

NATIONAL ASSOCIATION OF CERTIFIED SMILERS, INC. **SMILES BC0004**

Date: **12/1/2021** 15:27
 Ref: **NA2104438**
 Policy No: **59120**
 Date: **11/11/2021** 09:15

(1) (TP) Reporting Only

TP Insured

Preferred Wksp/HO Affiliations/OWI

TP Insured/Driver

Owner/Driver

Policy No

Continued by

Insured/Driver List/Type

Year of Registration

Excess

Load Limit \$1,000 / \$2,000

() Within Coverage: Customized Information Policy Confidential & Subject NO for of report

() Total Loss Case: To email Insurer URGENTLY

Drive-In () / Towed-In () / Towed-In VNS () / NO () / Towing Co ()

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

2) QC Check/Post Repair Inspection ()

3) Upload Repair Photo (Repair Costs \$3,000) ()

Insured

NA2104438

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engineer/Inspector)

1) All Accident Work (50)	
2) All Repair Allowance (\$100)	NO (20)
3) All Towing (10)	\$100
4) All Towing Allowance (100)	\$100
5) All Towing Allowance (100)	\$100
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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	12/11/2021 15:27 (SGT)
Date of Accident	11/11/2021 09:15 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5912D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SLK (S) PTE. LTD.
Company Reg No	2XXXXX965D
Email Address	tasmynname@gmail.com
Mobile Phone No	(Phone) +65-90369979
Alternative Phone No	+65-89043579

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00104192101
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN
NRIC No	SXXXX970Z

Date Of Birth	08/04/1999
Occupation	Outdoor
Date Of Driving Pass	12/08/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89043579
Alt. Phone Number	-
Email Address	tasmynname@gmail.com
Address	BLK 23 EUNOS CRESCENT #05-3023
Address complement	-
Postcode	400023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	5
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	ANTONIO RIZZA PALMA
Gender	Female

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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211111/7019

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5835J
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NICK CHAN
NRIC No	SXXXX026A
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	XE1818R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAI CHENG YU
Passport No/FIN	GXXXX701T
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	SMD837C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SZE WEI TAH (SHI WEIDA)
NRIC No	SXXXX501J
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	SGU5783Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POON KOK WAH
NRIC No	SXXXX293D
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	MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN
Gender	Male
Phone No	(Phone) +65-89043579
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK5912D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ANTONIO RIZZA PALMA
Gender	Female
Phone No	(Phone) +65-93840341
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK5912D
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 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.



X

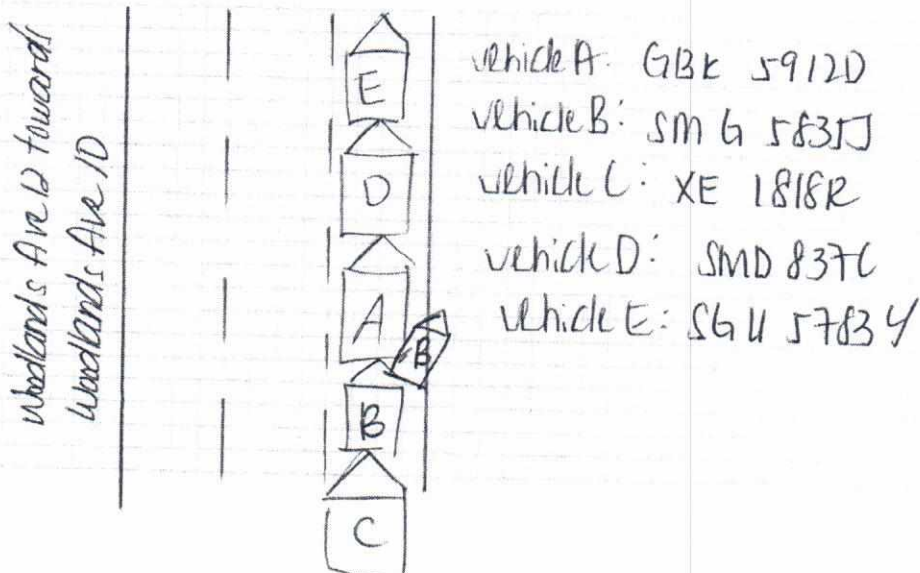
X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated location on my vehicle A. As the vehicle ahead slowed down, I applied my brakes to slow down my vehicle. Suddenly, I felt a large impact from the rear of my vehicle. This caused my vehicle to be propelled forward into the vehicle in front. When I alighted to check, I realised I had been involved in a 5 car chain collision and I was the third vehicle. The order of the vehicles involved are as follows:

- 1) SGU 5783Y (Vehicle E)
- 2) SMD 837C (Vehicle D)
- 3) GBK 5912D (Vehicle A)
- 4) SMG 5835J (Vehicle B)
- 5) XE1818R (Vehicle C)

POLICE REPORT 1/2021/1111/2019

Declaration

We declare the foregoing particulars are true in every respect.

X



[Signature]

X

[Signature]

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



[Signature] 12/11/2021

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 11/11/2021 (dd/mm/yy)

Time of Accident: 09:15 (24-HR-FORMAT)

Vehicle No.: 6BK5912D Vehicle Make & Model / Engine (cc): Toyota Hiace DX2.8 Private Hire: (Y/N) (N)

Exact location of Accident: woodlands ave 12 towards woodlands ave 10

Policyholder's Name / IC No.: SLK(S) Pte Ltd ROC/UEN (Company): 202017965D

Driver's Name / IC No.: Muhammad Tasneem Syfyan Bin Sulaiman (S99109702) (As Above) ☐

Driver's Contact No.: 89043579 Company Contact No / Owner Contact No: Mr Lee 90369979

Driver's Address: 23 EVANOS CRESENT 05-3023

Owner Email address: _____ Insurance Company: China Taiping

Driver Email address: Tasmynname@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle

Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** _____

*Passenger Name: Antonio Rizza Palma (G13426185M)

*Passenger Name: _____

Gender: Male / Female x (F)

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: taken by TP (IO)

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver & Passenger (3 days MC)

Injuries Sustain: Whiplash Injury Injured Person in Which Vehicle: 6BK5912D

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Ave 3

The Other Party(s) Details:

(Report No: T/2021/1111/7016)

1. Driver's Name / IC No.: Nick Chan (S7526026A) Vehicle No.: (B) SMG 5835J

Driver's Contact No.: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): Chai Cheng Yu (G1843701T) Vehicle No.: (C) XE 1818R

Driver's Contact No.: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

S8D 10501J vehicle D: SM D8376
Sze Wei Tatt (Shi Weida)
vehicle E: SGU 3783Y
Bon Kok Wah (S177128D)



SINGAPORE POLICE FORCE



T/20211111/7019

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

1 of 4

Report No. T/20211111/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 15:27			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: ANTONIO RIZZA PALMA			Address:		
ID Type / ID No.: FIN NO / G3426185M			Contact No.: Home/Office: Mobile: 93840341		
Nationality: FILIPINO			Email: RIZZAANTONIO@YAHOO.COM		
Sex: Female	Age: 25	Date of Birth: 26/09/1996	Type of Informant: Passenger		
Race: Filipino			Language: English	Institution / School Name:	
Occupation: Pre school teacher			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2021 09:15	Type of Location:
Location: WOODLANDS AVENUE 12				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5912D	Van					0
SGU5783Y	Car					0
SMD837C	Car					0
SMG5835J	Car					0



SINGAPORE POLICE FORCE



T/20211111/7019

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

2 of 4

Report No. T/20211111/7019

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE1818R	Trailer					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	ANTONIO RIZZA PALMA	ID No.	G3426185M
Related Vehicle	NIL	Contact No.	93840341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was a passenger in the vehicle bearing plate number GBK 5912 D travelling along the stated location. As the vehicle in front slowed down, my driver applied his brakes to slow our vehicle down as well. Suddenly I felt a large impact from the rear of my vehicle. This caused my vehicle to be propelled forward into the vehicle in front.

After alighting, I realised I had been involved in a 5 vehicle chain collision. Vehicles involve in the chain collision are listed in the following order from first to last .

- 1) SGU 5783 Y
- 2) SMD 837 C
- 3) GBK 5912 D
- 4) SMG 5835 J
- 5) XE 1818 R

Accident scene was attended by TP and ambulance was called to the scene. Someone was conveyed to the hospital. After the accident my driver and I felt unwell.

Due to pain in my neck and head area. I proceeded to see a GP at toa payoh unihealth clinic



**SINGAPORE
POLICE FORCE**



T/20211111/7019

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

3 of 4

Report No. T/20211111/7019

CONTINUATION OF REPORT

to receive treatment for my injuries. I was given medication and 3 days of MC



**SINGAPORE
POLICE FORCE**

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



T/20211111/7019

4 of 4

Report No. T/20211111/7019

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 /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

NP168

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

Date/Time:
11/11/2021 15:27

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 6/20211111/0050

I, Det (U) T08096 Faruq
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1 x MASTON 16 CR.

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from MUHAMMAD TASNVEEM SUFYAN BIN SULAIMAN
S99109702 89043579
(Name, NRIC or Passport No. / Rank and No.)

at 23 EUNOS CRESENT #05-3023 400023
(Address / Police Station / NPC / NPP)

on 4/11/2021 at 1024 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

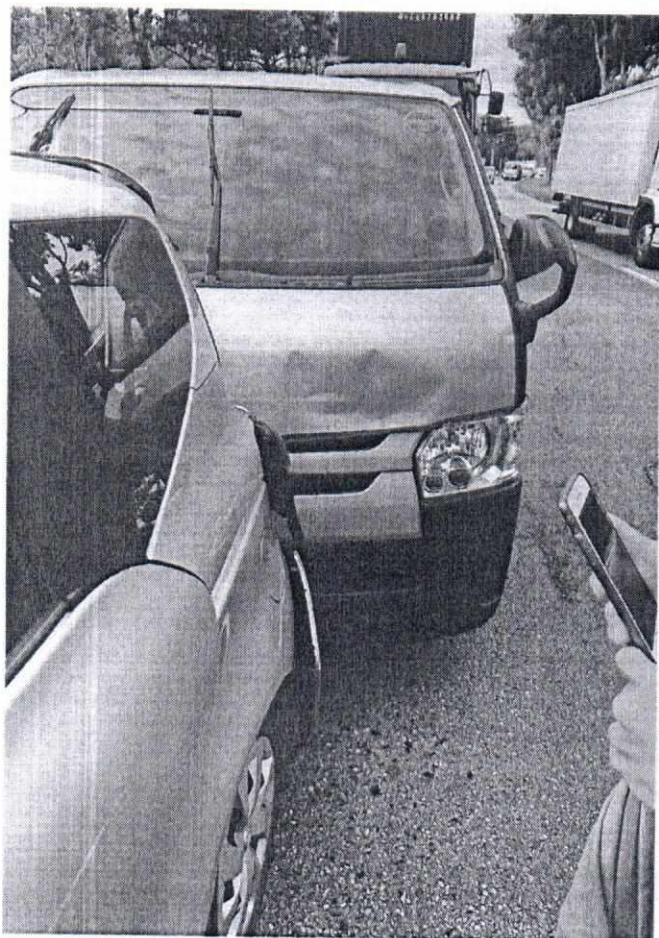
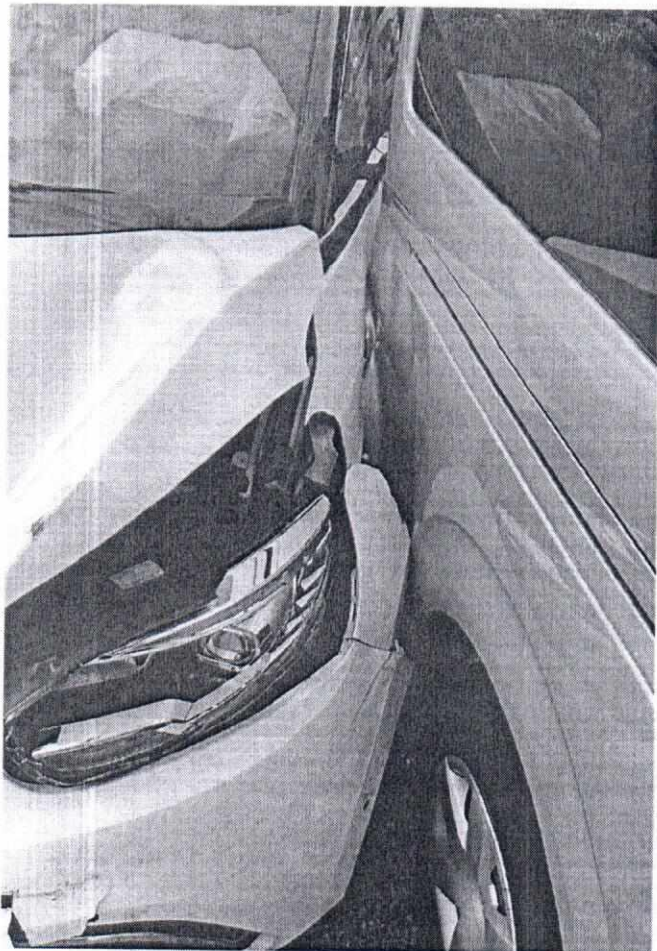
TASNVEEM (Signature)
S99109702

(Name, NRIC or Passport No. / Rank and No.)

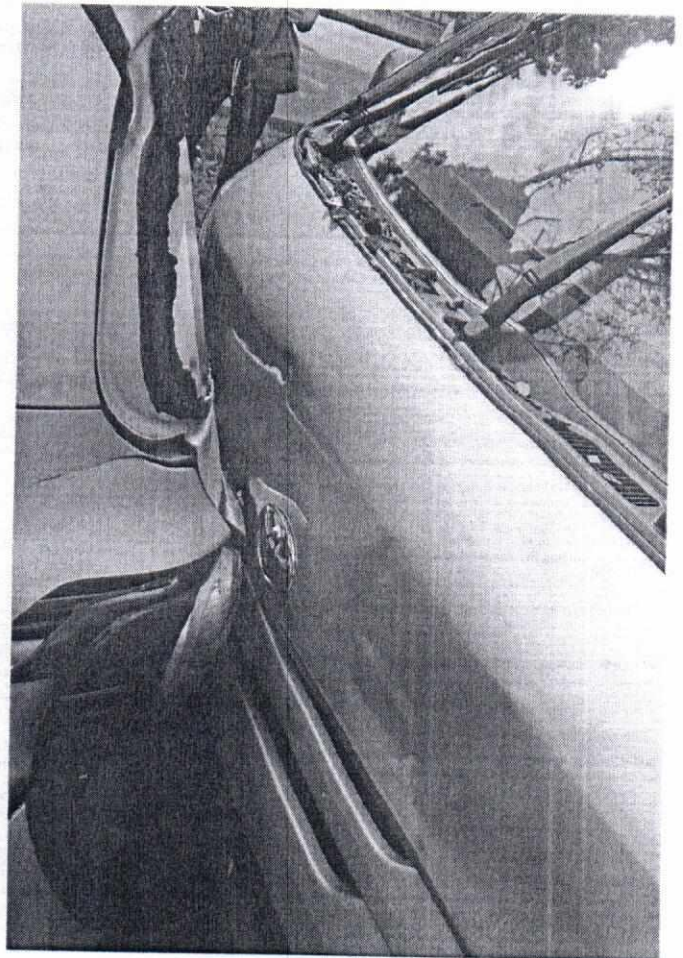
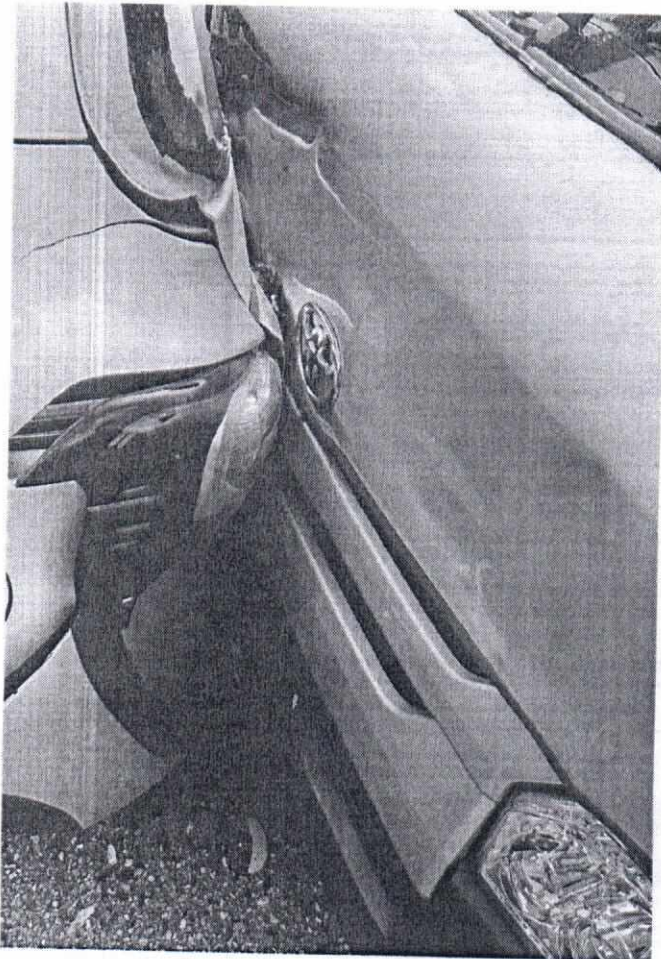
Signature

Det (U) T08096 Faruq
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: CRU 5912 D



17/11/2021



gus 18/11/2021



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

MZ407/C

R SN

AN0478A

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. DMCVSNW00104192101

Engine No.: 1GD8492142

Cha. No.: GDH2011033421

1. Index Mark and Registration
Number of Vehicle

GBK5912D

AUTOSAFE

2. Name of Policy Holder

SLK (S) PTE. LTD.

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

18/09/2021
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

17/09/2022

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.

(3) Use for social, domestic or pleasure purpose.

The policy does not cover:

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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: INSURE HUB 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

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6222 1033

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