

# ADDITIONAL APPROPRIATE COMPLETE SUPPLIERS

Date In: 12/11/2021 16:48  
 Ref No: NBAICT21011514  
 Val No: SMX 50937  
 DOA: 11/11/2021 18:48

820821300005

(1) TP Reporting Only

Job Description	But & When Completed	Done by
SAS Billing		
Transfer (by date and amount)		
Motor Claim Form		
Motor W/O (Within 30 days of loss)		
Photo Uploaded		
Assessment Survey Report		
Final Report by Tax/Hand to Owner/Driver		

TP Insurer

Produced W/IN NO AVALI IN W/IN / OWI

TP Insured/Driver ( ) Val No: 50049410, INC: / Non-INC: ,  
 Owner/Driver ( ) Tel: ,  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Continued by: ( ) Date: , Time: ,

Insured/Driver Liability ( ) % (Not Est Status (WO) N/O-20%, P1 21-79%, P2 80-100%)

Year of Registration ( ) Warrant YES ( ) / NO ( )

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

( ) Within Customer & Customer's Information Policy Condition & Policy No for of report

( ) Total Loss Case to email Insurer URGENTLY

Driver in ( ) / Towed in ( ) / Towed VAS ( ) / NO ( ) / Towed Col ( )

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

2) QO Check/Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$5000) ( )

Insured

12/20/2021

Driver/Owner

Continued No

Continued Portion

QC Checked by (English) - Chinese

1) Add on Work ( )	
2) Add on Work ( )	
3) Add on Work ( )	
4) Add on Work ( )	
5) Add on Work ( )	
6) Add on Work ( )	
7) Add on Work ( )	
8) Add on Work ( )	
9) Add on Work ( )	
10) Add on Work ( )	
11) Add on Work ( )	
12) Add on Work ( )	
13) Add on Work ( )	
14) Add on Work ( )	
15) Add on Work ( )	
16) Add on Work ( )	
17) Add on Work ( )	
18) Add on Work ( )	
19) Add on Work ( )	
20) Add on Work ( )	
21) Add on Work ( )	
22) Add on Work ( )	
23) Add on Work ( )	
24) Add on Work ( )	
25) Add on Work ( )	
26) Add on Work ( )	
27) Add on Work ( )	
28) Add on Work ( )	
29) Add on Work ( )	
30) Add on Work ( )	
31) Add on Work ( )	
32) Add on Work ( )	
33) Add on Work ( )	
34) Add on Work ( )	
35) Add on Work ( )	
36) Add on Work ( )	
37) Add on Work ( )	
38) Add on Work ( )	
39) Add on Work ( )	
40) Add on Work ( )	
41) Add on Work ( )	
42) Add on Work ( )	
43) Add on Work ( )	
44) Add on Work ( )	
45) Add on Work ( )	
46) Add on Work ( )	
47) Add on Work ( )	
48) Add on Work ( )	
49) Add on Work ( )	
50) Add on Work ( )	
51) Add on Work ( )	
52) Add on Work ( )	
53) Add on Work ( )	
54) Add on Work ( )	
55) Add on Work ( )	
56) Add on Work ( )	
57) Add on Work ( )	
58) Add on Work ( )	
59) Add on Work ( )	
60) Add on Work ( )	
61) Add on Work ( )	
62) Add on Work ( )	
63) Add on Work ( )	
64) Add on Work ( )	
65) Add on Work ( )	
66) Add on Work ( )	
67) Add on Work ( )	
68) Add on Work ( )	
69) Add on Work ( )	
70) Add on Work ( )	
71) Add on Work ( )	
72) Add on Work ( )	
73) Add on Work ( )	
74) Add on Work ( )	
75) Add on Work ( )	
76) Add on Work ( )	
77) Add on Work ( )	
78) Add on Work ( )	
79) Add on Work ( )	
80) Add on Work ( )	
81) Add on Work ( )	
82) Add on Work ( )	
83) Add on Work ( )	
84) Add on Work ( )	
85) Add on Work ( )	
86) Add on Work ( )	
87) Add on Work ( )	
88) Add on Work ( )	
89) Add on Work ( )	
90) Add on Work ( )	
91) Add on Work ( )	
92) Add on Work ( )	
93) Add on Work ( )	
94) Add on Work ( )	
95) Add on Work ( )	
96) Add on Work ( )	
97) Add on Work ( )	
98) Add on Work ( )	
99) Add on Work ( )	
100) Add on Work ( )	



# 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 16:48 (SGT)
Date of Accident	11/11/2021 08:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5093T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG HUA SENG
NRIC No	SXXXX521Z
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-90051816
Alternative Phone No	+65-90051816

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00014992100
Cover Note Number	-

## DRIVER

Name of Driver	JONATHAN YUEN ZHI WEI
NRIC No	SXXXX037F

Date Of Birth	12/05/1997
Occupation	Indoor
Date Of Driving Pass	16/12/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90051816
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	BLK 296B BUKIT BATOK STREET 22 #14-80
Address complement	-
Postcode	652296
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	3
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	FLORA NG JIA YI
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211111/2058

#### 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	SLD4947D
-----------------------------	----------



Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHAI
Contact Number	(Phone) +65-93865541
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	SMW7637S
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	JONATHAN YUEN ZHI WEI
Gender	Male
Phone No	(Phone) +65-90051816
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX5093T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	FLORA NG JIA YI
Gender	Female
Phone No	(Phone) +65-85225369
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX5093T
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.

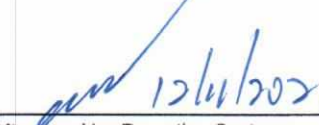
(collectively the "Purposes")

(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

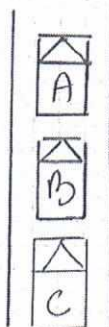
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



A: SMX 5093T  
B: 3LD 4947D  
C: RMW 7637S

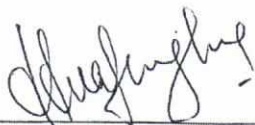


Describe Circumstances of the Accident

Refer to Police Report No.: T/2021/111/2058

Declaration

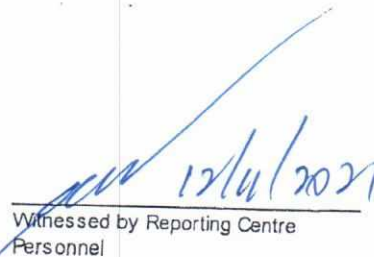
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 11th November 2021		TIME: 0845hrs	(hh:mm) 24 hrs Format
LOCATION Along TPE			
VEHICLE NUMBER SMX 50937			
INSURED NAME NG HUA SENG			
NRIC / FIN S1345521Z		CONTACT: 90051816	
MAKE HONDA		MODEL SHUTTLE	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY CHINA TAIPING			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMPCSNW00014992100			
NAME DRIVER: JONATHAN YUEN ZHI WEI		( ) SAME AS INSURED	
NRIC / FIN S9716037F		CONTACT: 90051816	
DATE OF BIRTH: 12/05/1997			
DRIVING PASS DATE: 16/12/2020			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: est+rpt+66@gmail.com		( ) NO EMAIL	
ADDRESS OF DRIVER: BLK 296B BUKIT BATOK STREET 22			
#14-80 SINGAPORE 652296			
Number Of Passenger Include Driver: DRIVER & 1 Female Passenger			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( <input checked="" type="checkbox"/> ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details : DRIVER AND 1 FEMALE PASSENGER			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B SLD 4947D			
Veh C SMW 7637S			
Veh D			
Veh E			
Veh F			
Veh G			





# SINGAPORE POLICE FORCE



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

1 of 4

Report No. T/20211111/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 13:46		Vide Report No.:		Station Diary No.: 24
<b>Informant's Particulars</b>				
Name of Informant: JONATHAN YUEN ZHI WEI		Address: APT BLK 296B BUKIT BATOK STREET 22 #14-80 SINGAPORE 652296		
ID Type / ID No.: NRIC NO / S9716037F		Contact No.: Home/Office: Mobile: 90051816		
Nationality: SINGAPORE CITIZEN		Email: Jonthanyuen@hotmail.com		
Sex: Male	Age: 24	Date of Birth: 12/05/1997	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Unemployed		Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2021 08:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD4947D	Car				Slightly Damaged	0
SMW7637S	Car				Slightly Damaged	0
SMX5093T	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20211111/2058

Police Station Of Origin:

Clementi NPP

427 Clementi Avenue 3 #01-456

SINGAPORE 120427

Tel No: 1800-7759999

2 of 4

Report No. T/20211111/2058

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Khai	ID No.	NIL
Related Vehicle	SLD4947D (Car)	Contact No.	93865541
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	Unknown Driver	ID No.	NIL
Related Vehicle	SMW7637S (Car)	Contact No.	NIL
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	JONATHAN YUEN ZHI WEI	ID No.	S9716037F
Related Vehicle	SMX5093T (Car)	Contact No.	90051816
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20211111/2058

3 of 4

Report No. T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Flora Ng Jia Yi	ID No.	S9801324E
Related Vehicle	SMX5093T (Car)	Contact No.	85225369
Hospital/Clinic	Healthlife Family Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2021	Date Discharge	11/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/11/2021 at about 0845hrs, I was driving my vehicle bearing the registration plate number SMX5093T and I had just exited from Punggol Way about to enter TPE. The road was dry and the traffic volume was moderate. My wife Flora Ng sat at the rear right of the passenger seat. We have a dog in the car thus my wife sat at the rear.

As I was about to exit into TPE, the vehicle (SLG5818X) in front of me jammed brake thus I had to jammed brake to avoid the collision. I did managed to avoid the collision into the rear of SLG5818X however suddenly I felt an impact from the rear.

I got down my vehicle and realized that I am involve in a chain collision involving 3 Singapore vehicle. The sequence as follows:

- 1st vehicle: SMX5093T (my vehicle)
- 2nd vehicle: SLD4947D (Khai)
- 3rd vehicle: SMW7637S

I had checked and no one was injured at the point of time. I had exchanged contact number with SLD4947D and subsequently drove off. After which my wife Flora Ng felt pain at her neck and right wrist area. My wife visited Healthlife Family Clinic located at Blk 296A Bukit Batok Street 22 #01-64 and was given 3 days of MC from 11/11/21 to 13/11/2021.

I do have the in-car front/back camera installed in my vehicle and it captured the Incident.





**SINGAPORE  
POLICE FORCE**



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

4 of 4

Report No: T/20211111/2058

**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  
D/  
Sgt 1 NG JIA HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/11/2021 13:46

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Motor Private Car

MX1F

E SN

AN0687A

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, 1969 (Malaysia)

CERTIFICATE No.

DMPCSNW00014992100

Engine No.: L15B6022860

Cha. No.: GK82102427

1. Index Mark and Registration  
Number of Vehicle

SMX5093T

2. Name of Policy Holder

NG HUA SENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment15/01/2021  
(00:00:00)

4. Date of Expiry of Insurance

14/01/2022

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.

Named Drivers Ex Sect. I

S\$800.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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.: UNITED OVERSEAS BANK LIMITED

\* 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: Irene Hor  
Authorised Officer  
Authorised Signatory