| NATIONAL Assessment Cer | | e! 1 Jan'05 M | TOTAL TOTAL STATE OF THE STATE | | | |
|---|--|------------------------------------|---|---|-----------------|-------------|
| Date In: 26 0 20 - 19131 | Jeb description | | Date &Time Co | mpleted | Done | py. |
| Ref No: 14 6722011639/24 | SAS e-filing | | | | | |
| Veh No: JMFY874H | E-mail (within 8h | rs, AIC 2hrs) | | | | |
| D.O.A: 2/10/2-16/15 | i-Motor Claim | Form | | | | |
| | i-Motor W/O (| Within: OD 2hrs, | TP 4hrs) | | | |
| OD TP/ Reporting Only | i-Photo Upload | led | | | | |
| TRI | Assessment/Surv | ey Report | | | | entoueres e |
| TP Insurer: | Ass't Report by | Fax / Hand to | Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: | Comment of the second second second | | Tel: | Fax: | | |
| TP Particulars: Veh No: 61 | 3k2706C | INC (|)/Non-INC (|), | 40 | |
| Owner / Driver: (| | | Tel: | T. |) | |
| Policy No: () | Period: (|) | Cover Type: (| |) | |
| Confirmed by : (| | Date: | Time: | |) | |
| Insured/Driver Liability: (% | Note-Est. Status (WC | O): N: 0-20 | %; P: 21-79%. | F: 80-100% | 6] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 (|) | | | | |
| General Remarks: | | 80.7476.78 | ZZ PER ASSA | 1.872 | | |
| () Walk-In Customer : Customer's i | oformation etrictly Confi | | distribution and the state of | | | |
| | | dential & Stri | cuy NO Taler of 7 | epaner. | W. FISHBUS | |
| () Total Loss Case : to e-mail Ins | The second secon | | · · d | | | |
| Drive-In ()/ Towed-In (); Invo | oice: YES () / NO | (); To | wing Co: (| 1 | |) |
| temarks: (INC hotline: 6788 6616 |)**- | | Date&Time Con | ple:sd | Done | by |
| 1) Apply for Transport Allowance () | / Courtesy Car () | | 10 10 | | | |
| 2) QC Check / Post Repair Inspection | () | | | - | | V= -1- |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | | - | | | |
| Intum: . | | | | | | |
| Injury: | | | | | | |
| ate/Time Actions | and the contract of the contract of the | | e principal de la companya de la co | | CONTRACTOR | |
| | 1 | | | VALUE OF THE ALL | 17 | |
| | | | | | | |
| | | | 10 | | Color - Contain | ======== |
| | | | | | | ::VG |
| | - | | | | | |
| 10.00 | j. | nvoice Pren | aration Checkli | Ct. | The Spirit of | Amt (3) |
| FEBRUA ! | Company of the Compan | | 30 S C C C C C C C C C C C C C C C C C C | | TABILET | Add Bill |
| umant's Particulars:- | \$5000 (\$600) A. P. B. | AR : Accident R | | INC (\$80) | | |
| ver/Owner: | 3) | TF : Towing Fee | | \$40/\$45 | | - |
| | | FT : Follow-Thr | ough Survey ough Survey (Resurv | \$120 (sy) \$30 | | |
| ntact No: | | For claiming aga | inst INC Only (wef | 0 Jan 2005) | | |
| maged Portion: | | TR: Re-inspecti | | \$75 | | |
| | | NTUC Addition | | MINITED STATES | | |
| Checked by (Engr-In-Charge): | | OD. | (5.43) | \$5 | | |
| Checked by (Engi-in-Charge). | | *N5: Courtesy C *N6: Repair Co- | ordination | 510 | | |
| 16 | PROPERTY WARKS | *N7: Fost Repair | r Inspection | \$25 | | |
| ditors' Comments :- | 《新行》的《新行》 | | ct Excess Coordination | Color of the last | 100000 | |
| <u>1:</u> | | TP (N11): TP (1 N12: Idae Mobi | Non INC) against INC le | 30 | | |
| | 1-1 | | | | | 品的哲学的 |
| 2/3; | In | voice dated | Per | Charged | SE IN | 417275 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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.
- 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 | 26/10/2020 19:31 |
| Date Of Accident | 24/10/2020 16:15 |
| Exact Location Of Accident | SERANGOON GARDEN WAY TWDS YIO CHU KANG RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMF4874H |
| Insured/Policyholder | |
| Name Of Registered Owner | ASIA EXPRESS CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX882D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91998131 |
| Alternative Phone No | OFFICE-91998131 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | PRIUS HYBRID 1.8S CVT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMHCSNA00001962000 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GOH TUAN LEONG |

NRIC No SXXXX094Z Date Of Birth 11/12/1957 OUTDOOR Occupation Date Of Driving Pass 06/05/1977 **Driving Experience** 43 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-93862250 Fax Number Contact Number OFFICE-93862250

NOEMAIL

Address BLK 998A BUANGKOK CRESCENT

#02-711

Postcode 531998

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

Incurance Company 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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201024/2090.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK2706C

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category COMMERCIAL VEHICLE

Name of Driver VEERAPPAN SUBBAIAH

NRIC/Passport Number SXXXX246H Contact Number 98261246

Address Postcode

Page 2 of 23

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GOH TUAN LEONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMF4874H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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 signati

NRIC/FIN No.:

SKETCH PLAN

You Cho Kang Road

A: SMF 487244

B: GBK 1706C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to police report - 7/22/24/290. | |
|---------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 Senature Name: NRIC/FIN No.:

GIARMC SketchPlanForm V3

2

| Date of Accident | :24/10/2020 Accident Time: 1617 (24-HR-FORMAT) | | | |
|---|--|--|--|--|
| Accident Place | : Serongoon Garden Way | | | |
| Vehicle Reg. No (Car plate No.) | :5MF 4874H Vehicle Make/Model: Toyota Prius | | | |
| Insurance Company | : China Taiping Policy No. | | | |
| Name of Registered Owner | : Company Individual Asia Express Car Rental Pte Ltd | | | |
| ID of Registered Owner | : Co Reg No: 2011 688 D Owner's NRIC No: | | | |
| | : Co Contact No: 9199 8131 Owner's Contact No: | | | |
| DRIVER'S Name | : Goh Tuan Leong DRIVER'S NRIC No: 512780942 | | | |
| DRIVER'S Date of Birth | : 11/12/1957 DRIVER'S License Pass Date 06/05/1977 | | | |
| Relationship bet. Owner & Driver | : Spouse \ Parents \Children\ Sibling \ Employee\ Others: | | | |
| DRIVER'S Address | : BIK 998A Brongkok (resent #02-711 5(531998) | | | |
| DRIVER'S Contact No./ Alt No. | :1) 9386 1250 2) 9759 6577 | | | |
| DRIVER'S Occupation | : INDOOR OUTDOOR (eg. working inside or outside of an ofc) | | | |
| Email Address | · | | | |
| Weather & Road Surface | : CLEAR & DRY RAINING & WET VAFTER RAIN & WET | | | |
| eporting Type : Reporting Only Claim Other Party Claim Own Insurance | | | | |
| Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was | iver): ce? YES NO | | | |
| Other | Party Driver's Particulars (if any) | | | |
| Vehicle Reg No: GBK 2706C | nicle Reg No: Vehicle Reg No: | | | |
| Vehicle Make\Model: | Model: Vehicle Make\Model: | | | |
| Name DRIVER: Vegrappon Subbaia | Name DRIVER: | | | |
| IC No. DRIVER: <u>58182246 H</u> | IC No. DRIVER: | | | |
| DRIVER'S Contact & add: 9826 124 | DRIVER'S Contact & add: | | | |

·





1 of 4

Report No. T/20201024/2090

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 24/10/2020 22:02 | | Vide Report No.: | Station Diary No.: 101 | | |
|--|--------------------|--|--|--------------------------|--|
| Informa | nt's Partic | ulars | A SHEET HE SHEET IN THE | 以及其实的企业的基本的 | |
| Name of Informant: GOH TUAN LEONG | | Address: APT BLK 998A BUANGKOK CRESCENT #02-711 SINGAPORE 531998 | | | |
| ID Type / ID No.: NRIC NO / S1278094Z | | Contact No.: Home/Office: Mobile: 93862250 | | | |
| National | ity: PORE CITIZ | EN | Email: | 45 | |
| Sex: Male | Age: 62 | Date of Birth: 11/12/1957 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | Institution / School Name: | | |
| Occupat GRAB D | | | Driving Licence Inform Class: 3,4,5 | nation: Date of Expiry: | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/10/2020 00:00 | Type of Location: T-Junction | |
|--|------------------|-----------------------------------|---|---------------------------------|--|
| Veather: | NG ROAD | Road Surface: | | Road Speed Limit: | |
| 1141110 | | Traffic Control: Pedestrian Cross | ACCUPATION OF THE PARTY OF THE | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------|---------------|-------------------------------|--------|---------------------|-----------------|
| GBK2706C | Van | NISSAN | NV350 PANEL VAN 2.5 5MT | Grey | Slightly Damaged | 0 |
| SMF4874H | Car Sign | TOYOTA dature | PRIUS HYBRID 1.8S CVT | Silver | Slightly Damaged | 0 |

Singapore Police Force





2 of 4

Report No. T/20201024/2090

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

| Details of Perso | n Involved | 州 苏州市 任 新市市联系 | 学的最高的社会 | CONTRACTOR OF STREET |
|-------------------------|-----------------------|----------------------|---|-------------------------------------|
| Any Pedestrian I | nvolved: No | | | |
| No. of Pedestriar | ns Injured: NIL | Use of Pede | estrian Cros | sing: NA |
| Driver | | | | |
| Name | VEERAPPAN SUBBAIAH | | ID No. | S8182246H |
| Related Vehicle | GBK2706C (Van) | | Contact No. | 98261246 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discha | arge NIL | |
| No. of Days gran | ted Medical Leave NIL | Degree of I | | |
| Driver | | The second second | | |
| Name | GOH TUAN LEONG | | ID No. | S1278094Z |
| Related Vehicle | SMF4874H (Car) | | Contact No. | 93862250 |
| Hospital/Clinic | ELISSA MEDICAL CLINIC | | Class of Driving Licence & Expiry Date | Class: 3,4,5 Date of Expiry: NIL |
| Date Treatment | 24/10/2020 | Date Discha | arge 24/1 | 0/2020 |
| No. of Days gran | ted Medical Leave 03 | Degree of I | njury Sligh | nt |

Brief Details.

On the above mentioned date, time and place, I was driving my vehicle SMF4874H along Serangoon Garden Way towards Yio Chu Kang road with no passengers onboard.

As I was at the T-Junction of Serangoon Garden Way, I stopped my vehicle at stop line after the pedestrian crossing before entering Yio Chu Kang road, when suddenly, I felt an impact from the rear of my vehicle. I made a check and discovered that a van bearing vehicle registration plate number GBK2706C had collided into the rear portion of my vehicle.

I alighted from my vehicle and exchanged particulars with the other party, I do not remember if there was any passenger onboard the other vehicle. The accident caused my vehicle to sustain dents and scratches on the rear portion and the other vehicle also sustained dents and scratches on its front portion. Traffic Police and ambulance did not attend to me as the matter was not reported.

I felt some pain on my nape and back area and went to consult a doctor, I was given 3 days of MC dating from 24/10/2020 to 26/10/2020. The doctor said to keep my condition under observation and to return for further checks should the pain persist.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20201024/2090





20201024/2090

4 of 4

Report No. T/20201024/2090

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Authentication Stamp

ndepare Police Force

NP168

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.

| 20 y Wa | |
|---|-----------------------------|
| Signature Of Officer Recording The Report: F / Sgt 1 TAY YONG KIAT | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 24/10/2020 22:02 |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt-SYED ZAYID MUHAMMAD BINSN 083 SYED ABDUL WAHID ALHINDUAN, Contact No.: 65476404 | Classification Of Case: |

Vehicle Lease Agreement -

This VEHICLE LEASE AGREEMENT (hereinafter referred to as 'The Agreement' is

made on

Between

Favordrive Car Rental

(Business Registration No.: 53356674J)

Having its office at:

82 Geylang Lorong 23 #03-06 Atrix Singapore 388409 Hereinafter referred to as 'The Owner' of the one part

And

Name: Goh Tuan Leong

Nric No: S1278094Z

Having his residential address at: Blk 998A Buangkok

Crescent #02-711, Singapore 531998 Tel. (Residential) : 9386 2250 Next of Kin Contact : 9759 6577

Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

Name:

Nric No:

Having his residential address at:

Tel. (Residential) : Next of Kin Contact :

Hereinafter also known as the "Additional Hirer' of the other

Part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

Lease Period - Renew Contract

The rental fee is hereby agreed between both parties at S\$420 per week.

Make & Model: Toyota Prius Registration No: SMF4874H

Effective from: 23/06/2020 - 23/12/2020

Period: 06 Months Contract

BY SIGNING THIS AGREEMENT, YOU CONSENT TO US PROCESSING ANY PERSONAL DATA YOU DISCLOSE TO US (INCLUDING SENSITIVE PERSONAL DATA).

he Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps 18-Jun-2020

Los



Motor Hire Car

MZ406L/B

SN N

BR0085A

Cov. Type:F

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.

DMHCSNA00001962000

Engine No.: 2ZR2B39451 Cha. No.: ZVW506144809

1. Index Mark and Registration

SMF4874H

Number of Vehicle

2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE. LTD.

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

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

5. Persons or Classes of Persons entitled to drive*

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.

- (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.

(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. : SKYWAY CREDIT & LEASING PTE LTD AS HP OWNER

* Limitations rendered inaperative 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.

Gan Li Jia Jesca Issued By: **Authorised Officer**

Authorised Signatory