

# NATIONAL Assessment Centre Services.

(last 1 Jan 2005)

SV 0221100005

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 08/01/2021 17:02 | Job description                            | Date & Time Completed | Done by |
| Ref No: NBA/CT2100041714  | SAS e-filing                               |                       |         |
| Veh No: GBD 5051 D        | E-mail (Ljola 3hrs, AIG 3hrs)              |                       |         |
| D.O.A: 01/01/2021 08:46   | I-Motor Claim Form                         |                       |         |
| OID: TP Reporting Only    | I-Motor W/O (Widow: OD 3hrs, TP 4hrs)      |                       |         |
| TP Insurer:               | I-Photo Uploaded                           |                       |         |
|                           | Assessment/Survey Report                   |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Writer |                       |         |

|   |  |                       |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (  | Tel:   | Fax:                  |
| TP Particulars:   | Veh No: GBD 2666X                                      | 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 ( )                     |                       |
| ( ) 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: YES ( ) / NO ( ) ; Towing Co: ( )                          |  |                       |

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$9,000] ( )    |  |  |

|                                     |  |
|-------------------------------------|--|
| Injury: ( )                         |  |
| Damage: ( )                         |  |
| Driver: ( )                         |  |
| Contact: ( )                        |  |
| Damaged Portion: ( )                |  |
| QC Checked by (Engr-In-Charge): ( ) |  |

|                                 |  |       |
|---------------------------------|--|-------|
| NA2100578                       | 1) All Accident Reporting (\$30)               |       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$10)    |       |
| Contact No:                     | 3) TP: Towing Fee                              | \$120 |
| Damaged Portion:                | 4) PT: Follow-Through Survey                   | \$30  |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey)        | \$30  |
|                                 | For claiming against INC Only (w/ 10 Jan 2005) | \$75  |
|                                 | 6) TR: Re-inspection                           | \$160 |
|                                 | 7) NI: IDA + SMIT Survey                       |       |
|                                 | 8) NTUC Additional Services                    |       |
|                                 | OR:  |       |
|                                 | • NI: Courtesy Car / Trip Allowance            | \$30  |
|                                 | • NI: Repair Coordination                      | \$25  |
|                                 | • NI: Post Repair Inspection                   | \$30  |
|                                 | • NI: DV / Collect Excess Coordination         | \$25  |
|                                 | • NI: (NI) TP (Non INC) against DRG            | \$30  |
|                                 | • NI: IDA Mobile                               |       |
|                                 | 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 Submission              | 08/01/2021 17:02 (SGT)             |
| Date of Accident                | 07/01/2021 08:40 (SGT)             |
| Exact Location of Accident      | 28 Toh Guan Rd E, Singapore 608596 |
| Additional Location Information | -                                  |
| Country/State of Loss           | Singapore                          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBH5051D             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | Yes                  |
| Name Of Registered Owner    | VAN-GO PTE LTD       |
| Company Reg No              | 2XXXXX823E           |
| Email Address               | garyong66@icloud.com |
| Mobile Phone No             | (Phone) +65-97458239 |
| Alternative Phone No        | +65-91132864         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Hiace                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Commercial vehicle        |

### INSURANCE COMPANY

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | DMCVSNA00121502000      |
| Cover Note Number         | -                       |

### DRIVER

|                |                           |
|----------------|---------------------------|
| Name of Driver | NURUL DANISHA BINTE AZMAN |
| NRIC No        | SXXXX520F                 |

|  |                                    |
|--|------------------------------------|
| Date Of Driving Pass   | 09/10/2020                         |
| Driving experience   | 3 MONTHS                           |
| Gender   | Female                             |
| Mobile Number  | (Phone) +65-91132864               |
| Alt. Phone Number  | -                                  |
| Email Address  | giareporting@gmail.com             |
| Address  | BLK 491D TAMPINES STREET 45 #2-228 |
| Address complement   | -                                  |
| Postcode   | 523491                             |
| Is the driver the policyholder?                              | No                                 |
| If No, Relationship of the Driver with the Insured           | Employee                           |
| Does Driver Own Other Vehicles?                              | No                                 |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                                  |
| Insurance Company of Other Vehicle Owned by Driver           | -                                  |

#### 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 the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |                         |
|--------|-------------------------|
| Name   | NURUL NAJWA BINTE AZMAN |
| Gender | Female                  |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/7016

#### 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 | GBD2666X |
| Vehicle Manufacturer        | -        |

|   |                    |
|---|--------------------|
| Vehicle Colour                          | -                  |
| Vehicle Category                        | Commercial vehicle |
| Name of Driver                          | -                  |
| Contact Number                          | -                  |
| Address                                 | -                  |
| Address complement                      | -                  |
| Postcode                                | -                  |
| Insurance Company Name                  | -                  |
| Nature Of Damage                        | -                  |
| Details of property damaged in accident | -                  |
| No. Of Passenger (Including Driver)     | -                  |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                           |
|---|---------------------------|
| Name of injured person                              | NURUL DANISHA BINTE AZMAN |
| Address   | -                         |
| Address Complement                                  | -                         |
| Post Code   | -                         |
| Approximate Age Years Old                           | -                         |
| Injuries Sustained                                  | SLIGHT INJURY             |
| Injured person in which vehicle?                    | GBH5051D                  |
| Were seat belts worn?                               | Yes                       |
| Was this injured conveyed to hospital by ambulance? | No                        |

### INJURED 2

|   |                         |
|---|-------------------------|
| Name of injured person                              | NURUL NAJWA BINTE AZMAN |
| Address   | -                       |
| Address Complement                                  | -                       |
| Post Code   | -                       |
| Approximate Age Years Old                           | -                       |
| Injuries Sustained                                  | SLIGHT INJURY           |
| Injured person in which vehicle?                    | GBH5051D                |
| Were seat belts worn?                               | Yes                     |
| Was this injured conveyed to hospital by ambulance? | No                      |



### 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

Handwritten sketch plan on a grid background. It shows two vertical lines representing a road. Between these lines, there is a small rectangular box divided into two sections, labeled 'A' and 'B' from top to bottom. To the right of the road, there is handwritten text: 'V: 1GBH5051D', 'B: 1GB0266GX', and '28 Toh Guan Road East'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text describing the circumstances of the accident, written on a series of horizontal lines. The text reads: 'refer to police report' and 'NU. T/20210107/7016.'.

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.:

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 07/01/2021 (dd/mm/yy) Time of Accident: 08 : 40 (24-HR-FORMAT)  
Vehicle No.: GBH 5051 D Vehicle Make & Model / Engine (cc): Toyota Hiace 2754 cc Private Hire: (Y) (N)  
Exact location of Accident: 28 TOH GUAN ROAD EAST  
Policyholder's Name / IC No.: VAN-GO PTE LTD 201825823E  
Driver's Name / IC No.: NURUL DANISHA BINTE AZMAN S9814520F (As Above) ☐  
Driver's Contact No.: 9113 2864 Company Contact No / Owner Contact No: 9745 8239  
Driver's Address: 22 SIN MING LANE #06-76 MIDVIEW CITY  
Owner Email address: garyong66@icloud.com Insurance Company: China Taiping  
Driver Email address: giareporting@gmail.com

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

**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?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 02

**\*Passanger Name:** Nurul Najwa Binte Azman

**Gender:** Female

**\*Passanger Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**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: Driver & passenger of GBH5051D

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☒ No (If YES) Which Police Station: 10 Ubi Ave 3

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBD 2666 X

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20210107/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210107/7016

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>07/01/2021 13:44 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

|   |            |  |                              |
|---|------------|--|------------------------------|
| <b>Informant's Particulars</b>                  |            |  |                              |
| Name of Informant:<br>NURUL DANISHA BINTE AZMAN |            | Address:<br>491D TAMPINES STREET 45 #02-228 SINGAPORE 523491 |                              |
| ID Type / ID No.:<br>NRIC NO / S9814520F        |            | Contact No.:<br>Home/Office: Mobile: 91132864                |                              |
| Nationality:<br>SINGAPORE CITIZEN               |            | Email:<br>nishaaznan10@gmail.com                             |                              |
| Sex:<br>Female                                  | Age:<br>22 | Date of Birth:<br>10/05/1998                                 | Type of Informant:<br>Driver |
| Race:<br>Malay                                  |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>others                           |            | Driving Licence Information:<br>Class:                       | Date of Expiry:              |

**General Information of the Accident**

|  |                  |   |   |  |
|--|------------------|---|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>07/01/2021 08:40 | Type of Location:<br>Straight Road     |
| Location:<br><br>TOH GUAN ROAD EAST                          |                  |   |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        | Road Speed Limit:                             |  |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                   |  |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model     | Color  | Conditio | No of |
|-------------|------|--------|-----------|--------|----------|-------|
| GBD2666X    | Van  |        |           | Silver |          | 0     |
| GBH5051D    | Van  | TOYOTA | HIACE 2.8 | Silver |          | 1     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20210107/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20210107/7016

**CONTINUATION OF REPORT**

| <b>Passenger</b>                  |                           |           |                                   |                                   |
|-----------------------------------|---------------------------|-----------|-----------------------------------|-----------------------------------|
| Name                              | NURUL NAJWA BINTE AZMAN   |           | ID No.                            | T0226113D                         |
| Related Vehicle                   | GBH5051D (Van)            |           | Contact No.                       | NIL                               |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL   |           | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/01/2021                |           | Date                              | 07/01/2021                        |
| No. of Days granted Medical Leave | 07                        | Degree of | Slight                            |                                   |
| <b>Driver</b>                     |                           |           |                                   |                                   |
| Name                              | NURUL DANISHA BINTE AZMAN |           | ID No.                            | S9814520F                         |
| Related Vehicle                   | GBH5051D (Van)            |           | Contact No.                       | 91132864                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL   |           | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/01/2021                |           | Date                              | 07/01/2021                        |
| No. of Days granted Medical Leave | 07                        | Degree of | Slight                            |                                   |

**Brief Details.**

ON THE 07TH JANUARY 2021, I WAS TRAVELLING ALONG 28 TOH GUAN ROAD EAST. THERE WAS A LORRY IN FRONT OF ME STOPPED HIS VEHICLE AND ALIGHTING PASSENGER. UPON SEEING, I APPLIED MY BRAKES, SLOWED DOWN AND CAME TO A COMPLETE STOP. MOMENTS LATER, I FELT A HUGE IMPACT AGAINST MY VEHICLE STATIONARY REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED IT WAS GBD2666X COLLIDED AGAINST MY VAN. ME AND MY PASSENGER (MY YOUNGER SISTER) FELT UNWELL HENCE WE WENT TO MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 7 DAYS MC EACH.



**SINGAPORE  
POLICE FORCE**



T/20210107/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210107/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
07/01/2021 13:44

Classification Of Case:





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

MZ407/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, 1959 (Malaysia)

N SN

AN0420A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00121502000

Engine No.: 1GD6283235

Cha. No.: GDH2011006563

1. Index Mark and Registration  
Number of Vehicle

GBH5051D

AUTOSAFE

\*\*\*\*\*

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

03/12/2020  
(18:23:00)

Excess Sect I : S\$1,500.00

Excess Sect II : S\$1,500.00

4. Date of Expiry of Insurance

02/12/2021

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 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, 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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: SWEE 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 Page 1/1



Issued By

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