

NATIONAL ASSOCIATION OF CERTIFICATE SERVICE PROVIDERS

Date In: 02/16/2021 1043

Ref No: NBOIC12210117414

Web No: SMA 10203

D.O.A: 30/0/2021 9:30

(1) TP Reporting Only

TP Insurer

Preferred Wksp / HQ Affiliat Wksp / AWI

TP Insured/Driver () Vol No: GGG-9308P

Owner / Driver ()

Policy No ()

Continued by ()

Insured/Driver Liability ()

Year of Registration ()

Excess (\$)

Loadings (\$1,000 () / \$2,000 ()

Driver-In () / Towed-In ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3,000) ()

Injury ()

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engin-In-Charge)

QC Checked by (Engin-In-Charge)

QC Checked by (Engin-In-Charge)

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QC Checked by (Engin-In-Charge)

Job description

SAS Billing

Trailer (by the time, also time)

Motor Claim Form

Motor W/O (within 30 days, TP (1))

Photo Uploaded

Assessment/Recovery Report

Assessment Report by Box / Hand to Owner/Driver

Date & Time Completed

Done by

NO () / Non-NO ()

NO () / Non-NO ()

NO () / Non-NO ()

NO () / Non-NO ()

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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	02/11/2021 10:43 (SGT)
Date of Accident	30/10/2021 19:30 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1020B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SIEW KIM
NRIC No	SXXXX230D
Email Address	fabioesparia93@gmail.com
Mobile Phone No	(Phone) +65-88157746
Alternative Phone No	+65-88157746

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00174762000
Cover Note Number	-

DRIVER

Name of Driver	FABIAN TEO JI RONG
NRIC No	SXXXX145C



Date Of Birth	24/04/1993
Occupation	Indoor
Date Of Driving Pass	21/03/2013
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88157746
Alt. Phone Number	-
Email Address	fabioesparia93@gmail.com
Address	BLK 401 WOODLANDS STREET 41 #03-36
Address complement	-
Postcode	730401
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle 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	AHMAD FARID BIN JUMARI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211101/2077

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2308P
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOFFIAN BIN MOHAMED YUSOFF
NRIC No	SXXXX380J
Contact Number	(Phone) +65-88086519
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	FABIAN TEO JI RONG
Gender	Male
Phone No	(Phone) +65-88157746
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA1020B
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 willful 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.

Policyholder's Signature / Date & Time

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

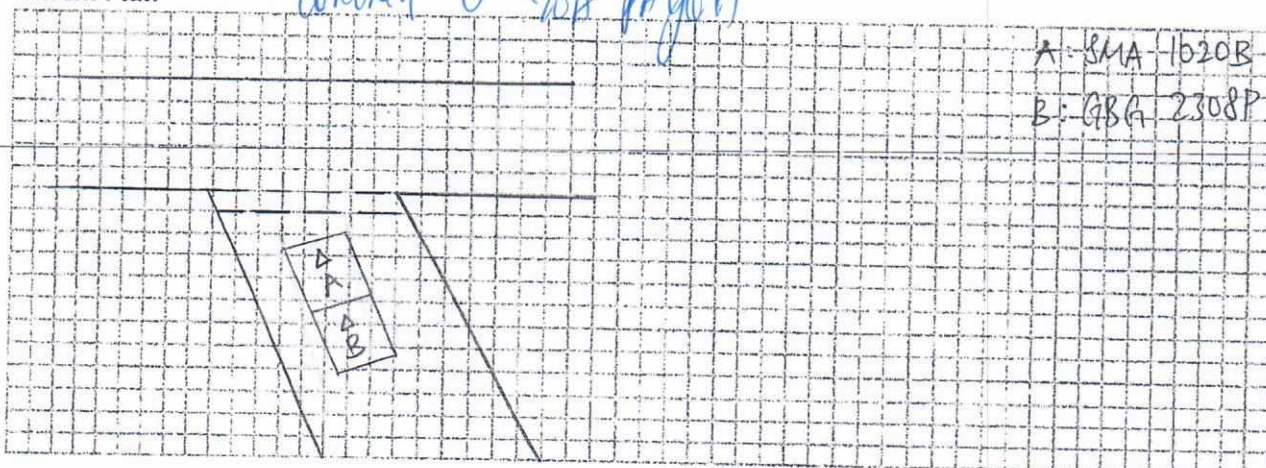
Witnessed by Reporting Centre Personnel

Sketch Plan

Coroner 6 Toa Payoh

A: SMA 1620B

B: GBA 2308P



Describe Circumstances of the Accident

Please refer to the police report (T/20211101/2077).

Declaration

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 30/10/2021 Accident Time: 19:30PM (24-HR-Format)
Accident Place : Lorong 6 Toa Payoh
Vehicle No. (Car Plate No.) : SMA 1020B Make/Model: KIA Cerato K3 1.6A Sunroof
Insurance Company : China Taiping Policy No: DMPCSNW0017 4762000
Owner or Company Name /IC No. : Ng Siew Kim (S2576230D) non
Owner or Company Contact No. : 8815 7746 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Fabian Teo Ji Rong (S9315145C)
DRIVER'S Date Of Birth : 24/04/1993 DRIVER'S License Pass Date 21/03/2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 401 Woodlands St 41 #03-36 S (730401)
DRIVER'S Contact No./ Alt No. : 1) 8815 7746 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Fabioesparia 93@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver & 1 Passenger
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (1 Driver)

Other Party Driver's Particular (if any)

Vehicle No: GBG 2308P (Veh B) - TM	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Soffian Bin Mohamed Yusoff	Name Driver: _____
IC No. Driver/Contact: S7836380J	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Male - Ahmad Farid Bin Jumari (9178 8046)





**SINGAPORE
POLICE FORCE**



T/20211101/2077

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 3

Report No. T/20211101/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2021 16:29		Vide Report No.:	Station Diary No.: 13
Informant's Particulars			
Name of Informant: FABIAN TEO JI RONG		Address: APT BLK 401 WOODLANDS STREET 41 #03-36 SINGAPORE 730401	
ID Type / ID No.: NRIC NO / S9315145C		Contact No.: Home/Office: Mobile: 88157746	
Nationality: SINGAPORE CITIZEN		Email: fabioesparia93@gmail.com	
Sex: Male	Age: 28	Date of Birth: 24/04/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: LTA		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2021 19:30	Type of Location: Slip Road
Location: LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2308P	Van	NISSAN		White	Slightly Damaged	0
SMA1020B	Car	KIA		Brown	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA1020B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001747 62000	20/11/2020	27/11/2021



**SINGAPORE
POLICE FORCE**



T/20211101/2077

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

2 of 3

Report No. T/20211101/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOFFIAN BIN MOHAMED YUSOFF	ID No.	S7836380J
Related Vehicle	GBG2308P (Van)	Contact No.	88086519
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FABIAN TEO JI RONG	ID No.	S9315145C
Related Vehicle	SMA1020B (Car)	Contact No.	88157746
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/11/2021	Date Discharge	01/11/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 30/10/2021 at about 7.30pm, I was driving my car registration number SMA1020B along Lorong 6 Toa Payoh heading towards PIE (Changi Airport) with a passenger seated at the back.

I was on the slip road and about to enter PIE. I checked my right blindspot and observed a motorcycle passing by on the leftmost lane as such I slowed down and stopped at the "Give Way" dotted-line. When the coast was clear, I was about to move off when there was an impact from the rear.

That was when I realized vehicle registration number GBG2308P had hit onto the rear of my car. I checked on my passenger and he was not injured. I felt some discomfort on my back. The other driver was also not injured. I made a check on my car and discovered scratches on the rear bumper. I observed the number plate of said van was dented. We exchanged particulars and we continued with our journey.

I reported the matter to my insurance company. As the pain became unbearable, I seek medical treatment at "A Life Clinic Pte Ltd" on 01/11/2021 for my back pain and was given 7 days of MC.



**SINGAPORE
POLICE FORCE**



T/20211101/2077

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20211101/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sr Staff Sgt MUHAMMAD
SUFFIAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/11/2021 16:29

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



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

N SN

AN0006A

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.

DMPCSNW00174762000

Engine No.: G4FGHH691702

Cha. No.:KNAFZ411MJ5761574

1. Index Mark and Registration
Number of Vehicle

SMA1020B

AUTOSAFE
=====

2. Name of Policy Holder

NG SIEW KIM

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

20/11/2020
(12:41:49)

Named Drivers Ex Sect. I S\$500.00

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

27/11/2021

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. : ALFA CREDIT PTE LTD

* 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: ALFA CREDIT PTE LTD
Authorised Officer

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