

ADDITIONAL Assessment Certificate Suppliers

2022/1370001

Date: 21/11/2021 14:56
 Ref No: 1370001/2021/11
 Ref No: 21/11/2021 10:30

Job Description	Units & Time Completed	Done by
SAS Billing		
Terminal (Vehicle Unit, A/C Unit)		
1-Motor Claim Form		
1-Motor VV/Q (Vehicle Unit, A/C Unit)		
1-Photo Uploaded		
Assessment Survey Report		
Final Report by Tax/Hand to Owner/Driver		

(1) / TP / Reporting Only

TP Insurer

Proposed Work / NO Assessment Work / DWI

TP Handled by: Yes/No
 Owner/Driver:
 Policy No:
 Period:
 Cover Type:
 Continued by:
 Date:
 Time:
 Insured/Driver Liability:
 Year of Registration:
 License:
 Loading: \$1,000 / \$2,000

() Walk-in Customer / Customer Information clearly identifiable & clearly NO for of report
 () Total Loss Case / to email Insurer URGENTLY
 Drive-In: / Towed-In: / Involves VRS: / NO: / Towed Out:
 1) Apply for Transport Allowance: / Courtesy Car:
 2) QO Check/Post Repair Inspection:
 3) Upload Recovery Photo (Repair Costs > \$5,000):

Invoice

1370001/542

Driver/Owner

Continued No

Continued Portion

QO Checked by (Engineer/Chassis):

1) All roadworthy items (QO)	
2) All bodywork items (QO)	
3) All electrical items (QO)	
4) All mechanical items (QO)	
5) All structural items (QO)	
6) All safety items (QO)	
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For Owner/Driver

For Owner/Driver

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	29/11/2021 14:56 (SGT)
Date of Accident	28/11/2021 10:30 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6544Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIN HENG TRANSPORT PREVATE LIMITED
Company Reg No	2XXXXX138N
Email Address	sinhengtransport@gmail.com
Mobile Phone No	(Phone) +65-90858889
Alternative Phone No	+65-93546211

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FS1EKKD
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12913

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00073842100
Cover Note Number	-

DRIVER

Name of Driver	JASKARAN SINGH
Passport No/FIN	GXXXX344N

Date Of Birth	04/08/1990
Occupation	Outdoor
Date Of Driving Pass	16/02/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93546211
Alt. Phone Number	-
Email Address	sinhengtransport@gmail.com
Address	156 MARIAM WAY #07-02
Address complement	BALLOTA PARK CONDOMINIUM
Postcode	507082
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	Side Swipe
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)	1
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	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211128/2050

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3783T
Vehicle Manufacturer	Hyundai
Vehicle Model	Accent
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	NG KOON HUAT
NRIC No	SXXXX325H
Contact Number	(Phone) +65-97529103
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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 to 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



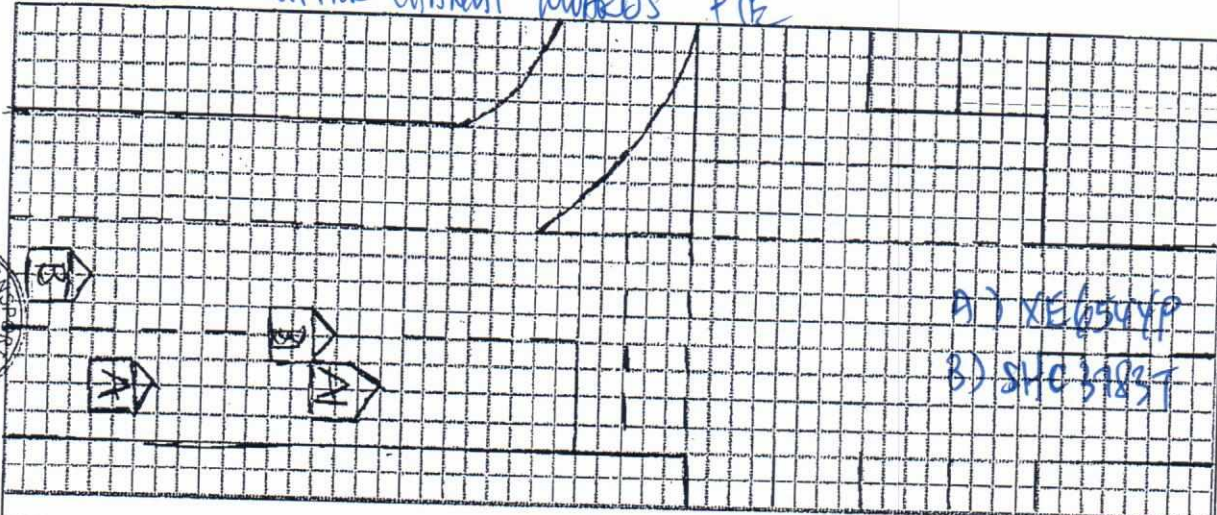
Policyholder's Signature
Date & Time

singh
Driver's Signature
(if driver is not the policyholder)
Date & Time

29/11/2021
Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:

SKETCH PLAN

UPPER CHANGI TOWARDS PIE



A) XE6544P
B) SHC3783T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

—REFER TO POLICE REPORT VIDE: T/20211128/2050—

A) XE6544P
B) SHC3783T

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

I/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

Singh

Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:

29/11/2021

IMPORTANT NOTICE

- ## ACCIDENT STATEMENT

DETAILS OF OWN VEHICLE

Vehicle Particulars (Own Vehicle)Insurance Company (Own Vehicle)Page 1

DRIVER		<input type="checkbox"/> Same as Insured above	
Name of Driver		SASKARAN SENGH	
ID of Driver		<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Date of Birth		04 / 08 / 1990	
Occupation		DRIVER	
Driving Date Pass		17 / 04 / 2014	
Year of Driving Experience in Singapore		Year(s)	Month(s)
Gender		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone No. <input checked="" type="checkbox"/> Local <input type="checkbox"/> Foreign		9354 6211	
Fax No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign			
Alternative Phone No.			
Address of Driver		156 MARIAM VAY BALLOTA PARK CONDOMINIUM	
Email Address		Postcode (507082)	
Was driver an employee of the Insured's Company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If No, Relationship of the Driver with the Insured			
Does the Driver Own Any Vehicle?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		(Vehicle 1)	
		(Vehicle 2)	
		(Vehicle 3)	
Insurance Company of Driver's Own Vehicle (if applicable)		(Vehicle 1)	
		(Vehicle 2)	
		(Vehicle 3)	
General Information Of The Accident			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		SIDE SWIPE	
Weather Conditions		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others	
Road Surface		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others	
Other Information			
Was any foreign vehicle involved in this accident?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Foreign Vehicle Registration Number			
Foreign Vehicle Category		<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Number of vehicles involved in the accident			
Was any body injured in the accident?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any injured conveyed to hospital by ambulance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any other vehicle or property damaged? (including witness)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I have been approached by unknown person(s) soliciting / offering accident claim assistance.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Number of Passengers (Including Driver)	1
Passenger 1	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 2	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 3	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 4	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 5	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
(Note - Please use page 7 if you need to add more details)	
Details Of Police Action	
Was the Accident reported to the Police?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name	TANAH MERAH NPP
Police Station Address	51 UPPER CHANGI RD #01-1514.
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, against whom?)
Attachment(s)	
Are accident photographs available for attachment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any audio recorded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	SHC3783T
Vehicle Make/ Model/ Colour	BLUE / HUNDAI / ACCENT
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	NA KOOH HUAT
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 7 if you need to add more vehicles)	
Details of Witness 1	
Name	
Phone	
Email Address	



SINGAPORE POLICE FORCE



T/20211128/2050

1 of 3

Report No. T/20211128/2050

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/11/2021 14:51

Vide Report No.:

Station Diary No.:
10

Informant's Particulars

Name of Informant: JASKARAN SINGH			Address: 156 MARIAM WAY #07-02 BALLOTA PARK CONDOMINIUM SINGAPORE 507082		
ID Type / ID No.: FIN NO / G8436344N			Contact No.: Home/Office: Mobile: 93546211		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 04/08/1990	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2021 10:30	Type of Location: Bend
Location: PAN-ISLAND 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

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC3783T	Car					0
XE6544Y	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211128/2050

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

2 of 3

Report No. T/20211128/2050

CONTINUATION OF REPORT

Driver			
Name	NG KOON HUAT	ID No.	S0705325H
Related Vehicle	SHC3783T (Car)	Contact No.	97529103
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	JASKARAN SINGH	ID No.	G8436344N
Related Vehicle	XE6544Y (Lorry)	Contact No.	93546211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/11/2021 at about 10.30am while I was driving my company truck bearing the plate number of XE6544Y along Upper Changi Road East towards PIE at the left side lane bend over, there was a taxi bearing the plate number of SHC3783T driving on the right side beside me and he suddenly cut into my lane which my front driver side hit onto his passenger side and causing his passenger side mirror to be slightly scratch and dent. I wish to state that both of us had exchanged particulars and the said driver informed that he will proceed with insurance claiming. I had also since reported the matter to my company and I was directed to lodge a report for their recording purposes. No one was injured during the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20211128/2050

3 of 3

Report No. T/20211128/2050

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 3 ALFIN NG KOK CHIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /

SI TAN VEOK LENG
SINGAPORE 151
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Singh

Date/Time:
28/11/2021 14:51

Classification Of Case:



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

MZ301/C

N SN

AN0707B

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.

DMCVSNW00073842100

Engine No.: E13CBN10183

Cha. No.: JHDFS1EKKXXX10021

1. Index Mark and Registration
Number of Vehicle

XE6544Y

2. Name of Policy Holder

SIN HENG TRANSPORT PRIVATE LIMITED

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

28/06/2021
(00:00:00)

Excess Sect I. S\$1,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

27/06/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: TOYOTA FINANCIAL SERVICES SINGAPORE 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: Chua Suat Lay Sally
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