

NATIONAL Assessment Centre Services

2011-2012

Date In: 12/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/OT/21011564/13	SAS e-filing		
Veh No: GBA42944	E-mail (within 8hrs. APJ 2hrs)		
DOA: 11/11/21 0745	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	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: G48879A	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

NA2104481	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) rT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 dated	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	12/11/2021 14:58 (SGT)
Date of Accident	11/11/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS NEAR SIEMENS BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4294Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SH INTEGRATED SERVICES PTE. LTD.
Company Reg No	2XXXXX248Z
Email Address	fuh@sh-integrated.com
Mobile Phone No	(Phone) +65-62855880
Alternative Phone No	(Office) +65-62855880

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00122382101
Cover Note Number	-

DRIVER

Name of Driver	SARKER MOHASIN
Passport No/FIN	GXXXX684R

Date Of Birth	12/07/1989
Occupation	Outdoor
Date Of Driving Pass	01/03/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82899706
Alt. Phone Number	-
Email Address	fuh@sh-integrated.com
Address	25 KAKI BUKIT RD 3
Address complement	#05-23
Postcode	415815
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

PASSENGER 3

Name	COLLEAGUE
Gender	Male

PASSENGER 4

Name	COLLEAGUE
Gender	Male

PASSENGER 5

Name	COLLEAGUE
Gender	Male

PASSENGER 6

Name	COLLEAGUE
Gender	Male

PASSENGER 7

Name	COLLEAGUE
Gender	Male

PASSENGER 8

Name	COLLEAGUE
------	-----------

Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Marine Parade Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18004428999
Alt. Police Station Phone No (Fax) +65-62447678
Police Station Address 300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211112/2037

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 GY8879P
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG7411R
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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	UNKNOWN
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	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SARKER MOHASIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BACK & NECK
Were seat belts worn?	GBD4294Y
Was this injured conveyed to hospital by ambulance?	Yes
	No

INJURED 2

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BACK & NECK SIT BESIDE THE DRIVER
Were seat belts worn?	GBD4294Y
Was this injured conveyed to hospital by ambulance?	Yes
	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 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.

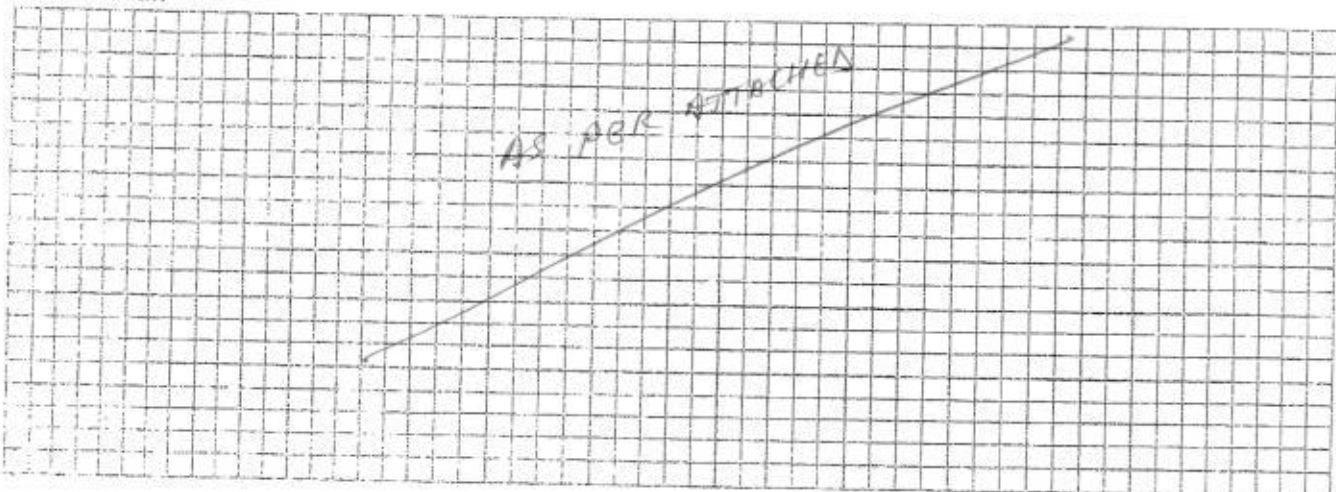


Policyholder's Signature / Date & Time

MOHASIN 11.11.2021
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnesed by Reporting Centre Personnel
Sym 12/11/21

Sketch Plan



PIE TWDS TUGS

Date:

Time:

Location:

A1 - GBD42944 C
 B1 - G48879P C
 C1 - GBG7411R C
 D1 - UNKNOWN P
 E1 - UNKNOWN P
 F1 - UNKNOWN P
 G1 - UNKNOWN P

		HI	
		E	
		D	
		C	
		A	1
		B	
		F	
		G	
4	3	2	1

Describe Circumstances of the Accident

I was travelling straight along Pie towards Tuar on the 2nd lanes of A4-lanes road. Infront of my veh jammed brake and I followed suit without any contact to the front veh. Suddenly veh B came from behind and hit onto my rear portion of my veh. Due to the impact my veh being pushed forward and hit onto veh C. When I came out, I was involved in a chain collision of 7 vehicles.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

MOHAMMAD 11.11.2021
Driver's Signature (if driver is not the policyholder) / Date & Time

Shw 12/11/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211112/2037

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20211112/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2021 12:10	Vide Report No.:	Station Diary No.: 32
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SARKER MOHASIN			Address: Blk 25 Kaki Bukit Road 3 #05-23 SINGAPORE 415815	
ID Type / ID No.: FIN NO / G2087684R			Contact No.: Home/Office: Mobile: 82899706	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 32	Date of Birth: 12/07/1989	Type of Informant: Driver	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: Construction Worker			Driving Licence Information: Class: 3 Date of Expiry: 28/02/2023	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2021 07:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBD4294Y	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Slightly Damaged	8
GBG7411R	Van	NISSAN	NV200 DX 1.6 AT ABS AIRBAG 2WD 5DR LGV	Silver	Slightly Damaged	0



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211112/2037

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY8879P	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SARKER MOHASIN		ID No. G2087684R
Related Vehicle	GBD4294Y (Lorry)		Contact No. 82899706
Hospital/Clinic	ADVANCED CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 28/02/2023
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		03	Degree of Injury Slight

Brief Details.

On 11/11/2021 at around 0745 hours, I was driving my company's lorry (Plate number: GBD4294Y, company: SH Integrated Services Pte Ltd) on PIE towards Tuas near to Kallang Swimming Complex on lane 2 when a van (GBG7411R, Brand: Nissan) in front of me suddenly jammed brake.

I managed to brake on time however the lorry (Plate number: GY8879P, Brand: Toyota, Company: Zhu Yaah Pte Ltd) behind me collided on the back of my lorry and it resulted of me hitting the van (Plate number: GBG7411R, Brand: Nissan) in front of me.

There were one passenger in front and seven passengers sitting at the back of my lorry.

Due to the accident, my back body and neck is in pain and I have a headache. My passenger beside me also had the same injuries. There were no injuries from my passengers sitting at the back of my lorry. In total, there were 8 vehicles and 1 motorcycle involved due to the domino effect collision. No ambulance or police at scene. Traffic Marshall attended to the accident.

My lorry got in-car camera however I could not retrieved the footage as I did not reset the camera. However I was able to retrieved the in-car camera from the lorry that hit behind me. My lorry suffered a dent on the rear.

The reason I make this report is for insurance purposes.

My passenger and I have an MC for 3 days from 11/11/201 to 13/11/2021.



**SINGAPORE
POLICE FORCE**



T/20211112/2037

3 of 4

Report No. T/20211112/2037

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211112/2037

4 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211112/2037

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 /
Sgt 2 TAN YIK PING

Signature Of Informant:

MOHASIN

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2021 12:10

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 11/11/21 (DD/MM/YYYY), TIME: (07:45) (HH:MM)

LOCATION: PIC TWO'S TRUCK NEAR SIEMENS BUILDING

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD429K4
 b) INSURANCE COMPANY: CHINA TRADING
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SMCUSA0012382101
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SH INTEGRATED SERVICES PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 82855880
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PARKER MOHASIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2087684R CONTACT: 82899706
 c) ADDRESS: 25 LAL BUKIT RD 3
415815 BK 25 #05-23
 d) DATE OF BIRTH: (11/07/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 01/03/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEARLY RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G48879P MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBG7411R MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(9)

colleague (m)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

gru - unsubmit

Email = fuh@sh-integrated.com

fax =

VIDEO = NO

waiting
 police
 report
 injury



中国太平
CHINA TAIPING

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

Motor Commercial

MZ300/C

R SN

BR0138A

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.

DMCVSNA00122382101

Engine No.: ZD30342567K

Cha. No.: JN1SC2F24Z0856576

1. Index Mark and Registration
Number of Vehicle

GBD4294Y

AUTOSAFE

2. Name of Policy Holder

SH INTEGRATED SERVICES PTE LTD

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

23/10/2021
(00:00:00)

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

22/10/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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: Ho Li Hwa Irene

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