NATIONAL Assessment Centre	e Services	* 1 * 1 25 * 14			Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date In: 14/01/2022	Jeb description		Date & Time Co	ompleted	Done b	Ž.
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Veh No SLQ 1063E	E-mail (widen 8	lars, AIC 2larsy				
DOA 01/01/2022 06:30	i-Motor Clair	n Form				
OD TP (Reporting Only)	i-Motor W/O		s TP 4hrs)			- 1 4111
	Assessment/Su	rvey Report				
TP Insurer	Ass't Report by	Fax/Hand	to <u>Owner/Wksp</u>			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Sh	NE 5908 T	, INC () / Non-INC	()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Тінь)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V	VO): N: 0-2	10%; P: 21-79%	F: 80-100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
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General Remarks:-	STATE		3-530ks (c	K-12,		
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car (())	Date&Time Co	ompleted	Done	by
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NA 2200142		THE STREET STATE	eparation Chec	S. 500 5.	Amt (\$)	Amt (\$ Add Bil
laimant's Particulars :-		1) AR : Accide 2) DA : Dama	ge Assessment (\$100); INC (\$80)		
Priver/Owner:		3) TF : Towing 4) FT : Follow	-Through Survey	\$40/\$45 \$120		
Contact No:		S) FT : Follow	Through Survey (Res	survey) \$30 vef (0 Jan 2005)		
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vaniaged Fornoit.	- 5		A + SMK1 Survey			
OC Checked by (Engr-In-Charge):		*N6: Repni	esy Car / Tpt Allowan r Co-ordination	5e \$5 \$10 \$25		
Auditors' Comments :-		*N8: DV /	tepair Inspection Collect Excess Coordi	nation \$5		
at 1;		TP (N11): 9) N12: Idea ?	TP (Non INC) against	INC 520		
at 2/3:		Invoice dated		Fee Charged		
STA BURNING		Invalee dated		Fee Chargesi	STATE OF STREET	U

SN09221E0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/01/2022 15:10 (SGT) SUBMITTED BY: Renee VERSION: 1 (14/01/2022 15:10 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- Any false reporting may be referred to the Police for investigation.
 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/01/2022 15:10 (SGT) 01/01/2022 06:30 (SGT) Toh Tuck Ave, Singapore TOWARDS BUKIT BATOK EAST AVENUE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ1063E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No.

Yes

LINSHENG MOTORCARS LLP

TXXXXX388F

rayzortimber@gmail.com

(Phone) +65-96377254

+65-96377254

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mazda

3

Private hire

No - Reporting only

Private hire

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

ThirdParty

DMHCSNW00013552100

DRIVER

Name of Driver

NRIC No

MUHAMMAD FARID BIN ISMAIL

SXXXX962D



Date Of Birth

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

30/12/1990

02/07/2012

9 YEARS AND 6 MONTHS

(Phone) +65-94515304

rayzortimber@gmail.com

Collision - Head to Rear

BLK 349 BUKIT BATOK STREET 34

Outdoor

#03-172

650349

No

No

Hirer

Clear

Dry

No

No

Yes

1

No

No

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

Address

Address complement

SME5908T

SME59081

-

-

Private car

Private car

300

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-

Page 2 of 10

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 &

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

14/01/2022

Witnessed by Reporting Centre

Sketch Plan

B A

B = SME 59081

Joh Tuck Ave towards Bulit Batok East Ave 3.

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Declaration

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

Policyholder's Signature / Date & Time

N

14/01/2022

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

D 14/01/2022

Witnessed by Reporting Centre Personnol

ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 01 / 2022 (DD/MM/YYYY), TIME: 06 30 (HHMM) LOCATION: 76h Tuck Prenue towards Bull't Batole Fast Ave 3 1. DETAILS OF VEHICLE OLYPHICLE NUMBER: SLQ 1063E DINSURANCE COMPANY: CTI C)POLICY NUMBER: DIPOLICY YPE: (COMPREHENSIVE) THIRD PARTY) THIRD PARTY FIRE &THEFT! E)MAKE & MODEL: Man Model of Make & MODEL OF MAKE & MODEL: MODEL
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SLQ 1063 E b) INSURANCE COMPANY: CTI c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT) e) MAKE & MODEL! Met Mozda 3 f) TYPE: (SALOON) / COUPE / MPY /V ANY LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) NEW YOU CLAIMING UNDER YOUR OWN INSURANCE PRIVATION 1 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Linshey Motorcas LLP b) NARCE / FEMALE / b) NARCE / FEMALE / c) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Muhammad Faid Bin Ismai (MALE) FEMALE b) NAME: Muhammad Faid Bin Ismai (MALE) FEMALE c) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "C) ADDRESS: BK 349 Buit Babb Steet 34 #03-172 (S) G50349 "
DIVERIOLE NUMBER: SLQ 1063 E DINSURANCE COMPANY: CPI C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: Material (1496cc) private (1496cc) fittype: (SALDON) / GOUPE / MPY /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY HYRVATE / COMMERCIAL / MOTORCYCLE / OTHERS) p)NAME / LINSHOP OF THE JENSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirr front S. G)WEATHER CONDITION (CLEAR) RAINING / OTHERS b)ROOD SURFACE: (DRY WET / OTHERS 6. WAS ANYBODY INJURED (YER NO) 1
b)INSURANCE COMPANY: CTI c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: Mark Mazla 3
C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT] e)MAKE & MODEL: Met Mozda 3
d)POLICY TYPE: (COMPREHENSIVE THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: Mot Mozda 3 (149600) private with the party (149600)
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STYPE: (SALDON / COUPE / MPY / Y AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY OF RIVALE / COMMERCIAL / MOTORCYCLE h) PURPOSE OF USING AT ACCIDENT TIME: Price us i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE TYE / NOD IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Linshey Motors LLP b) NRIC/FIN/PASSPORT: T17LL 1388 F CONTACT: 99637 7054 c ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: Muhammad Faid Bin Ismail (MALE) FEMALE) b) NRIC/FIN/PASSPORT: S 7050962 D CONTACT: 9451 5304 c) ADDRESS: Bk 349 Buit Babe Sheet 34 #03-172 (5) 650349 "d) DATE OF BIRTH: (30 / 12 / 1990 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRERIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hier frost b) ROAD SURFACE: (DRY) WET / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YEE/NO)
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2. INSURED / POLICY HOLDER A) NAME: Linshey Motocars LLP D) NRIC/FIN/PASSPORT: T17 LL 1388 F CONTACT: 69637 7254 C) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: Muhammad Farid Bin Ismal (MALE) FEMALE) D) NRIC/FIN/PASSPORT: S9050962D CONTACT: 9451 5304 C) ADDRESS: Blk 349 Bull Batch Street 34 #03-172 (S) 650349. "d) DATE OF BIRTH: 30 / 12 / 1990 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: him front 5. C) WEATHER CONDITION (CLEAP) RAINING / OTHERS b) ROAD SURFACE: (DRY WET / OTHERS) 6. WAS ANYBODY INJURED (YES NO)
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"CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: Muhammad Faid Bin Isnail (MALE) FEMALE DINRIC/FIN/PASSPORT: S 7050962D CONTACT: 9451 5304 CIADDRESS: BK 349 Butit Batck Street 34 #03-172 (5) 650349. "d) DATE OF BIRTH: 30 / 12 / 1990 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRENENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire frontal 5. d) WEATHER CONDITION: (CLEAP) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
CINCLOST PRISSON GET PRISSON DRIVER CINAME: Muhammad Faind Bin Ismail (MALE) FEMALE DINRIC/FIN/PASSPORT: S 9050962D CONTACT: 9451 5304 CIADDRESS: BIK 349 Bull Batok Street 34 #03-172 (5) 650349. "d)DATE OF BIRTH: 30 / 12 / 1990 (DD/MM/YYYY) E)OCCUPATION: (INDOOR / OUTDOOR) F)YEARS OF DRIVING EXPRENIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire from 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO)
CINCLOST PRISSON GET PRISSON DRIVER CINAME: Muhammad Faind Bin Ismail (MALE) FEMALE DINRIC/FIN/PASSPORT: S 9050962D CONTACT: 9451 5304 CIADDRESS: BIK 349 Bull Batok Street 34 #03-172 (5) 650349. "d)DATE OF BIRTH: 30 / 12 / 1990 (DD/MM/YYYY) E)OCCUPATION: (INDOOR / OUTDOOR) F)YEARS OF DRIVING EXPRENIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire from 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO)
(1) Including chiver) CINAME: INUNAMINAD 1970 DINRIC/FIN/PASSPORT: S7050962D CONTACT: 9451 5304 CINAME: INUNAMINAD 1970 CONTACT: 9451 5304 CINAMINAD 1970 CONTACT: 9451 5304 C
C)ADDRESS: BK 349 Bull Batok Sheet 34 #03-172 (5) 650349. "d)DATE OF BIRTH: 30 /12 /1990 DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire from 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire rotal 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire foots 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
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f) YEARS OF DRIVING EXPRERIENCE: 02/7/2012 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire rotal 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
JE NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire rotal 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO.)
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY) WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO.)
6. WAS ANYBODY INJURED (YES / NO.)
6. WAS ANYBODY INJURED (YESTNO)
7. a) REPORTED TO POLICE (YES NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE THE OF PROSERVEY OF VEHICLE NUMBER: SME 59087 MODEL:
Including driver) b) DRIVER'S NAME:
() NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE
No of presenger of VEHICLE NUMBER: MODEL: "
Industrial Privariant
Including disiver) f) NRIC/FIN/PASSPORT: CONTACT:
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Cinail -ray zor nay zortimber @gmail.com

VIDEO = NO .







Motor Hire Car

MZ407

N SN

AN0586A Cov. Type:T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMHCSNW00013552100

Engine No.: P520453731

1. Index Mark and Registration

SI 01063F

Cha. No. JM6BN22A8H0161414

Number of Vehicle

2. Name of Policy Holder

LINSHENG MOTORCARS LLP

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

10/11/2021 (00:00:00)

Excess Sect. II

\$\$1,250.00

Excess Sect.II (Outside Singapore).

8\$2,500,00

4. Date of Expiry of Insurance

09/11/2022

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with 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 *
- Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic 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 (other than for reward) of any one disabled mechanically propelled vehicle

* 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: GENERAL INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

www.sg.cntaiping.com