

8 Kaki Bukit Avenue 4 #08-19 Premier@Kaki Bukit Singapore 415875
Telp: 68444617 Fax: 6844 4617 Email: amandaautoleasing@gmail.com

For account of
Miss Chow Chung Hui
8 Kaki Bukit Avenue 4 #08-32

Date : 24/11/20

Crediting Bank Detail :
Name of Bank : OCBC
Bank A/c No : 588-115-162001
A/c Name : Amanda Auto Leasing



2

8 Kaki Bukit Avenue 4 #08-32 Premier @Kaki Bukit Singapore 415875
Telp : 6844 4617 Fax : 6844 4619 Email : benzbodyworkz@gmail.com

8 Kaki Bukit Avenue 4 #08-32 Premier @Kaki Bukit Singapore 415875
Telp : 6844 4617 Fax : 6844 4619 Email : benzbodyworkz@gmail.com

Invoice No : 006/CL/6891
Date : 18/11/2020

Bill To : Miss Chow Chung Hui
8 Kaki Bukit Avenue 4 #08-32
Premier @Kaki Bukit
Singapore 415875

Car Made : Suzuki Swift 1.4

Vehicle No : SMG 6891 P

No	DESCRIPTION	AMOUNT
	Adjustment & recommended cost of repair to vehicle SMG 6891 P	S\$ 4,050.00
	Total repair cost of vehicle SMG 6891 P	
	TOTAL	S\$ 4,050.00
	DEPOSIT	----
	BALANCE	S\$ 4,050.00

Authorised Signature :



Note : The amount of the charges record herein were incurred by me subject to the terms and conditions of my agreement with **Benz Bodyworkz Pte. Ltd.** and receipt of the services as mentioned above is hereby acknowledged by me.

UNIQUE APPRAISERS SERVICE

BLK 650, HOUGANG AVENUE 8, #07-335,
SINGAPORE 530650

TEL: 88266727 FAX: 68584193
REG. NO. 47083000W

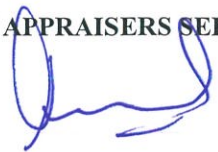
SINGAPORE, 22nd February 20 21

Miss Chow Chung Hui

INVOICE NO. UNI/0029/21

ITEM	PARTICULARS	AMOUNT
1.	Automobile inspection report fee for vehicle Registration. No:-SMG 6891 P Inclusive of Photographs & Transport Charges	\$ 450.00 =====

UNIQUE APPRAISERS SERVICE



UNIQUE APPRAISERS SERVICE

BLK 650, HOUGANG AVENUE 8, #07-335,
SINGAPORE 530650.

TEL: 88266727 FAX: 68584193

REG. NO. 47083000W

TO: Miss Chow Chung Hui
Blk 458, Tampines Street 42, #01-304,
Singapore 520458

INSURED : -
POLICY NO : -
CLAIM NO : -
ACC. DATE : -
OUR REF : UNI/MISC/0029/21

VEHICLE PARTICULARS

VEHICLE NO : SMG 6891 P
MAKE/MODEL : Suzuki Swift
CHASIS NO : JSAFZC82S00323852
ENGINE NO : Hidden
MILEAGE : 89,288 km
ENG. CAP. : 1,400 cc

COLOUR : Black
AIRCON : Fitted
SPORTRIM : Fitted
SEATBELT : Fitted
C/RADIO : Factory Fitted
OTHER : -

PREACCIDENT CONDITION

BRAKE : Serviceable
STEERING : Serviceable

BODY WORK : Good

FRONT O/S TYRE	BALANCE	80%	SIZE	195/55R16	MAKE	Bridgestone
REAR O/S TYRE	BALANCE	80%	SIZE	195/55R16	MAKE	Bridgestone
FRONT N/S TYRE	BALANCE	80%	SIZE	195/55R16	MAKE	Bridgestone
REAR N/S TYRE	BALANCE	80%	SIZE	195/55R16	MAKE	Bridgestone

ADJUSTMENT AND RECOMMENDED COST OF REPAIR

REPAIRER'S EST.
\$ 6,437.10

OUR REVISED
\$ 4,050.00

LESS EXCESS:-

N.A.

REMARKS:

In normal circumstances, repairs to the vehicle would take approximately six (6) days to complete.(excluding of Sunday & Public Holidays)

The survey was carried out on a "**Without Prejudice**" basis only.

GENERAL DESCRIPTION OF DAMAGED:

The vehicle sustains damages to the o/s rear portion, description are listed overleaf.

UNIQUE APPRAISERS SERVICE

ADJUSTMENT OF REPAIR COST AND REPLACEMENT OF PARTS:

* Instruction Received

Veh No: SMG 6891 P **Date of Inspection:** 18-11-2020 **Workshop:** Benz Bodyworkz Pte Ltd
Assign By: Miss Chow **Date of Re-inspection:**
Date: 18-11-2020 **Date of Report:** 22-02-2021

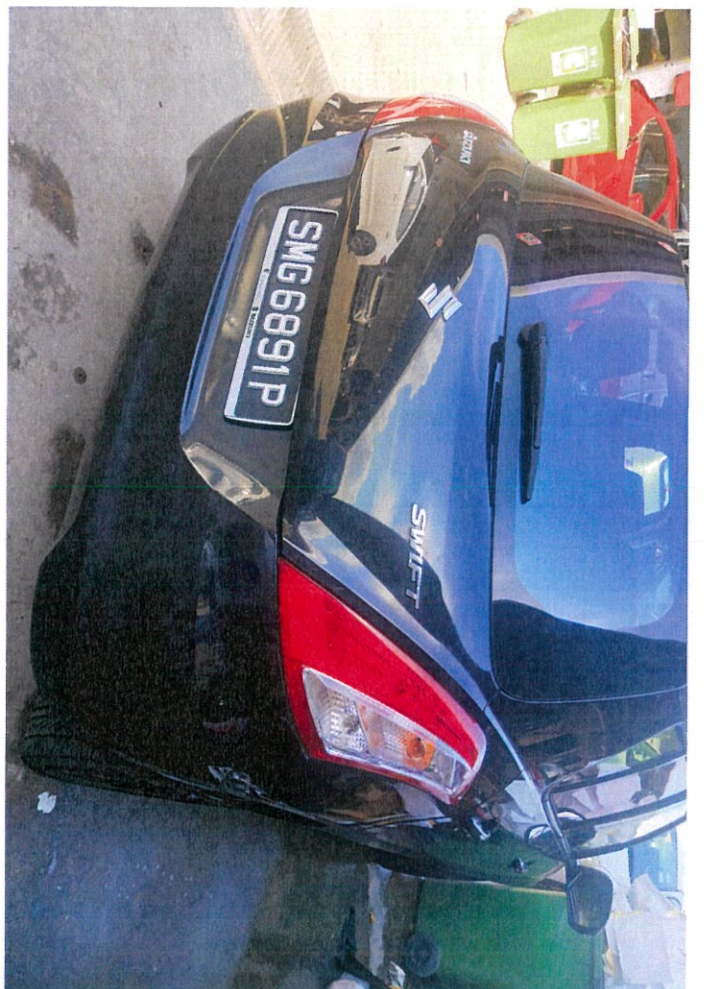
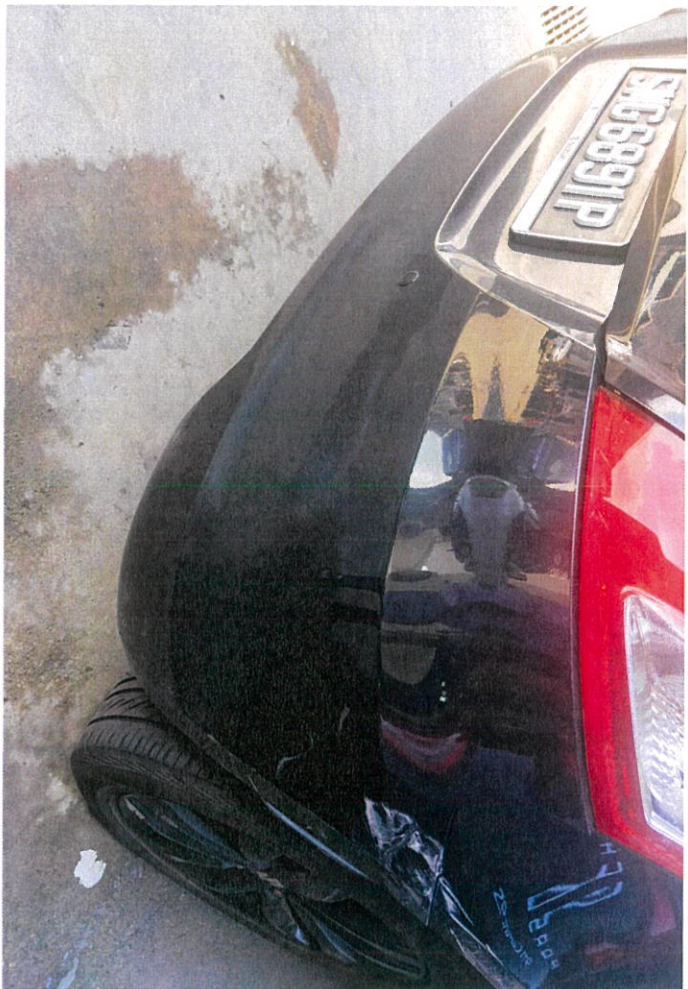
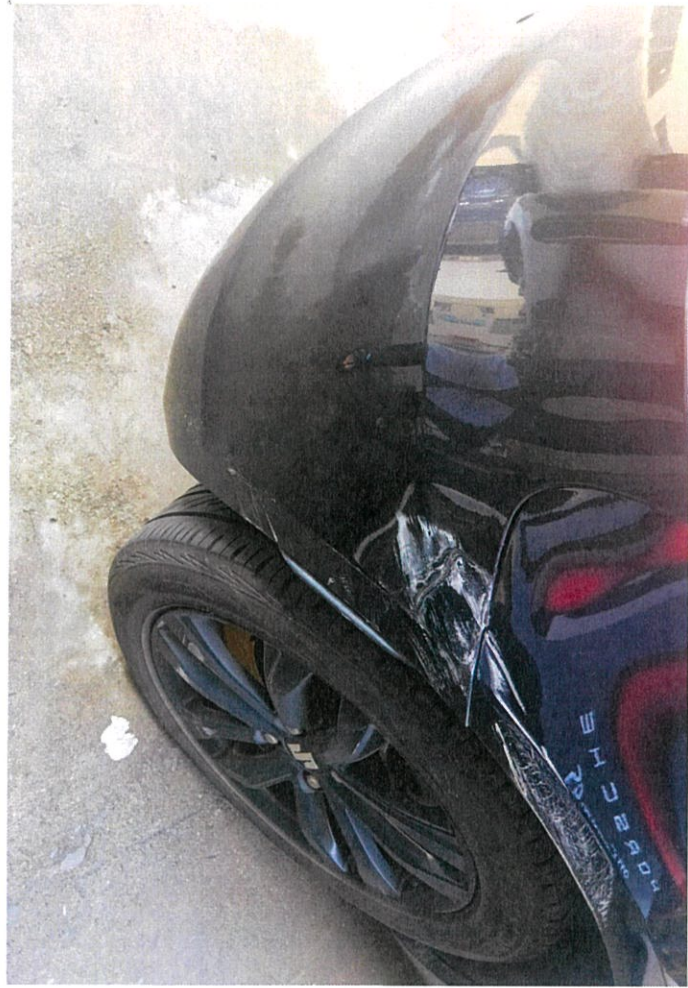
QTY	DESCRIPTION OF PARTS AND LABOUR	DESCRIPTION OF DAMAGE	REPAIR'S EST.	OUR REVISED
1 pc	rear bumper fascia	dented & distorted	\$ 607.20	\$ 607.20
1 pc	rear bumper o/s retainer	bent	18.70	18.70
1 pc	rear o/s body panel	to repair	387.40	0.00
1 pc	o/s taillamp	cracked	264.30	264.30
1 pc	rear o/s shock absorber	bent	267.00	267.00
1 pc	rear axle carrier	bent	1,146.35	1,146.35
1 pc	rear o/s wheel hub	bent	416.15	416.15
	Less 15% discount on parts		\$ 3,107.10	\$ 2,719.70
				407.96
				\$ 2,311.74
	<u>Labour charges & misc</u>			
	To dismantle & refit rear seat, carpeting & trim cover to facilitate repair.		\$ 300.00	\$ 240.00
	To dismantle & replace damaged parts, to straighten, repair & reshape rear o/s body panel & align necessary parts back.		\$ 900.00	\$ 800.00
	To renew rear undercarriage & align necessary parts		\$ 400.00	\$ 300.00
	To check & adjust wheel alignment		\$ 180.00	\$ 120.00
	To supply 1 pc rear o/s alloy rim including transfer tyre & balance tyre		\$ 400.00	\$ 350.00
	To putty & respray paint on affected accident sections		\$ 900.00	\$ 800.00
	To respray rust proof on affected accident areas		\$ 200.00	\$ 120.00
	To check, test lighting functions		\$ 50.00	\$ 30.00
	Note:- Contract job as agreed at a lump sum amount of:-		\$ 6,437.10	\$ 5,071.74
				\$ 4,050.00

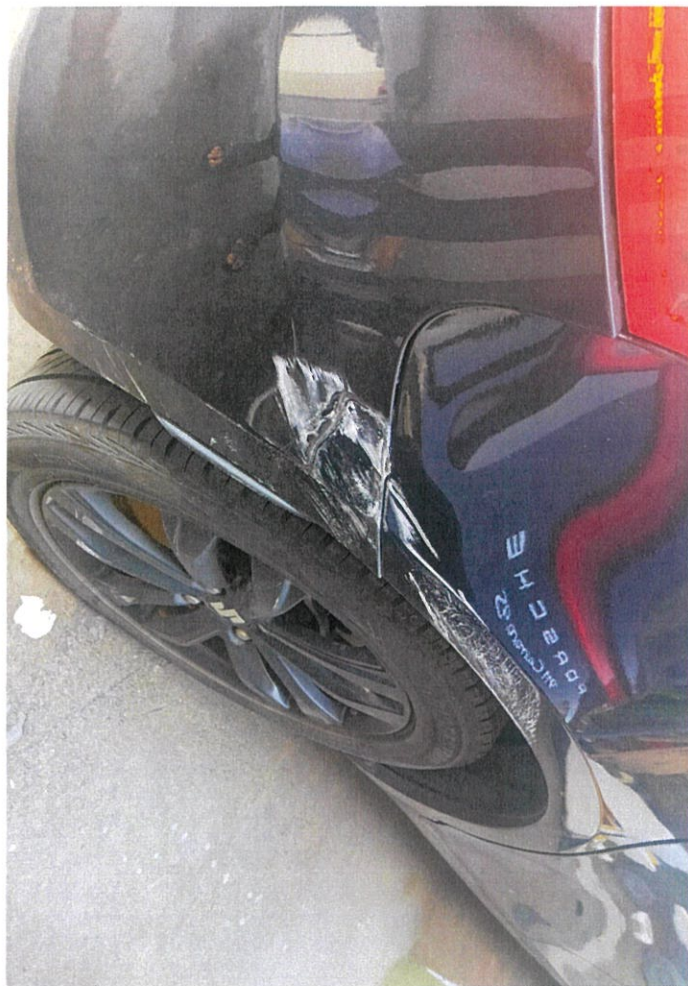
UNIQUE APPRAISERS SERVICE

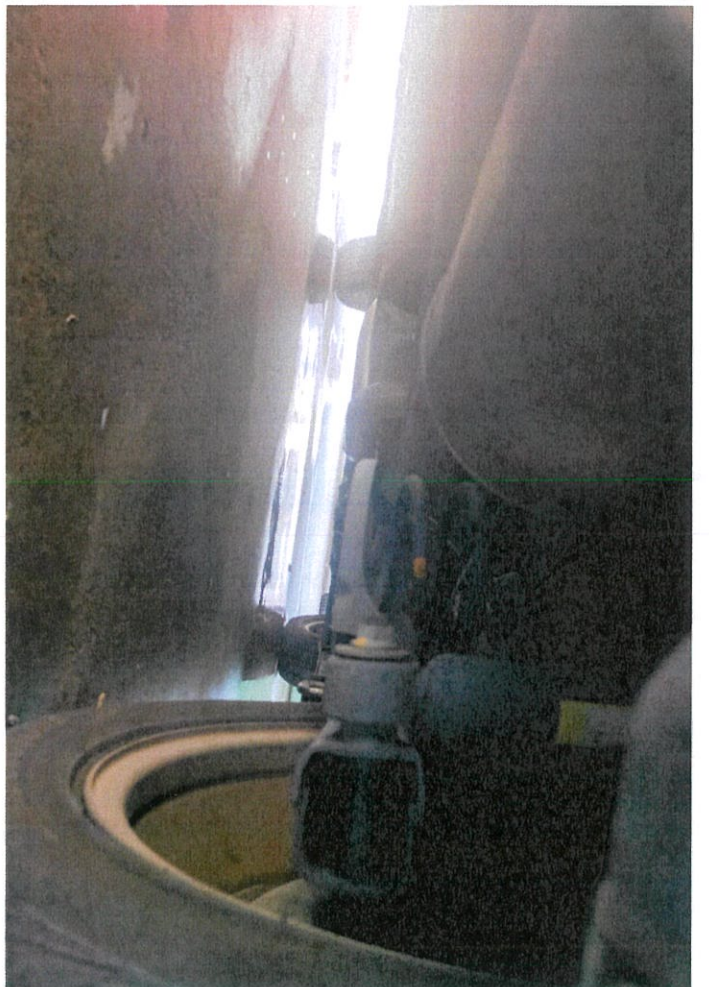
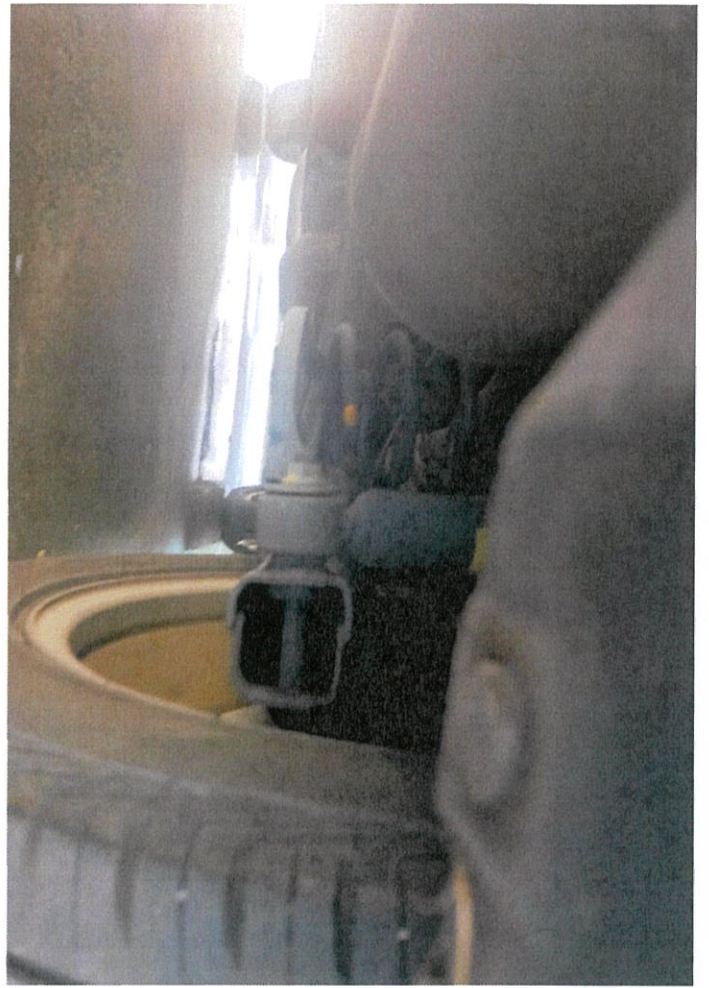


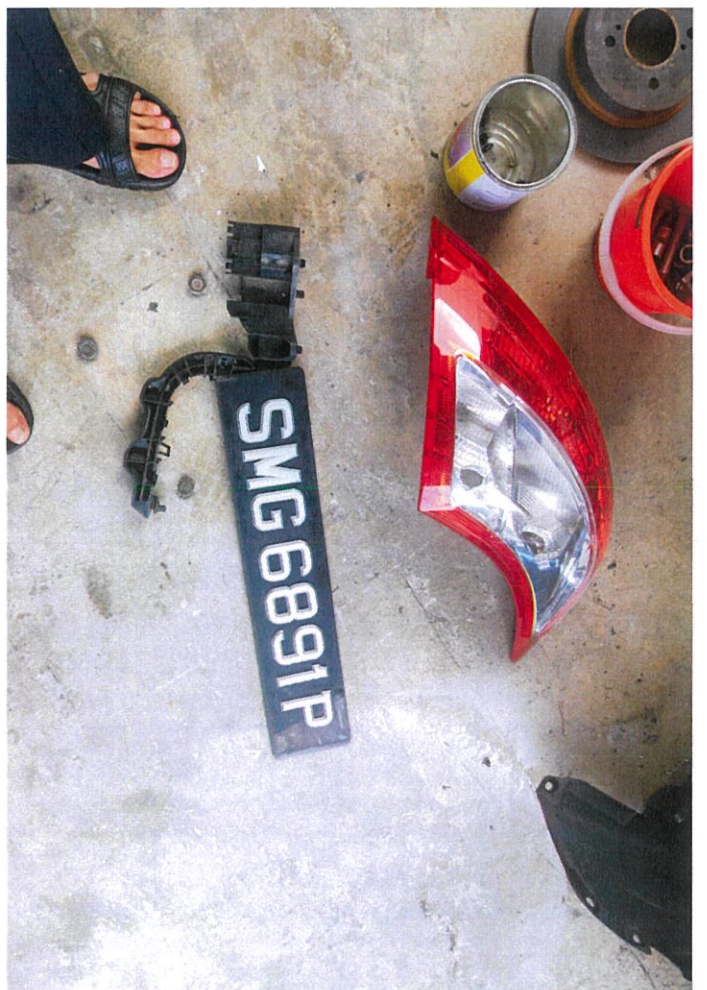
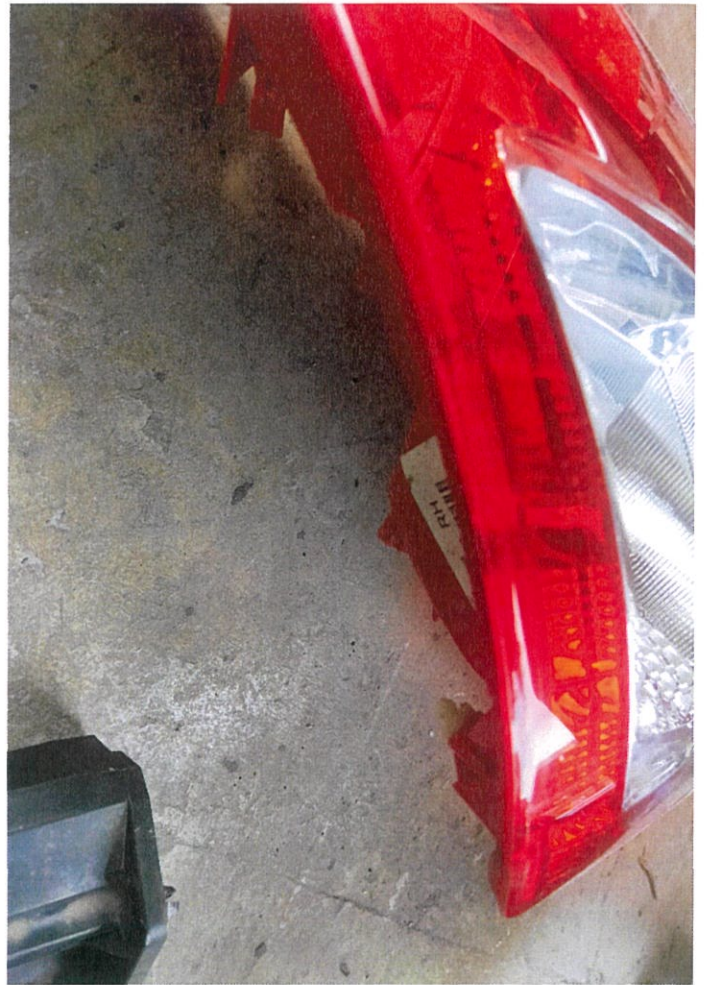
Automobile Adjuster K H Quek











Enquire Vehicle's Insurance Particulars (As At 05 Nov 2020 / 15:30:00)

Vehicle No.:

SCW7888C

Make Description/Model:

MERCEDES BENZ / E200 AUTO

Insurance Company Name:

**CHINA TAIPING INSURANCE (SINGAPORE)
PTE LTD**

Business Transaction Reference No.:

20201106151958498477

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Transaction History

Transaction History Details

Log Date/Time:	06 Nov 2020 / 15:19:58		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SCW7888C		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	EALLJCO - LIM JEE LIAN	Business Transaction Reference No.:	20201106151958498477
As at Date of Search:	05 Nov 2020		
As at Time:	15:30:00		
Vehicle No.:	SCW7888C		
Search Reason:	-		
Date of Filing:	-		
Suit No.:	-		
Law Firm Case No.:	-		

Information displayed is correct as at the log date and time.

Enquire Related Logs

Back to List

FT | smc | 103028 | PD (BB)

MNA120097991 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 06/11/2020 10:45
SUBMITTED BY: Jackson Ho Zhao Tian

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 06/11/2020 10:45
Date Of Accident 05/11/2020 15:30
Exact Location Of Accident BALESTIER RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG6891P
Insured/Policyholder
Name Of Registered Owner CHOW CHUNG HUI
Co Reg No SXXXX886F
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92388807
Alternative Phone No OFFICE-92388807

Vehicle Particulars

Manufacturer SUZUKI
Model SWIFT 1.4 AT SPECIAL EDITION
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 CAR

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPPHQ20-002033
Cover Note Number

Driver

Name of Driver LAI WENXIN
NRIC No SXXXX616E
Date Of Birth 12/08/1989
Occupation INDOOR
Date Of Driving Pass 05/01/2012
Driving Experience 8 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97693257
Fax Number
Contact Number OFFICE-97693257
Email Address NOEMAIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

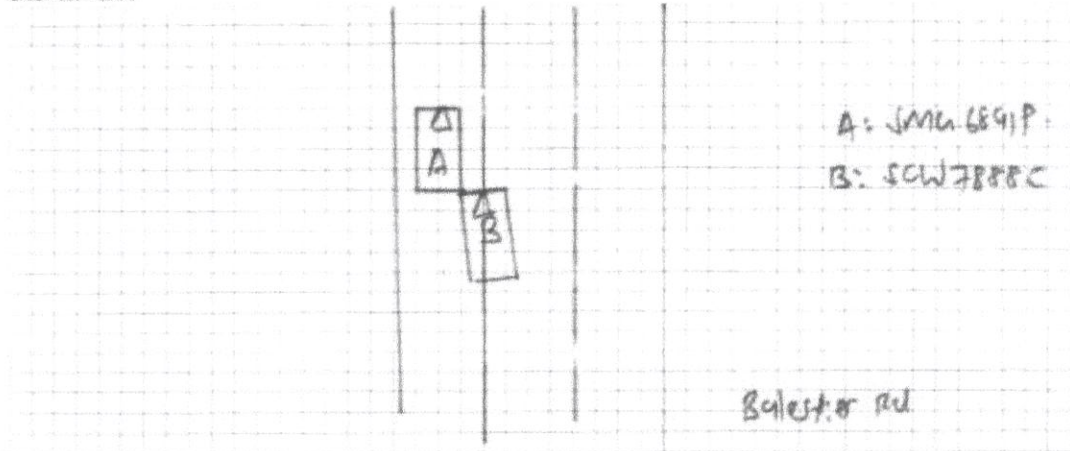
SMG6891P

YES

NO

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Balestier Rd on the extreme left lane. Suddenly vehicle B swerve into my lane from 2nd lane. Front left portion of vehicle B hit onto rear right portion of my vehicle.

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.:

Insurance Agent's Signature

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



PRIVATE CAR SCHEDULE

Page 1 of 9

Agency	A000112	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ20-002033
Account	A000112	Issued on	19/03/2020 in Singapore		
Client	0178272	Acceptance Date	19/03/2020		

Period of Insurance from 23/03/2020 to 22/03/2021 , both dates inclusive

Insured's Name CHOW CHUNG HUI
 Address BLK/HOUSE NO. 8
 EAN KIAM PLACE
 SINGAPORE 429107

Business/Occupn Director (Office)
 Financial interest MAYBANK SINGAPORE LIMITED

Premium	Basic Annual Premium	SGD970.18		
	2 Named Drivers	SGD0.00		
	Total Annual Premium	SGD970.18	Premium Due	SGD970.18
			Premium GST	SGD67.91
			Total Due	SGD1,038.09

Risk No. 001	PRIVATE CAR				
1. Registration	SMG6891P	Make/Model	SUZUKI Swift 1.4 GLX	Hatchback	1372cc
Type of Cover	Comprehensive	No. of seats	5	Body Type	Hatchback
Engine No.	K14B1118395	Capacity cc's	1372	Yr of Manuf/Regn	2015/2016
Chassis No.	JSAFZC82S00323852			NCB%	20.00
				Certificate Ref.	MX2
Sum Insured: Market Value at the time of loss			SGD0.00		
Insured/Named Drivers			SGD500.00		
Unnamed Drivers			SGD1,000.00		
YEID	Additional		SGD3,000.00		
Named Drivers Insured			GOH ZI YI DEMI		

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 9)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have

Continued on page 2





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-138575

Date of Request: 10/11/2020

Your Ref No: FT/SMC/103028/PD

ADVANCE LAW LLC
430 Lorong 6 Toa Payoh #11-01
OrangeTee Building
Singapore 319402

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 05/11/2020

Place of Accident: ALONG BALESTIER ROAD

Client Vehicle No: SMG6891P

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-138581

Date of Request: 10/11/2020

Your Ref No: FT/SMC/103028/PD

ADVANCE LAW LLC
430 Lorong 6 Toa Payoh #11-01
OrangeTee Building
Singapore 319402

Dear Sir/Madam,

Date of Accident: 05/11/2020

Vehicle No: SMG6891P

Place of Accident: BALESTIER RD

Involving Vehicle No: SCW7888C

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SCW7888C	BALESTIER RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	06/11/2020 12:01
Date Of Accident	05/11/2020 15:30
Exact Location Of Accident	ALONG BALESTIER ROAD TO CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW7888C
Insured/Policyholder	
Name Of Registered Owner	RAJAN AMALA AROKIA RANI
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 AUTO
Vehicle Category	PRIVATE CAR

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	DMPCSNW00035932000
Cover Note Number	

Driver

Name of Driver	THIRUGNANAMURTHY RAJKUMAR
NRIC No	S7662547F
Address	APT BLK 177 BUKIT BATOK WEST AVE 8 #07-253

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

ON 5/11/2020 AT ABOUT 1530HRS I WAS TRAVELLING ALONG BALESTIER ROAD TWRDS CTE (CITY), ENTERING SLIP ROAD, THE TRAFFIC ALL STOPPED AT THE MOMENT. AFTER A WHILE TRAFFIC START TO MOVE SLOWLY THAT TIME SCW7888C (I) ALREADY SLIGHTLY ENTER THE SLIP ROAD. SUDDENLY SMG6891P THAT IS IN FRONT OF ME SUDEENLY STOP AND I HIT RIGHT SIDE OF THE REAR BUMPER.

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

SMG6891P

Vehicle Make/Model/Colour

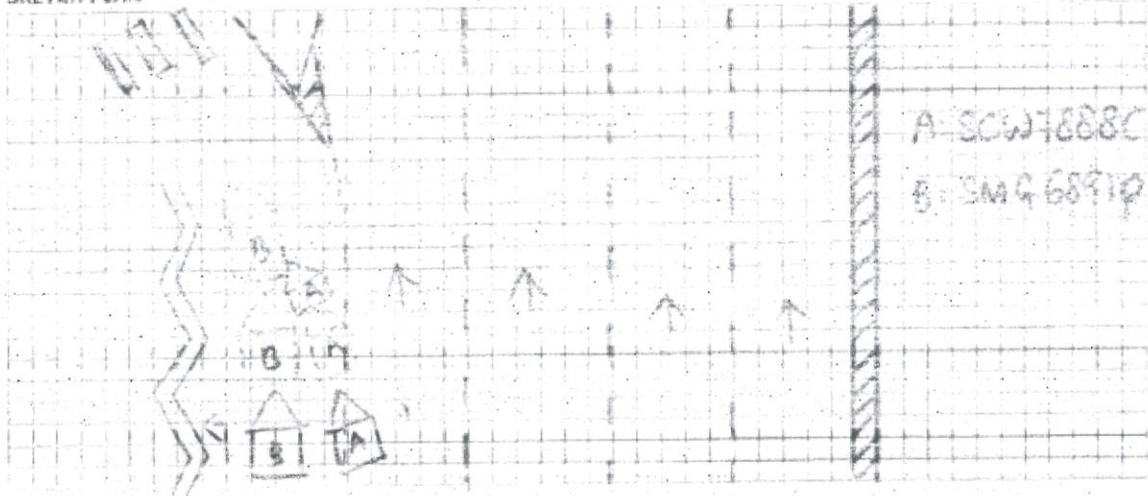
Name of Driver

LAI WENXIN

Insurance Company Name

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/11/2020 at about 1530HRS I was travelling Along Balestier Road towards TE (City) entering slip road the traffic stopped at the moment that a white lorry started to move slowly, that time SCW7888C, already slightly enter the slip road suddenly SMG6891P, that is in front of me suddenly stop and I hit right side of the rear bumper.

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.:

Accident Sketch Plan

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 Authorized 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 striking of this report at the centre and its copies of the report being made available aforesaid.

6. 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 purposes 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.:

Accident Sketch Plan



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1

E SN

AN0420A

Car Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMPCGNW03035932000

Engine No. 11194222855071

Chassis No. WDB2100352A617412

1. Index Mark and Registration
Number of Vehicle

SCW7886C

2. Name of Policy Holder

RAJANI AMALA AROK A RANI (NON-DRIVER)

3. Effective date of the Commencement of
Insurance for the purpose of the Regulations,
Ordinance or enactment

06/04/2020

4. Date of Expiry of Insurance

05/04/2021

5. Person or Persons 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.

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 the



Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

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

6389 6111

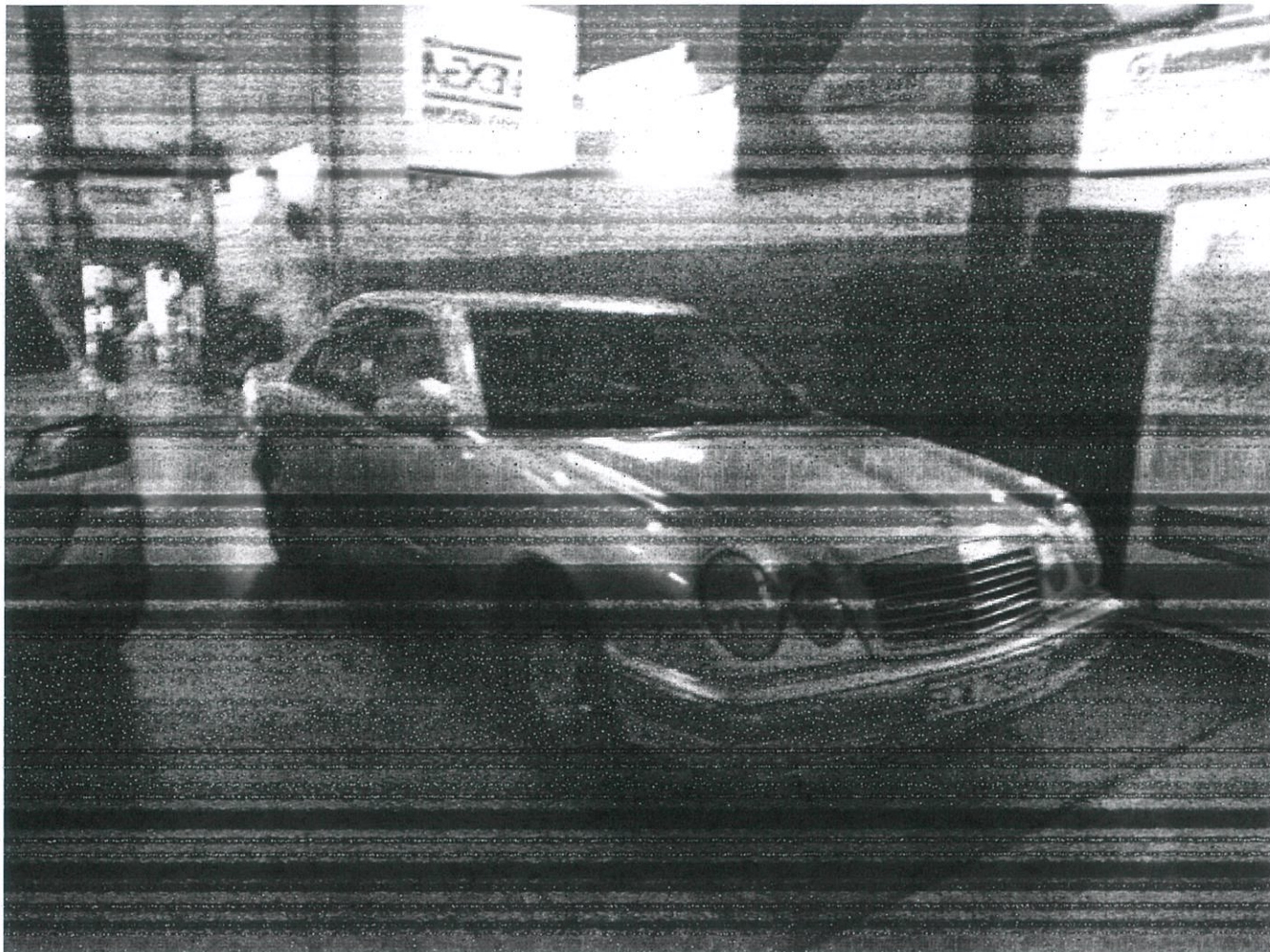
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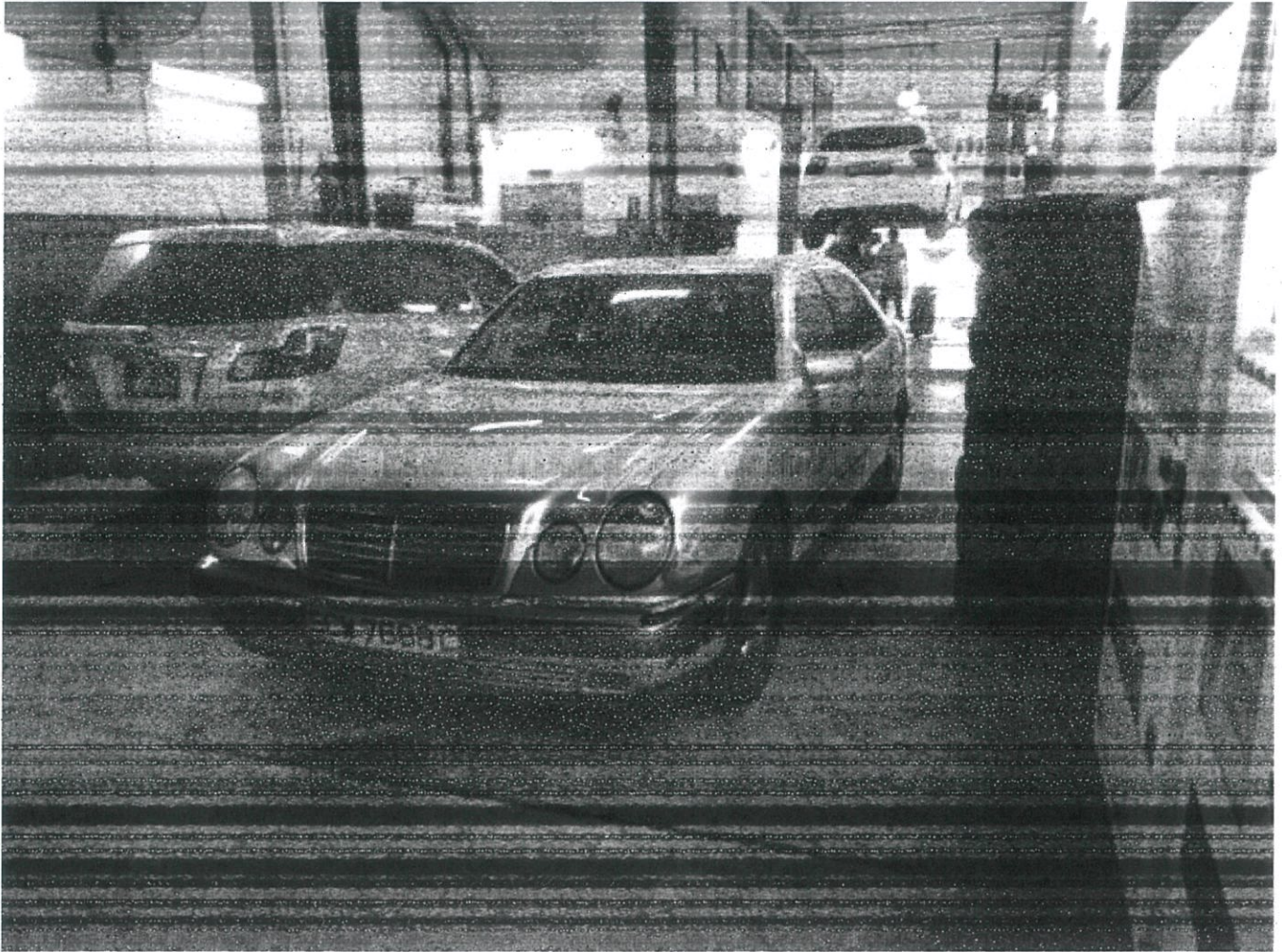
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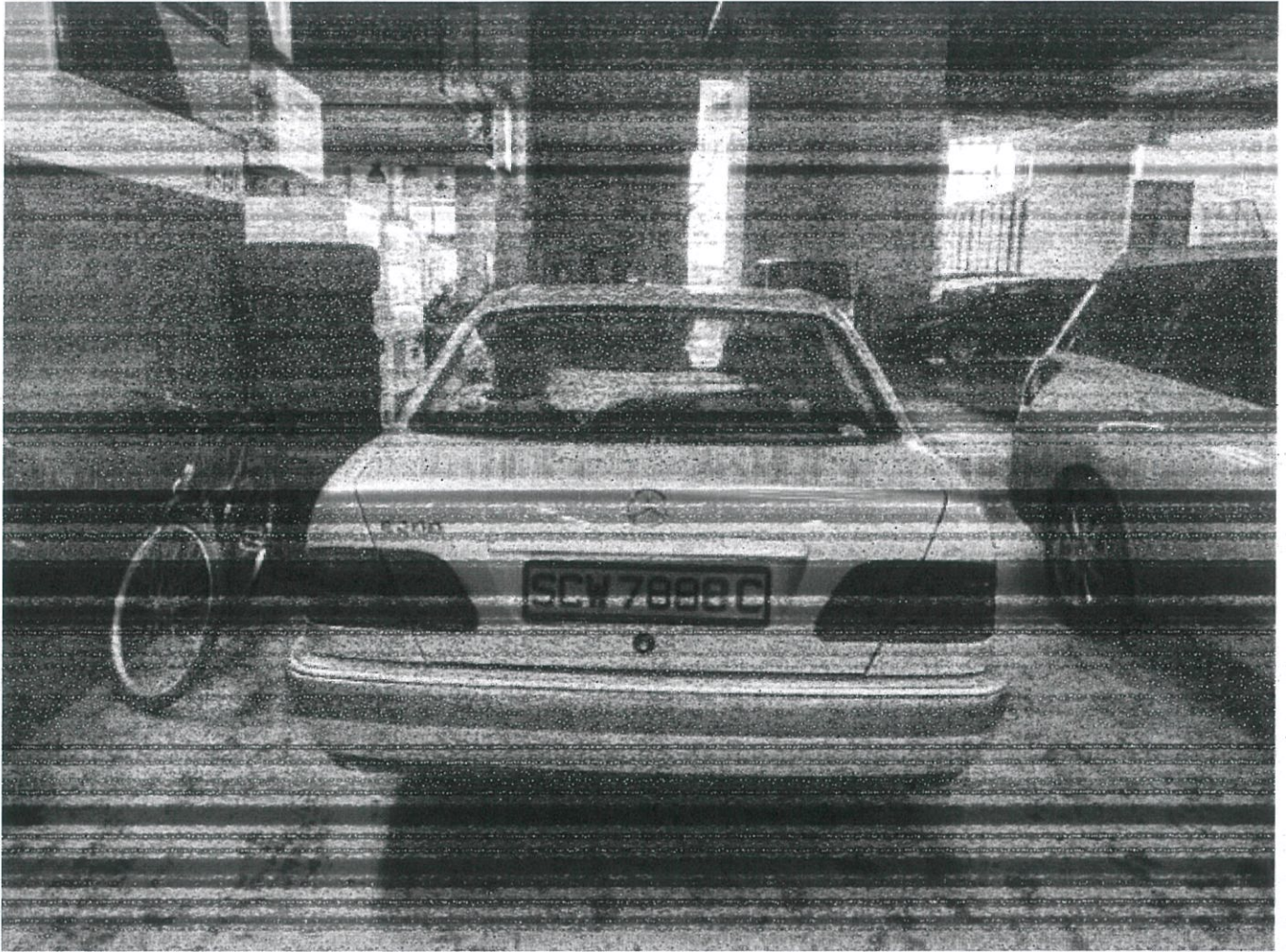
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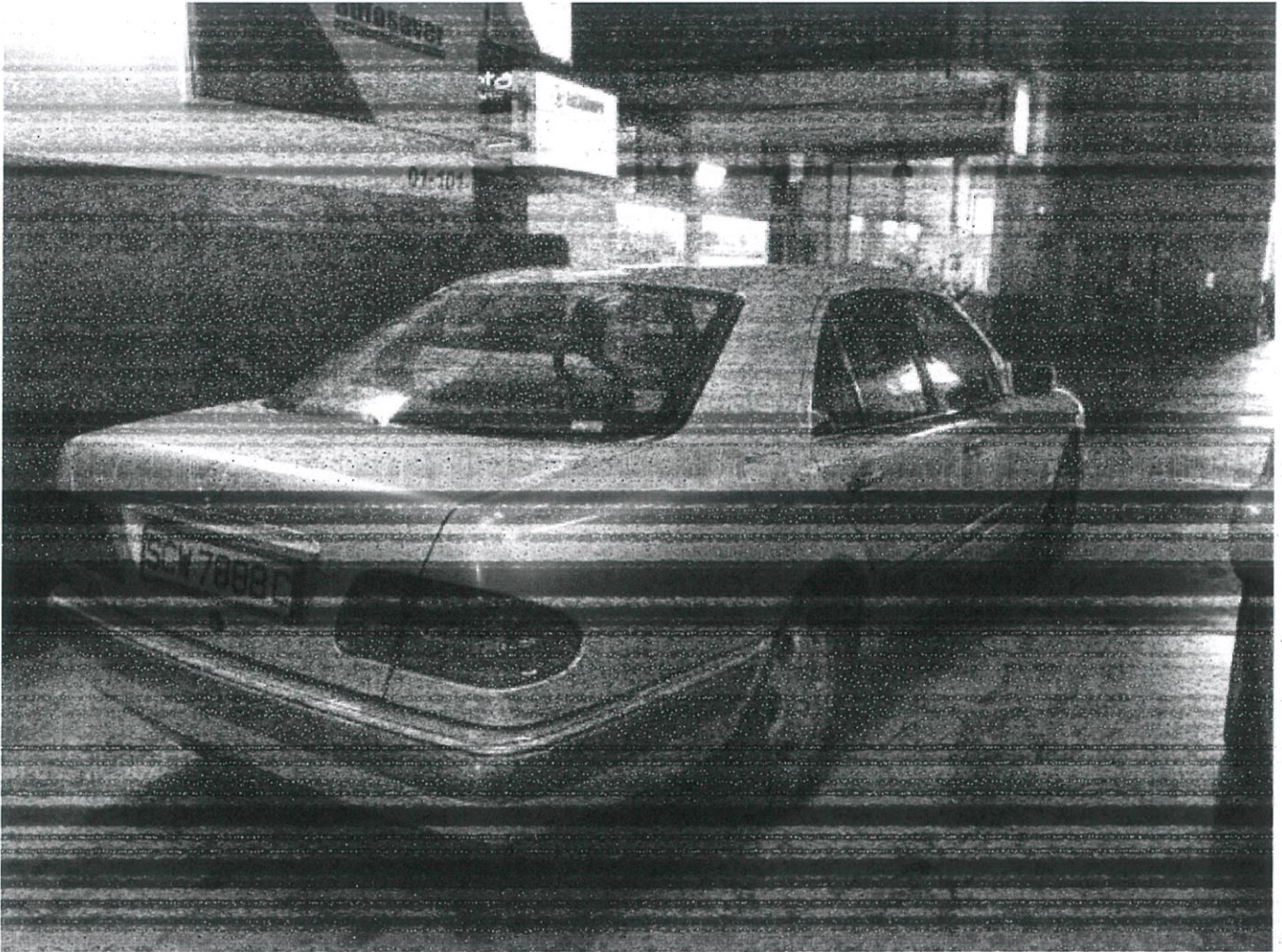
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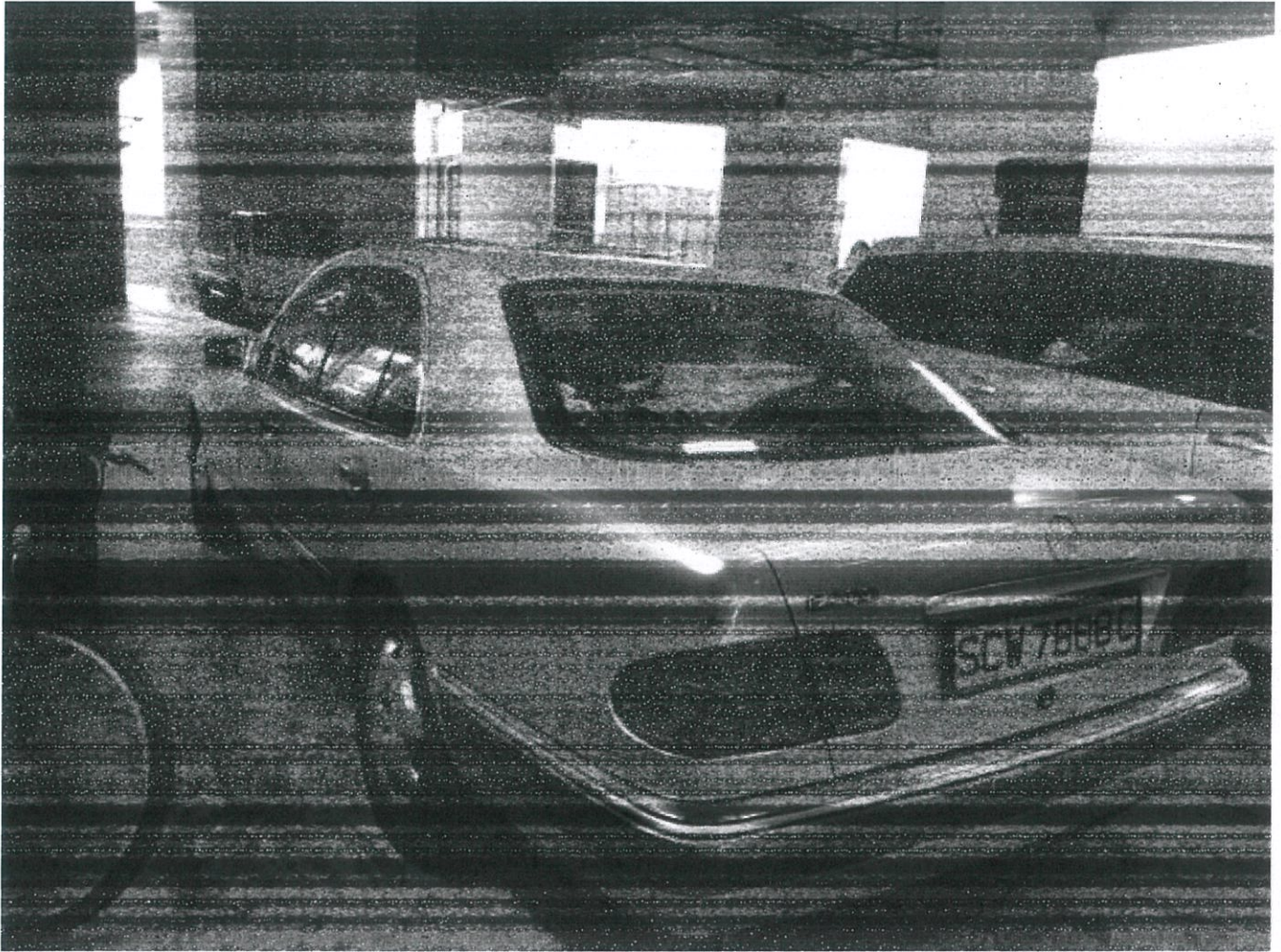
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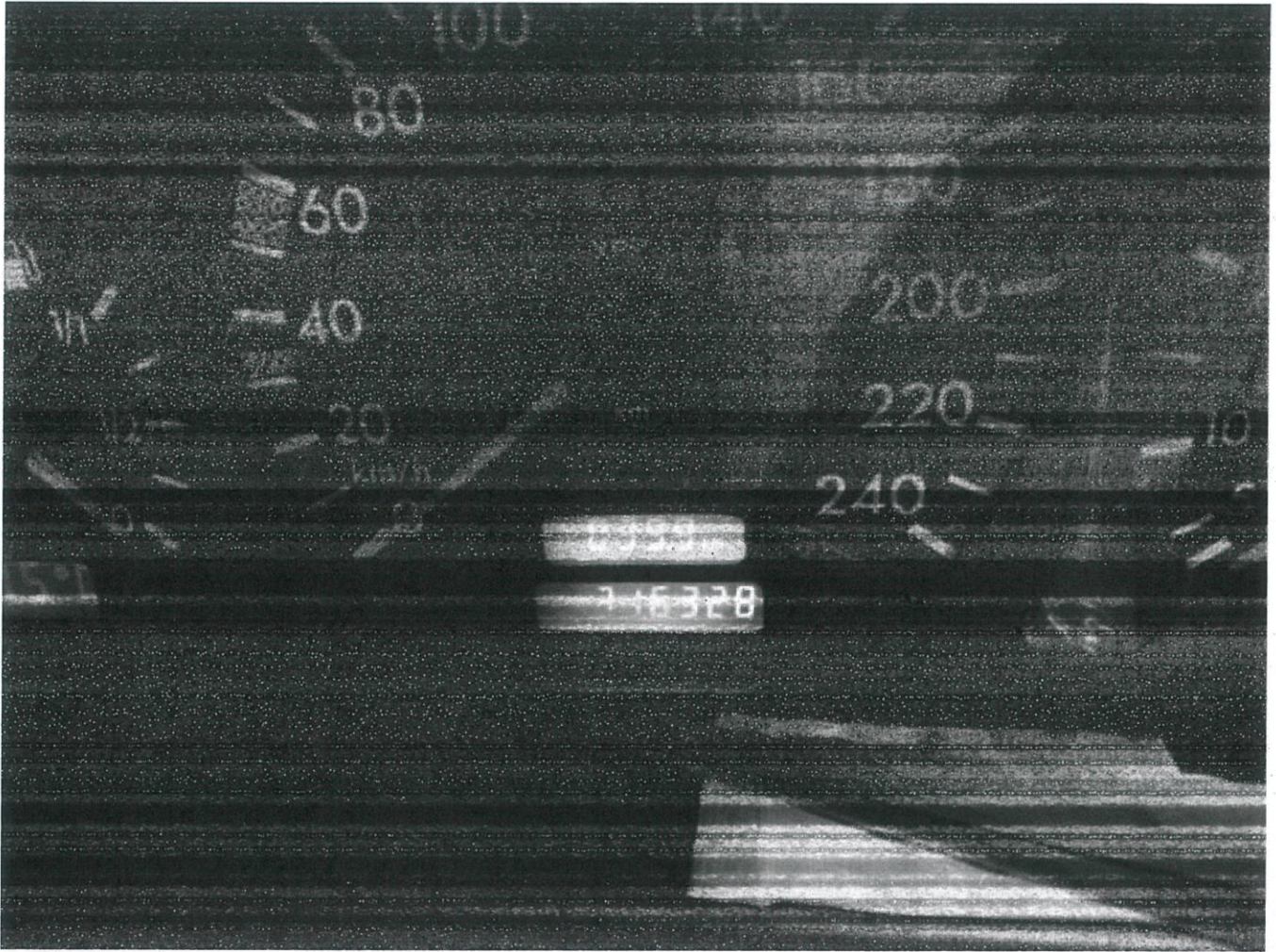
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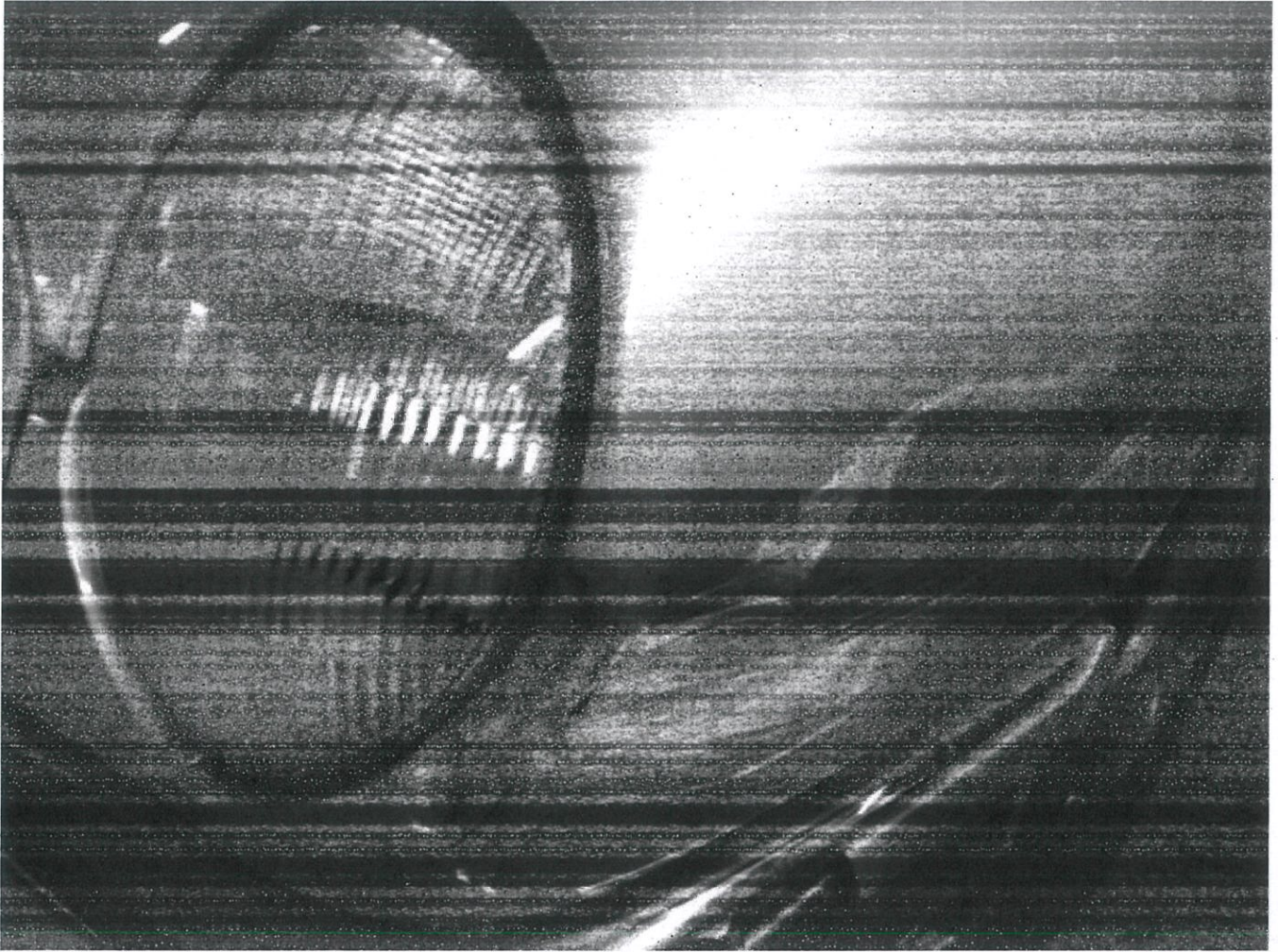
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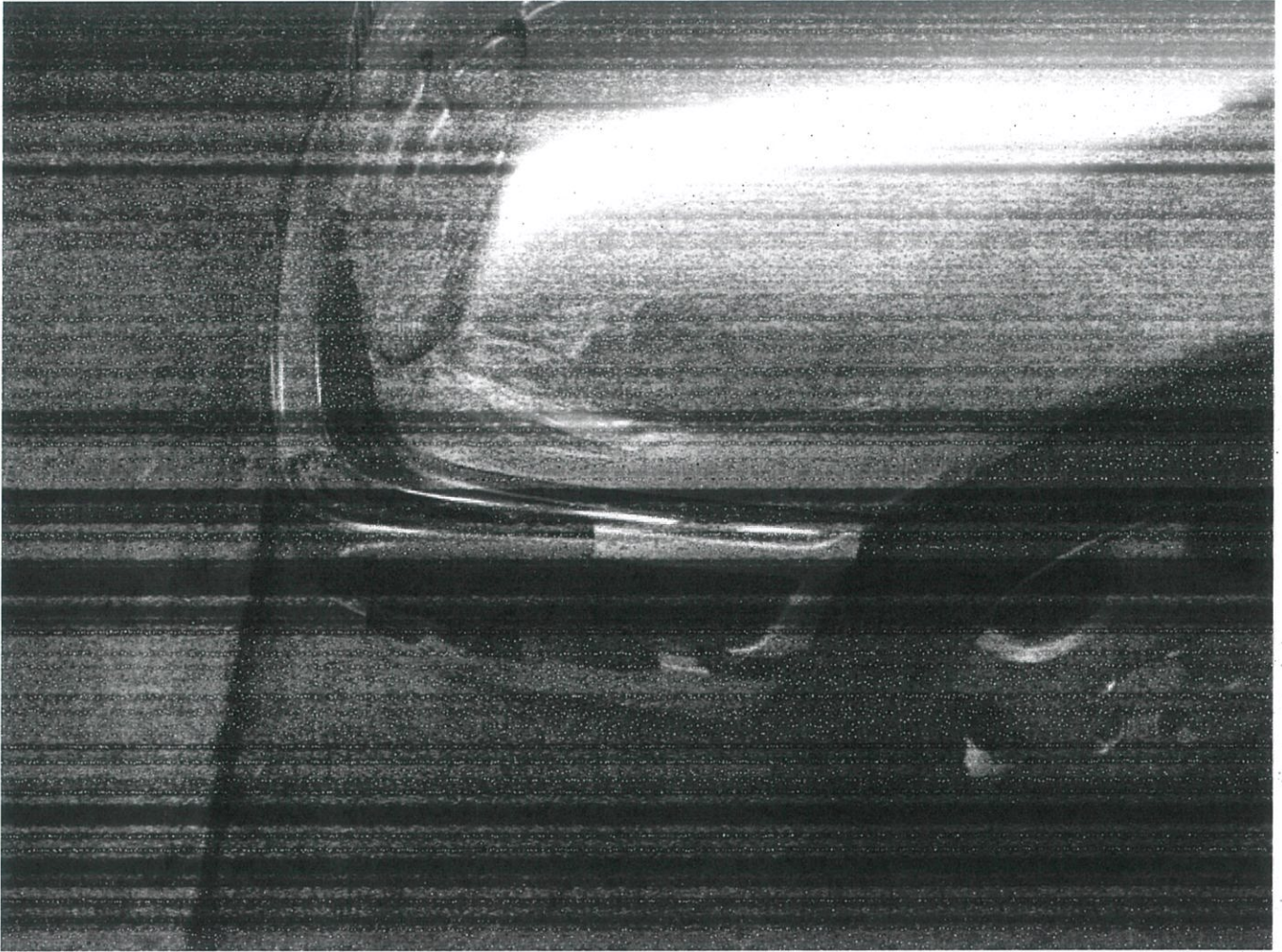
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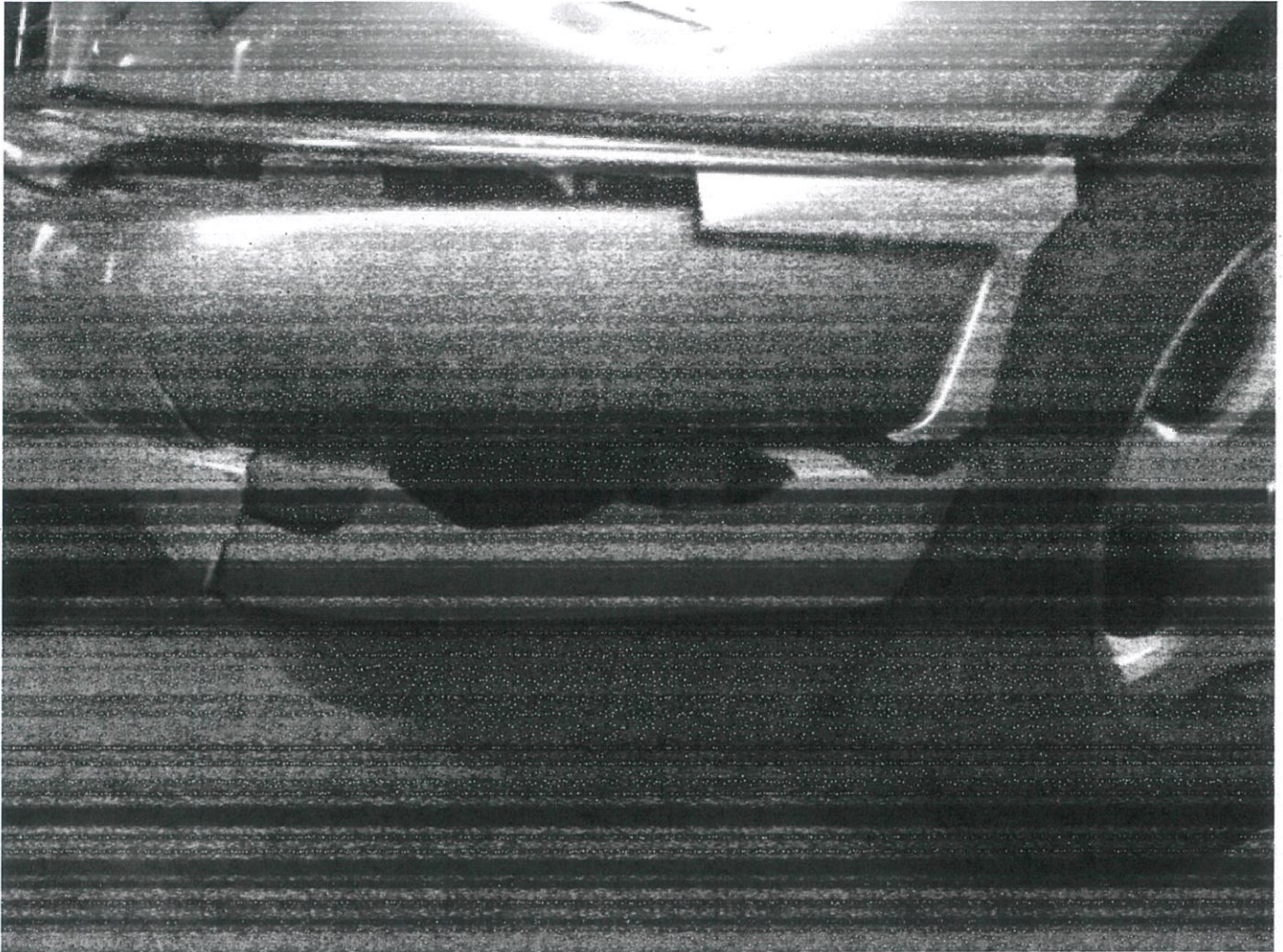
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