

NATIONAL Assessment Centre Services. [part 1 Jan 03]		Date & Time Completed	Done by
Date In: 02/03/21	Job description		
Ref No NA/CTD1002759/13	SAS c-illing		
Veh No SJL6567H	E-mail (within 3hrs, AIC 2hrs)		
DDA 25/02/21 1815	I-Motor Claim Form		
	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

TP Particulars:		Vch No: <u>SGT75515</u>		INC () / Non-INC ()	
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:		Time:	

Confirmed by: () Date: ()
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 repolar.

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

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

Requirement	Score	Comments
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Insurg:

Date/Time	Actions
2024-10-27 14:00	Initial assessment of the system.
2024-10-27 14:15	Identified the root cause of the issue.
2024-10-27 14:30	Implemented a temporary fix.
2024-10-27 14:45	Verified the system is stable.
2024-10-27 15:00	Documented the incident and actions taken.
2024-10-27 15:15	Communicated the status to the stakeholders.
2024-10-27 15:30	Completed the incident response process.

[illegible]

1

10-11-1964

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

Information Classification Checklist

| | | |
|------------|----------------------------------|----|
| N/A2101761 | 1) All Accident Reporting (330); | 30 |
|------------|----------------------------------|----|

| | |
|-------------------------------------|-----------|
| 1) ARI | INC (380) |
| 2) DA : Dniprova Azbestnaya (5100); | 540/545 |

| | |
|------------------------------|-------|
| 3) T/I Towing Fee | \$120 |
| 4) T/I Hollow-Through Survey | |

| | | |
|---------------|---|------|
| Driver/Owner: | 4) 1st Follow-Through Survey (Resurvey) | \$30 |
| | 5) 1st Follow-Through Survey (Resurvey) | |

| | | |
|-------------|-------------------------------|-----|
| Contact No: | For obtaining against NC Only | 373 |
|-------------|-------------------------------|-----|

| | |
|------------------------------|------|
| 6) IR: Re-Inspection | 5160 |
| 7) NI: Idao DA + SMRT Survey | |

| | | |
|------------------|------------------------------|--|
| Damaged Portion: | 8) NTUC Additional Services: | |
|------------------|------------------------------|--|

| | |
|-----------------------------------|----|
| QJL | 83 |
| *35. Courtesy Car / Tpl Allowance | |

| | | |
|---------------------------------|-----------------------------|-----|
| QC Checked by (Engr-In-Charge): | • NG: Quality Co-ordination | 310 |
| | • NG: Repair Co-ordination | 525 |

| | |
|---|----|
| • NJ: Post Repair Inspection | 33 |
| • NJ: DV / Collision Process Coordination | |

| | |
|-------------------------------------|------|
| TP (Nil) : TP (K'n INC) against INC | \$20 |
| | 30 |

| | |
|---------------------|-------------|
| 9) NIZ: Idno Mobile | Fee Charged |
|---------------------|-------------|

Invoice dated _____ Invoice dated _____ Fee Charged: _____

Invoice

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 | 02/03/2021 10:02 (SGT) |
| Date of Accident | 25/02/2021 18:15 (SGT) |
| Exact Location of Accident | Upper Thomson Rd, Singapore |
| Additional Location Information | JUNC YIO CHU KANG RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJC6567H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | SUNDARI D/O JEYARAMAN |
| NRIC No | SXXXX134A |
| Email Address | scorpionette8@yahoo.com |
| Mobile Phone No | (Phone) +65-81635441 |
| Alternative Phone No | +65-81635441 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Camry |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNA00032832002 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | SUNDARI D/O JEYARAMAN |
| NRIC No | SXXXX134A |
| Date Of Birth | 08/11/1976 |
| Occupation | Indoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 24/02/1997 |
| Driving experience | 24 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-81635441 |
| Alt. Phone Number | +65-81635441 |
| Email Address | scorpionette8@yahoo.com |
| Address | Blk 781 Yishun Ring Road |
| Address complement | #12-3558 |
| Postcode | 760781 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | MATHURI RAMESH |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 | SGT7551S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 SUNDARI D/O JEYARAMAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SJC6567H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MATHURI RAMESH
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SJC6567H
 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:

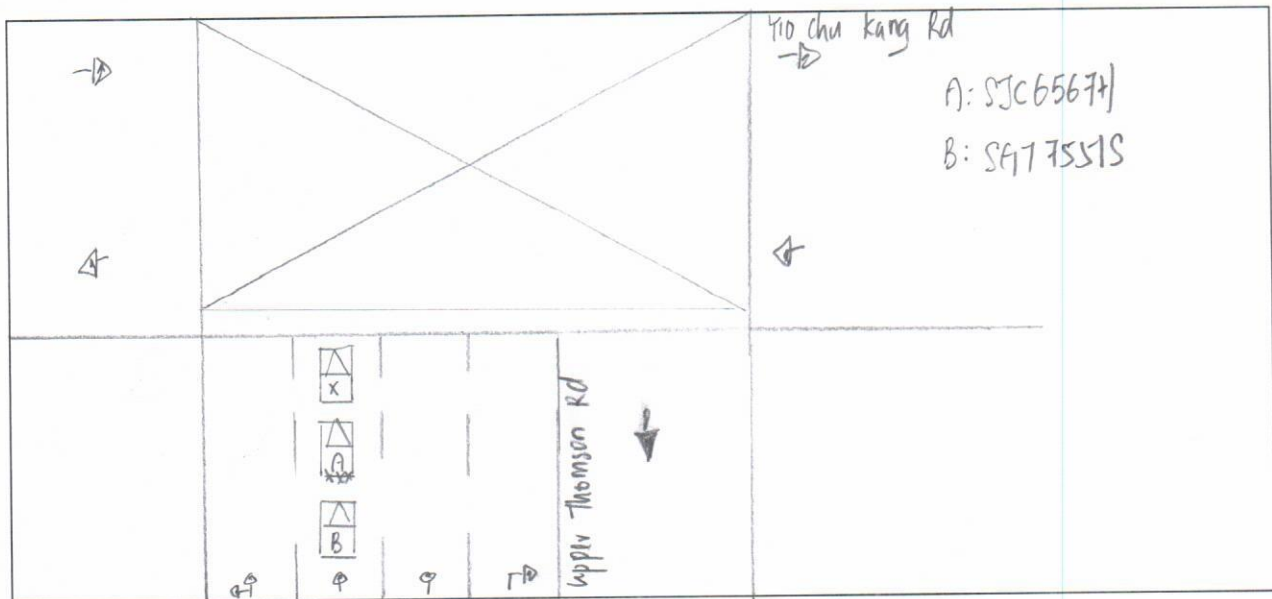
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 02/03/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped stationary at Upper Thomson Road X Yio Chu Kang Rd at 3rd lane of 4 lanes due to the traffic light being red.

Suddenly, I felt an impact from behind. Veh "b" collided into the rear portion of my vehicle and caused damages.

Both of us alighted, Veh "b" admitted his fault.

Initially, veh "b" wished to compensate me however we cannot come into agreement with the repair costs therefore we decided to proceed with the insurance claim.

Dee Jay

DECLARATION

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

Dee Jay

Policyholder's Signature
Date & Time:

Dee Jay

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

sfym 02/03/21

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

| | | |
|--|--|--|
| VEHICLE NO: <u>SJC6567H</u> | MAKE & MODEL: <u>Toyota Camry</u> | <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> MANUAL |
| DATE OF ACCIDENT | <u>25 / 02 / 2021</u> | *C.C. <u>2.0</u> |
| TIME OF ACCIDENT | <u>1815</u> AM / <input checked="" type="checkbox"/> PM | |
| LOCATION OF ACCIDENT | <u>upper Thomson Rd X Yio Chu Kang Rd</u> | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | <input checked="" type="checkbox"/> EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE | |
| NAME OF OWNER | <u>Sundari D/o Jeyaraman</u> Email: <u>scorpionette8@yahoo.com</u> | |
| TELP NO | Mobile: <u>81635441</u> | Office: Home: |
| NRIC | <u>S7635134A</u> | |
| CLAIM TYPE | OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY | |
| FLEET POLICY: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| INSURANCE CO. | <u>China Taiping</u> | |
| TYPE OF COVERAGE | <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft | |
| POLICY NO. | <u>DMPCSNAD0032832002</u> | |
| NAME OF DRIVER | <input checked="" type="checkbox"/> AS ABOVE / <input type="checkbox"/> IF NO: | |
| NRIC | | |
| DATE OF BIRTH | <u>08 / 11 / 1976</u> | |
| ANY PASSENGER | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> | |
| OCCUPATION | Outdoor <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> | |
| DATE OF DRIVING PASS | <u>24 / 02 / 1997</u> | |
| GENDER | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | |
| CONTACT NO. | Mobile: | Office: Home: |
| EMAIL: | | |
| ADDRESS | <u>781 Yishun Ring Road #12-355B SC760781</u> | |
| DOES DRIVER OWN OTHER VEHICLES? | <input checked="" type="checkbox"/> NO / If yes: Reg No. INSURER: | |
| RELATIONSHIP | Employee <input type="checkbox"/> If No: | |
| WEATHER CONDITION | <input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other: | |
| ROAD SURFACE | <input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other: | |
| ANY INJURIES | No <input type="checkbox"/> If yes: Who? <u>① Sundari D/o Jeyaraman (F)</u> | |
| CONTACT NO. | <u>② Mathur Ramesh (F) child - 8 yrs old</u> | |
| POLICE REPORT | <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <input checked="" type="checkbox"/> NO IF YES: WHO? | |
| VEHICLE B NO. | <u>SGT7551S</u> | Any Passenger: <u>NIL</u> |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | Any Passenger: | |
| VEHICLE D NO. | Any Passenger: | |
| VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| WAS THERE ANY AUDIO RECORDED? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

I authorized IRAC of paya ubi to email the GHA report to New Hock Teck motor pte ltd

NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241



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 Private Car

MX1F

R SN

DR0555P

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, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNA00032832002

Engine No.: 1AZE078221

Cha. No.: MR053BK4107022557

1. Index Mark and Registration
Number of Vehicle

SJC6567H

AUTOSAFE
=====

2. Name of Policy Holder

SUNDARI D/O JEYARAMAN

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

25/03/2020
(07:20:00)

Named Drivers Ex Sect. I S\$750.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 S\$3,000.00
Ex Sect. I - Age >= 26 S\$500.00
* Age as at date of accident
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

24/03/2021

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\$500 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.: TECK WEI CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Jesca
Authorised Officer

Authorised Signatory