

**NATIONAL Assessment Centre Services**

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>07/01/22</b>         | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/CTJ22000238/13</b> | SAS e-filing                             |                       |         |
| Veh No: <b>GBJ8977C</b>          | E-mail (within 2hrs. AP 2hrs)            |                       |         |
| P.O.A: <b>06/01/22 1625</b>      | i-Motor Claim Form                       |                       |         |
| OD: <b>(TP) Reporting Only</b>   | 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: **SHD9991P** 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |
| Auditors' Comments :-           | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Cat. 2 / 3:                     | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | Q11:  |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11): TP (Non-INC) against INC \$20         |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
|                                 | 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              | 07/01/2022 15:57 (SGT)   |
| Date of Accident                | 06/01/2022 16:25 (SGT)   |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | BEDOK RESERVOIR RD TWDS TAMPINES AVE 1 AT BEDOK<br>NORTH RD X-JUNC |
| Country/State of Loss           | Singapore  |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBJ8977C              |
| INSURED/POLICYHOLDER        |                       |
| Is company?                 | Yes                   |
| Name Of Registered Owner    | SG LEASING PTE LTD    |
| Company Reg No              | 2XXXXX520C            |
| Email Address               | sgleasing@outlook.com |
| Mobile Phone No             | (Phone) +65-84211426  |
| Alternative Phone No        | +65-84211426          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Nv200                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Commercial vehicle        |
| Transmission   | Manual                    |
| CC   | 1597                      |

#### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMCVSNW00121202102                            |
| Cover Note Number         | -   |

#### DRIVER

|                |                 |
|----------------|-----------------|
| Name of Driver | LEE SHIET XIANG |
|----------------|-----------------|

|  |                        |
|--|------------------------|
| NRIC No  | SXXXX779E              |
| Date Of Birth  | 15/10/1980             |
| Occupation   | Outdoor                |
| Date Of Driving Pass   | 20/06/2003             |
| Driving experience   | 18 YEARS AND 7 MONTHS  |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-87986315   |
| Alt. Phone Number  | -                      |
| Email Address  | fredericklsx@yahoo.com |
| Address  | BLK 469 TAMPINES ST 44 |
| Address complement   | #08-156                |
| Postcode   | 520469                 |
| 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   | 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?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| 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                       | 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

PLS REFER TO THE POLICE REPORT:T/20220106/7046

#### 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 | FILES TOO BIG CANT UPLOAD |
| Was there any audio recorded?                     | No                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD9991P |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |

|   |                      |
|---|----------------------|
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Taxi                 |
| Name of Driver                          | CHONG CHIAP FATT     |
| NRIC No                                 | SXXXX809Z            |
| Contact Number                          | (Phone) +65-92962934 |
| 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                              | LEE SHIET XIANG |
| Gender  | Male            |
| Phone No  | -               |
| Address   | -               |
| Address Complement                                  | -               |
| Post Code   | -               |
| Approximate Age Years Old                           | -               |
| Injuries Sustained                                  | SLIGHT          |
| Injured person in which vehicle?                    | GBJ8977C        |
| 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 willful 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.

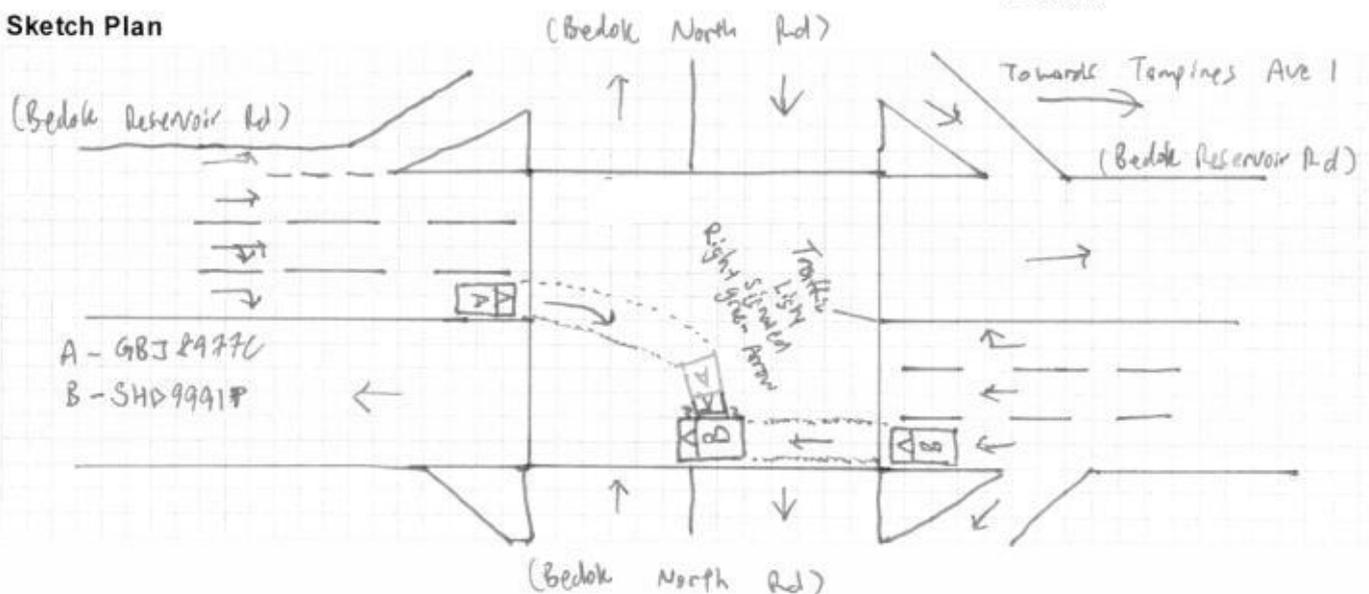


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan







**SINGAPORE  
POLICE FORCE**



T/20220106/7046

1 of 3

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

Report No. T/20220106/7046

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>06/01/2022 21:10 | Vide Report No.:<br>E/20220106/0080 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars                  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>LEE SHIET XIANG    |            | Address:<br>469 TAMPINES STREET 44 #08-156 SINGAPORE 520469 |                              |
| ID Type / ID No.:<br>NRIC NO / S8033779E |            | Contact No.:<br>Home/Office:                                | Mobile: 87986315             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:<br>fredericklsx@yahoo.com                            |                              |
| Sex:<br>Male                             | Age:<br>41 | Date of Birth:<br>15/10/1980                                | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>Despatch worker           |            | Driving Licence Information:<br>Class: 3                    | Date of Expiry:              |

| General Information of the Accident                          |                              |                                    |   |                                 |
|--|------------------------------|------------------------------------|---|---------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>06/01/2022 16:25 | Type of Location:<br>T-Junction |
| Location:<br><br>BEDOK RESERVOIR ROAD                        |                              |                                    |   |                                 |
| Weather:<br>Cloudy   |                              | Road Surface:<br>Dry               | Road Speed Limit:<br>30 Km/h                  |                                 |
| Traffic Flow:<br>Two Way                                     |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |                                    | Anyone conveyed by<br>ambulance:<br>Yes       |                                 |

| Details of Vehicle Involved |      |      |       |       |          |       |
|-----------------------------|------|------|-------|-------|----------|-------|
| Vehicle No.                 | Type | Make | Model | Color | Conditio | No of |
| GBJ8977C                    | Van  |      |       |       |          | 0     |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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

Report No. T/20220106/7046

**CONTINUATION OF REPORT**

| Driver                            |                  |                                   |                                 |
|-----------------------------------|------------------|-----------------------------------|---------------------------------|
| Name                              | LEE SHIET XIANG  | ID No.                            | S8033779E                       |
| Related Vehicle                   | GBJ8977C (Van)   | Contact No.                       | 87986315                        |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                             |
| No. of Days granted Medical Leave | NIL              | Degree of                         | Slight                          |
| Driver                            |                  |                                   |                                 |
| Name                              | CHONG CHIAP FATT | ID No.                            | S2007809Z                       |
| Related Vehicle                   | NIL              | Contact No.                       | 92962934                        |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                             |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                             |

Brief Details.

I was turning right with the right green arrow indicated when suddenly a taxi going straight from the opposite direction speed through. Thus, causing my van to hit on the right back door of the taxi with a passenger inside.



**SINGAPORE  
POLICE FORCE**



T/20220106/7046

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

3 of 3

Report No. T/20220106/7046

**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 /  
VILTON HIA WEE SIANG  
Contact No.: 65476232

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

Date/Time:  
06/01/2022 21:10

Classification Of Case:

|  |   |                            |               |
|--|---|----------------------------|---------------|
| VEHICLE NO:  | GBJ 8999c   | MAKE & MODEL: Nissan NV200 | AUTO / MANUAL |
| DATE OF ACCIDENT:  | 06/01/2022  | CC:                        |               |
| TIME OF ACCIDENT:  | 1625 HRS  |                            |               |
| LOCATION OF ACCIDENT:  | Bedok Reservoir Rd towards Tampines Ave 1 at Bedok North rd |                            |               |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE<br>X-Junction       |                            |               |
| NAME OF OWNER:   | Sg Leasing Pte Ltd  |                            |               |
| TEL NO:  | H/P: 8421 1426  | OFFICE:                    | HOME:         |
| NRIC:  | 201317520e  |                            |               |
| ADDRESS:   | 15 Yishun Industrial Street 1 #01-04 Win 5 S(768091)        |                            |               |
| EMAIL:   | Sgleasing@outlook.com                                       |                            |               |
| CLAIM TYPE:  | OD / THIRD PARTY / REPORTING ONLY                           |                            |               |
| FLEET POLICY:  | YES / NO?   |                            |               |
| INSURANCE COMPANY:   | China Taiping   |                            |               |
| TYPE OF COVERAGE:  | Comprehensive / Third Party / Third Party Fire & Theft      |                            |               |
| POLICY NO:   | DMCVSNW00121202102  |                            |               |
| NAME OF DRIVER:  | AS ABOVE / IF NO: Lee Shiet Xiang                           |                            |               |
| NRIC:  | Sdo 32779E  | ANY PASSENGER:             | N.A.          |
| DATE OF BIRTH:   | 15/10/1980  | LICENCE PASSED DATE:       | 20/06/2003    |
| OCCUPATION:  | OUTDOOR / INDOOR  |                            |               |
| GENDER:  | MALE / FEMALE   |                            |               |
| CONTACT NO:  | H/P: 8798 6315  | OFFICE:                    | HOME:         |
| ADDRESS:   | 469 Tampines Street 44 #08-156 S(520469)                    |                            |               |
| EMAIL:   | Fredericklsx@yahoo.com                                      |                            |               |
| DOES DRIVER OWNED ANY VEHICLE:   | NO / IF YES, REG NO:  | INSURER:                   |               |
| RELATIONSHIP:  | Hirer   |                            |               |
| WEATHER CONDITION:   | CLEAR / RAINING / OTHERS:                                   |                            |               |
| ROAD SURFACE:  | DRY / WET / OTHER:  |                            |               |
| ANY INJURIES:  | NO / IF YES, WHO?   |                            |               |
| NAME & CONTACT:  | Lee Shiet Xiang, 8798 6315                                  |                            |               |
| NAME & CONTACT:  |   |                            |               |
| POLICE REPORT:   | NO / IF YES, WHERE? Traffic police                          |                            |               |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO / IF YES, WHO?   |                            |               |
| VEHICLE B REG NO:  | SHD 9991P   | ANY PASSENGERS:            | 1 (Male)      |
| NAME OF DRIVER:  | Chong Ching Fatt  | CONTACT NO:                | 9296 2934     |
| VEHICLE C REG NO:  |   | ANY PASSENGERS:            | 1             |
| VEHICLE D REG NO:  |   | ANY PASSENGERS:            |               |
| VEHICLE E REG NO:  |   | ANY PASSENGERS:            |               |
| VEHICLE F REG NO:  |   | ANY PASSENGERS:            |               |
| VEHICLE G REG NO:  |   | ANY PASSENGERS:            |               |
| ANY WITNESS? IF YES, NAME:   |   | WITNESS CONTACT:           |               |
| WAS THERE ANY VIDEO CAPTURE?   | YES / NO  |                            |               |
| WAS THERE ANY AUDIO RECORDED?  | YES / NO  |                            |               |
| ACCIDENT SCENE PHOTOS TAKEN?   | YES / NO  |                            |               |
| ACCIDENT PORTION:  | Front portion   |                            |               |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO  |                            |               |
| WORKSHOP PARTICULAR:   | N-51 Automotive Pte Ltd                                     |                            |               |
| CONTACT NO:  | 68420051 / 67440510   |                            |               |
| CONTACT PERSON:  | Jun Ming  |                            |               |
| FAX NO:  | 67410510  |                            |               |
| WORKSHOP EMAIL:  | sales@n51.com.sg  |                            |               |



Motor Commercial

MZ407/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)

R SN

AN0663A

Cov. Type:C

CERTIFICATE No. DMCVSNW00121202102

Engine No.: K9KE628D667290  
Cha. No.:VSKYBAM20Z0177551

1. Index Mark and Registration  
Number of Vehicle

GBJ8977C

AUTOSAFE  
=====

2. Name of Policy Holder

SG LEASING PTE LTD

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

30/09/2021  
(00.00.00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

29/09/2022

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.: MAYBANK AS HP OWNER

\* 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: SGML PTE LTD  
Authorised Officer

Authorised Signatory