

# NATIONAL Assessment Centre Services

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 29/11/2021 15:28  | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTI 21012065/m4 | SAS e-filing                             |                       |         |
| Veh No: SLX 3324C          | E-mail (within Mins, MP 2hrs)            |                       |         |
| D.O.A: 26/11/2021 17:05    | 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: SKV 9288G  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA 210 4545                     | <b>Invoice Preparation Checklist</b>            | Amt (\$)    | Amt (\$) |
|                                 |   | 1st Bill    | 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              |             |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | Q1*   |             |          |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Auditors' Comments :-           | TP (N11): TP (N11 INC) against INC \$20         |             |          |
| Cat. 1:                         | 9) N12: Idac Mobile 30                          |             |          |
| Cat. 2 / 3:                     | 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              | 29/11/2021 15:28 (SGT) |
| Date of Accident                | 26/11/2021 17:05 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | LIM LIAK ST LOT 4A     |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLX3324C                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | LOW NAH NAH             |
| NRIC No                     | SXXXX260C               |
| Email Address               | bumblebbb8888@gmail.com |
| Mobile Phone No             | (Phone) +65-92710192    |
| Alternative Phone No        | +65-92710192            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | X-trail                   |
| 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   | 1997                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00118572101                            |
| Cover Note Number         | -   |

### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | LOW NAH NAH |
| NRIC No        | SXXXX260C   |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 15/04/1968              |
| Occupation   | Indoor                  |
| Date Of Driving Pass   | 12/10/1987              |
| Driving experience   | 34 YEARS AND 1 MONTH    |
| Gender   | Female                  |
| Mobile Number  | (Phone) +65-92710192    |
| Alt. Phone Number  | +65-92710192            |
| Email Address  | bumblebbb8888@gmail.com |
| Address  | BLK 22 HAVELOCK ROAD    |
| Address complement   | #05-709                 |
| Postcode   | 160022                  |
| Is the driver the policyholder?                              | Yes                     |
| If No, Relationship of the Driver with the Insured           | -                       |
| 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   | Collided into Parked Vehicle |
| 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)   | 0   |
| 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                       | 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

REFER TO THE POLICE REPORT : T/20211127/7010

#### 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 | WITNESS VIDEO |
| Was there any audio recorded?                     | No            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SKV9288G |
| Vehicle Manufacturer        | Mercedes |
| 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)     | -           |

## 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' law yers/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' law yers/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 law yers/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

LIM LIAK ST LOT 4A

Tiong Bahru market



Vel A: SLX 3324L

Vel B: SKV9288 G

Describe Circumstances of the Accident

10

Police 2/11/27

~~1/2021/26~~

10/10

We declare the foregoing particulars are true in every respect.

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

29/11/21

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

Re 29/11/2021





# SINGAPORE POLICE FORCE



T/20211127/7010

1 of 3

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

Report No. T/20211127/7010

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>27/11/2021 15:00 |            | Vide Report No.:<br>T/20211126/7036 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>LOW NAH NAH          |            |                                     | Address:<br>22 HAVELOCK ROAD #05-709 SINGAPORE 160022  |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S6818260C   |            |                                     | Contact No.:<br>Home/Office: Mobile: 92710192          |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>lownahnah2217@gmail.com                      |                    |                            |
| Sex:<br>Female                             | Age:<br>53 | Date of Birth:<br>15/04/1968        | Type of Informant:<br>Driver                           |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English                                   |                    | Institution / School Name: |
| Occupation:<br>Self-Employed               |            |                                     | Driving Licence Information:<br>Class: Date of Expiry: |                    |                            |

**General Information of the Accident**

|   |                           |                                    |  |                                     |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/11/2021 17:05 | Type of Location:<br>Car Park       |
| Location:<br><br>LIM LIAK STREET                              |                           |                                    |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make             | Model                                       | Color | Conditio | No of |
|-------------|------|------------------|---|-------|----------|-------|
| SKV9288G    | Car  | MERCEDES<br>BENZ |   |       |          | 0     |
| SLX3324C    | Car  | NISSAN           | X-TRAIL 2.0<br>CVT ABS<br>4WD S/R 7-<br>STR | Blue  |          | 1     |



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

Report No. T/20211127/7010

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |                        |            |             |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SLX3324C                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW001185<br>72101 | 21/06/2021 | 20/06/2022  |

| Details of Person Involved        |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                |                                   |                                   |
| Name                              | LOW NAH NAH    | ID No.                            | S6818260C                         |
| Related Vehicle                   | SLX3324C (Car) | Contact No.                       | 92710192                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of                         | NIL                               |

Brief Details.

On 26 Nov 2021 (Fri) at about 4.40pm, I arrived with my husband at Tiong Bahru Market and parked my vehicle bearing registration number plate: SLX 3324C located at Lim Liak St Lot 4A and then left with him for a meal.

When we returned at about 5.15pm, we saw one guy walking towards us and then he informed us that our car had been hit by another car bearing registration number plate: SKV 9288G and ran off. He saw the whole accident and informed us that he had video footages as well.

Upon hearing this, we quickly checked our car and found that indeed the rear portion got damaged. There was no note or anything on the windscreen to inform us from the other car that had hit our car. Therefore, this should be a hit and run accident.

I lodged this report for police investigation into such irresponsible driver and also for insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20211127/7010

3 of 3

Report No. T/20211127/7010

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

**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 /  
NEO ZHI YUAN  
Contact No.: 65476079

Signature Of Informant:

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

Date/Time:  
27/11/2021 15:00

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

|   |  |                |                         |                      |                     |
|---|--|----------------|-------------------------|----------------------|---------------------|
| Accident Date: 26/11/2021   |  | Time: 17:05hrs |                         | (hh:mm) 24 hr format |                     |
| Location Lim Liak St Lot 4A   |  |                |                         |                      |                     |
| Vehicle Number SLX3324C   |  |                |                         |                      |                     |
| Insured Name Low Nah Nah  |  |                |                         |                      |                     |
| NRIC / FIN S6818260C  |  |                | Contact Number 92710192 |                      |                     |
| Make Nissan   |  | Model X-Trail  |                         | (1997cc) Auto        |                     |
| Are you claiming under your own insurance policy for repair to your vehicle?        |  |                |                         |                      |                     |
| ( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting                            |  |                |                         |                      |                     |
| Insurance Company China Taiping   |  |                |                         |                      |                     |
| Type of Policy (✓) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |                |                         |                      |                     |
| Policy Number DMP LSHW00128572101   |  |                |                         |                      |                     |
| Name of Driver  |  |                |                         |                      | (✓) Same as Insured |
| NRIC / FIN —  |  |                | Contact Number —        |                      |                     |
| Date of Birth 15/4/1968   |  |                |                         |                      |                     |
| Driving Pass Date 12 Oct 1987   |  |                |                         |                      |                     |
| Occupation (✓) Indoor ( ) Outdoor   |  |                |                         |                      |                     |
| Gender ( ) Male (✓) Female  |  |                |                         |                      |                     |
| Email Address bumblebbb8888@gmail.com   |  |                |                         |                      | ( ) NO EMAIL        |
| Address of Driver Blk 22 havelock Rd #05-709 S 160022                               |  |                |                         |                      |                     |
| Was driver an employee of the Insured's Company? ( ) Yes (✓) No                     |  |                |                         |                      |                     |
| If No, Relationship of the Driver with the Insured                                  |  |                |                         |                      |                     |
| (✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling               |  |                |                         |                      |                     |
| Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No                               |  |                |                         |                      |                     |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle                         |  |                |                         |                      |                     |
| Insurance Company of Driver's Own Vehicle   |  |                |                         |                      |                     |
| Weather Conditions (✓) Clear ( ) Raining ( ) Others                                 |  |                |                         |                      |                     |
| Road Surface (✓) Dry ( ) Wet ( ) Others   |  |                |                         |                      |                     |
| Was any foreign vehicle involved in this accident? ( ) Yes (✓) No                   |  |                |                         |                      |                     |
| Was anybody injured in the accident? ( ) Yes (✓) No                                 |  |                |                         |                      |                     |
| If yes, injured detail  |  |                |                         |                      |                     |
| Was there any video captured by Car Camera? (✓) Yes ( ) No witness video            |  |                |                         |                      |                     |
| Was the Accident reported to the Police? (✓) Yes ( ) No If yes attach police report |  |                |                         |                      |                     |
| DETAILS OF 3 <sup>rd</sup> party  |  | Name / Nric    |                         | Contact              |                     |
| Veh B SKV 9288 G  |  |                |                         |                      |                     |
| Veh C   |  |                |                         |                      |                     |
| Veh D   |  |                |                         |                      |                     |
| Veh E   |  |                |                         |                      |                     |
| Veh F   |  |                |                         |                      |                     |

\* No one in the car of SLX3324C



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

R SN

AN0595A

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.   | DMPCSNW00118572101       | Engine No. MR20723779B                   | Cha. No. JN1JANT32Z0000533 |
| 1. Index Mark and Registration Number of Vehicle  | SLX3324C                 | AUTOSAFE                                 | *****                      |
| 2. Name of Policyholder   | LOW NAH NAH              |  |                            |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactments  | 21/06/2021<br>(00:00:00) | Named Drivers Ex Sect. I                 | \$S750.00                  |
|   |                          | Additional Ex. Other than Named Drivers: |                            |
|   |                          | Ex Sect. I - Age <= 25                   | \$S3,000.00                |
|   |                          | Ex Sect. I - Age >= 26                   | \$S500.00                  |
| 4. Date of Expiry of Insurance  | 20/06/2022               | * Age as at date of accident             |                            |
|   |                          | EX ON WINDSCREEN                         | \$S100.00                  |
| 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.<br>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.<br>One time Waiver of Excess for the first \$S500 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. : TOKYO CENTURY LEASING (S) PTE LTD   |                          |  |                            |
| * Limitations rendered inoperative by Section 2 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

Issued By

ST INSURANCE AGENCY PTE LTD

Authorized Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

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.sq.chinataiping.com