MM/YYYY), TIME: 5:10 PM (HH:MM)

LOCATION: PIE before the bridge North AVE 3 Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1E 8396 E
 b) INSURANCE COMPANY: CHINA MIPIN
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: WOOD & WOOD FLORENCE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200819226 M CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SELVARASU MAHENDRAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G7845003M CONTACT: 96517985
 c) ADDRESS: 203 HENDERSON RD 08-08 HENDERSON INDUSTRIAL PARK SINGAPORE 159546

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: BUKIT MERAH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 9210 B MODEL: Audi car
 b) DRIVER'S NAME: SPHOSER WIJEWERA
 c) NRIC/FIN/PASSPORT: S8909919 F CONTACT: 96775606

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = KN @ woodandwood . com . sg

VIDEO

KN @ woodandwood . com . sg



SINGAPORE POLICE FORCE



T/20200921/2024

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200921/2024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 21/09/2020 10:53 | | Vide Report No.: | | Station Diary No.: 25 | |
| Informant's Particulars | | | | | |
| Name of Informant: SELVARAJU MAHENDRAN | | | Address: APT BLK 18 toh guan road west lite dormitory SINGAPORE 608591 | | |
| ID Type / ID No.: FIN NO / G7845003M | | | Contact No.: Home/Office: Mobile: 96517985 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 16/05/1985 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: driver | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|----------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 19/09/2020 17:10 | Type of Location: Straight Road |
| Location: BEDOK NORTH ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|-------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GPE8396E | Lorry | | | | No Damage | 0 |
| SMF9210R | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20200921/2024

2 of 3

Report No. T/20200921/2024

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 19/09/2020 at about 1710hrs I was driving my company lorry (GPE8396E) along bedok north avenue 3 exit. Suddenly the car in front of me (SME 9210R) braked. I tried to slow down and brake however I was not able to stop my car in time. The front of my vehicle then hit the rear of the car. There is not in-car camera installed in my vehicle.

There is not damages to my vehicle. I am also not injured. I am making this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20200921/2024

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20200921/2024

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 3 RAZEENAH BINTE ABDUL KADIR

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NF 168

Signature Of Informant:

Date/Time:
21/09/2020 10:53

Classification Of Case:

ATURE



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.

Motor Commercial

MZ300/C

R SN

AN0546A

Cov. Type:C

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, 1953 (Malaysia)

CERTIFICATE No.

DIMCVSNA00015592001

Engine No.: ZD30009731N

Cha. No.: JN1SC2F24Z0858315

1. Index Mark and Registration
Number of Vehicle

GBE6396E

AUTOSAFE

2. Name of Policy Holder

WOOD & WOOD FLOORING PTE. LTD.

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

01/04/2020

Excess Sect I

S\$500.00

4. Date of Expiry of Insurance

31/03/2021

EX ON WINDSCREEN

S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:

(1) Use in connection with the Policyholder's business;

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business;

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing;

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: ETHOZ CAPITAL LTD AS HP OWNER

* Limitations rendered inoperative by Section 6 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

Issued By:

Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com