

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 18/10/21 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CT121010711/13 | E-mail (w/obj. Stat. AP 2hr): | | |
| Veh No: SME5833A | i-Motor Claim Form | | |
| DOA: 17/10/21 1006 | i-Motor W/O (Within 01-2hr TP 4hr) | | |
| OD: (TP) Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: GBF5827T INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No. () Period: () Cover Type ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

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

General Remarks:-

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

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

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

| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|--|----------|----------|
| | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| | 6) TR: Re-inspection \$75 | | |
| Est. 1: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| Est. 2/3: | 8) NTUC Additional Services - | | |
| | DI* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non-INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | Invoice date: / Fee Charged: | | |
| | Invoice dated: / Fee Charged: | | |

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 | 18/10/2021 18:41 (SGT) |
| Date of Accident | 17/10/2021 10:06 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YISHUN RING RD BESIDE BLK 407 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SME5833A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | XIAO PENG |
| NRIC No | SXXXX625E |
| Email Address | xipo.xp@gmail.com |
| Mobile Phone No | (Phone) +65-92978923 |
| Alternative Phone No | +65-92978923 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| 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 |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNA00187642102 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------|
| Name of Driver | XIAO PENG |
| NRIC No | SXXXX625E |

| | |
|--|----------------------|
| Date Of Birth | 01/01/1987 |
| Occupation | Outdoor |
| Date Of Driving Pass | 03/01/2015 |
| Driving experience | 6 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92978923 |
| Alt. Phone Number | +65-92978923 |
| Email Address | xipo.xp@gmail.com |
| Address | BLK 776 YISHUN AVE 2 |
| Address complement | #10-1595 |
| Postcode | 760776 |
| 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 | Collided into Parked Vehicle |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

PLS REFER TO THE POLICE REPORT:T/20211018/7003

ATTACHMENT(S)

| | |
|---|--|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | THE VIDEO CAPTURED FROM OTHER VEH THAT PARKED OPPOSITE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF5827T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------|
| 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) | - |

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 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.

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

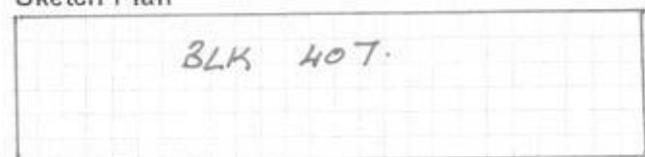
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Xiao Puy
Policyholder's Signature / Date & Time

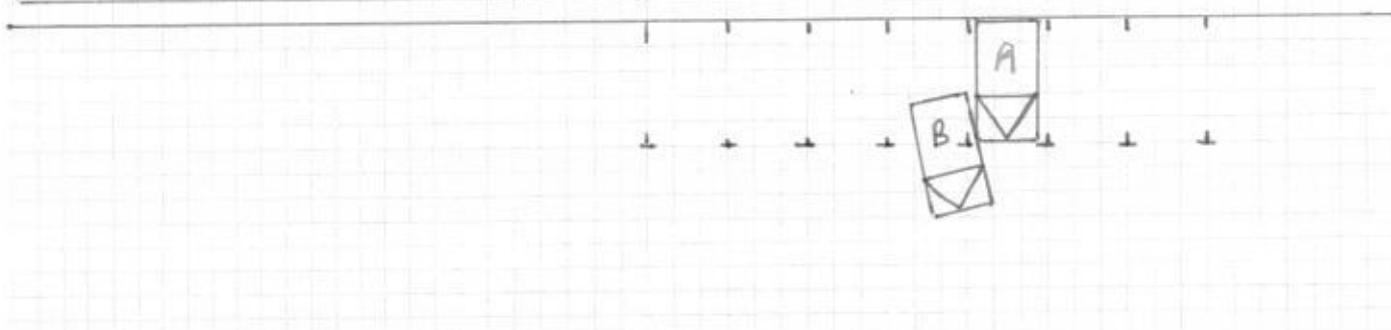
Xiao Puy
Driver's Signature (if driver is not the policyholder) / Date & Time

lyn 18/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SME 5833 A
(B) GBF 5827 T.



Describe Circumstances of the Accident

Pls refer to Police Report
No : T/20211018/7003

Declaration

We declare the foregoing particulars are true in every respect.

Xiao Peng
Policyholder's Signature / Date & Time

Xiao Peng
Driver's Signature (If driver is not the policyholder) / Date & Time

sym 18/10/21
Witnessed by Reporting Centre Personnel



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

Report No. T/20211018/7003

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 18/10/2021 09:44 | Vide Report No.: L/20211017/0078 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|---|-------------------------------------|
| Name of Informant: XIAO PENG | | Address: 776 YISHUN AVENUE 2 #10-1595 SINGAPORE 760776 | |
| ID Type / ID No.: NRIC NO / S8755625E | | Contact No.: Home/Office: Mobile: 92978923 | |
| Nationality: CHINESE | | Email: XIPO.XP@GMAIL.COM | |
| Sex: Male | Age: 34 | Date of Birth: 01/01/1987 | Type of Informant: Vehicle Owner |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Real estate agent | | Driving Licence Information: Class: | Date of Expiry: |

| General Information of the Accident | | | | |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/10/2021 10:05 | Type of Location: Car Park |
| Location: YISHUN RING ROAD | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: 15 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|---------|------------------------------------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBF5827T | Van | HYUNDAI | H1 STAREX 2.5 CRDI AT 6DR E6 | Black | No Damage | 0 |
| SME5833A | Car | HONDA | FREED HYBRID 1.5G | Blue | Seriously Damaged | 7 |



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

Report No. T/20211018/7003

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SME5833A | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNA0018764 2102 | 05/10/2021 | 04/10/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | | |
| Name | XIAO PENG | | ID No. | S8755625E |
| Related Vehicle | NIL | | Contact No. | 92978923 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

Date 17/10/2021.

My car SME5833A was properly parked at parking lot 439 at Y49 (Surface Car Park) - Blk 401/414 Yishun Ring Road/avenue 6.

I went to the playground nearby with my family.

When I came back to the car at 10:18am, only to see my car badly damaged on the front.

A witness told me that about 15min ago, there was a big black color van hit my car and drove away without stopping.

I checked my car, there was no notes or anything left on my car.

I called 999 and Traffic Police Officer came for investigation.

I managed to get a video footage from a car which was parked opposite at the time. The video footage clearly showed what happened.

The video footage time stamped at 10:06am, which is tally with what the witness told us.

The car plate of the black van is GBF5827T.

According to the video footage:

10:06:29am: My car's front bumper was in good shape and condition before the black van reversed into the parking lot beside me.

10:06:44am: The black van hit my bumper from the side when he was turning out of the parking lot.

10:06:45am: My bumper was ripped off and deformed badly when the van left from the camera view, and you can see some parts on my car dangling from 10:06:45 - 10:06:50am.



**SINGAPORE
POLICE FORCE**



T/20211018/7003

3 of 4

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

Report No. T/20211018/7003

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211018/7003

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

4 of 4

Report No. T/20211018/7003

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 / TPIB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

NP168

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

Date/Time:
18/10/2021 09:44

Classification Of Case:

| | | | | | | |
|--|---|--|--------------------------------|---------------|--|--|
| VEHICLE NO: | SME 5833 A | | MAKE & MODEL: | Honda Freed . | | <input checked="" type="radio"/> AUTO / MANUAL |
| DATE OF ACCIDENT: | 17/10/2021 | | CC: | 1.5. | | |
| TIME OF ACCIDENT: | 1006 HRS | | | | | |
| LOCATION OF ACCIDENT: | Yeshun Ring Road beside BKS 407 . | | | | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE | | | | | |
| NAME OF OWNER: | Xiao Peng . | | | | | |
| TEL NO: | H/P: 92978923 | | OFFICE: | HOME: | | |
| NRIC: | S8755625E . | | | | | |
| ADDRESS: | BKS 776 Yeshun Ave 2 #10-1595 (5) 760776 . | | | | | |
| EMAIL: | xipo.xp@gmail.com . | | | | | |
| CLAIM TYPE: | OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY | | | | | |
| FLEET POLICY: | YES <input checked="" type="radio"/> NO ? | | | | | |
| INSURANCE COMPANY: | China Taiping . | | | | | |
| TYPE OF COVERAGE: | <input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft | | | | | |
| POLICY NO: | DMPG SNA 00187642102 . | | | | | |
| NAME OF DRIVER: | <input checked="" type="radio"/> AS ABOVE / IF NO: | | | | | |
| NRIC: | ANY PASSENGER: N.A. | | | | | |
| DATE OF BIRTH: | 01/01/1987 | | LICENCE PASSED DATE: | 03/01/2015 . | | |
| OCCUPATION: | <input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR | | | | | |
| GENDER: | <input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE | | | | | |
| CONTACT NO: | H/P: | | OFFICE: | HOME: | | |
| ADDRESS: | | | | | | |
| EMAIL : | | | | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO/ IF YES, REG NO: | | INSURER: | | | |
| RELATIONSHIP: | Owner . | | | | | |
| WEATHER CONDITION: | <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS: | | | | | |
| ROAD SURFACE: | <input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER: | | | | | |
| ANY INJURIES: | <input checked="" type="radio"/> NO / <input type="radio"/> IF YES, WHO? | | | | | |
| NAME & CONTACT: | | | | | | |
| NAME & CONTACT: | | | | | | |
| POLICE REPORT: | NO <input type="radio"/> IF YES, WHERE? | | Traffic Police (On-line) | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO <input checked="" type="radio"/> IF YES, WHO? | | | | | |
| VEHICLE B REG NO: | GBF 5827T | | ANY PASSENGERS: N.A. | | | |
| NAME OF DRIVER: | CONTACT NO: | | | | | |
| VEHICLE C REG NO: | ANY PASSENGERS: | | | | | |
| VEHICLE D REG NO: | ANY PASSENGERS: | | | | | |
| VEHICLE E REG NO: | ANY PASSENGERS: | | | | | |
| VEHICLE F REG NO: | ANY PASSENGERS: | | | | | |
| VEHICLE G REG NO: | ANY PASSENGERS: | | | | | |
| ANY WITNESS? IF YES, NAME: | N.A. | | WITNESS CONTACT: N.A. | | | |
| WAS THERE ANY VIDEO CAPTURE? | <input checked="" type="radio"/> YES / <input type="radio"/> NO | | From vehicle parked opposite . | | | |
| WAS THERE ANY AUDIO RECORDED? | <input checked="" type="radio"/> YES / <input type="radio"/> NO | | | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | <input checked="" type="radio"/> YES / <input type="radio"/> NO | | | | | |
| ACCIDENT PORTION: | Front right portion. | | | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | | | | | YES / <input checked="" type="radio"/> NO |
| WORKSHOP PARTICULAR: | Twincar Automotive Pte Ltd . | | | | | |
| CONTACT NO: | 68420051 / 67440510 | | | | | |
| CONTACT PERSON: | JOSEPH TAN | | | | | |
| FAX NO: | 67410510 | | | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | | | |

Motor Private Car

MX1F

R SN

BR0085A

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. | DMPCNSNA00187642102 | Engine No.: LEB5608509 | Cha. No.: H14088895 |
| 1. Index Mark and Registration Number of Vehicle | SME5833A | AUTOSAFE | ===== |
| 2. Name of Policy Holder | XIAO PENG | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 05/10/2021 (00:00:00) | Named Drivers Ex Sect. 1 | S\$500.00 |
| 4. Date of Expiry of Insurance | 04/10/2022 | Additional Ex Other than Named Drivers: | |
| | | Ex Sect. 1 - Age <= 25 | S\$3,000.00 |
| | | Ex Sect. 1 - Age >= 26 | S\$500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN . | S\$100.00 |
| 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. : MAYBANK SINGAPORE LIMITED 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: Yeo Kok Wei Joel
 Authorised Officer.



 Authorised Signatory