

# NATIONAL Assessment Centre Services

2108221E0004

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/01/2022 16:05 | Job Description                          | Date & Time Completed | Done by |
| Ref No: N/A/C122000549N   | SAS e-illing                             |                       |         |
| Veh No: SLX 5680G         | E-mail (within 14d: 2hrs, 1d: 4hrs)      |                       |         |
| DDA: 13/01/2022 12:00     | I-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only     | I-Motor W/O (Within 14d: 2hrs, 1d: 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: SLX 5680G                                       | 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:-   | 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                   | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |                       |                       |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
|                                 | 4) FT: Follow-Through Survey \$120              |                       |                       |
|                                 | 5) RT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
|                                 | For claiming against INC Only (wef 10 Jan 2003) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) NI: Issue DA + SMRT Survey \$160             |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | • 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: Blue Mobile \$10                        |                       |                       |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged           |                       |
| Auditors' Comments:-            | Invoice dated                                   | Fee Charged           |                       |
| Cat. 1:                         |   |                       |                       |
| Cat. 2 / 3:                     |   |                       |                       |



# 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              | 14/01/2022 16:05 (SGT)         |
| Date of Accident                | 13/01/2022 12:00 (SGT)         |
| Exact Location of Accident      | Benoi Rd, Singapore            |
| Additional Location Information | SLIP ROAD TOWARDS UPPER JURONG |
| Country/State of Loss           | Singapore                      |

## DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLJ3756M              |
| INSURED/POLICYHOLDER        |                       |
| Is company?                 | No                    |
| Name Of Registered Owner    | KU LAI HUAT           |
| NRIC No                     | SXXXX278C             |
| Email Address               | aaroniu3088@gmail.com |
| Mobile Phone No             | (Phone) +65-98507329  |
| Alternative Phone No        | +65-98507329          |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Hr-v                      |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1496                      |

## INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00019022200                            |
| Cover Note Number         | -   |

## DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | KU LAI HUAT |
| NRIC No        | SXXXX278C   |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 02/07/1971                        |
| Occupation   | Outdoor                           |
| Date Of Driving Pass   | 13/07/1995                        |
| Driving experience   | 26 YEARS AND 6 MONTHS             |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-98507329              |
| Alt. Phone Number  | +65-98507329                      |
| Email Address  | aaroniu3088@gmail.com             |
| Address  | BLK 374 TAMPINES STREET 34 #03-42 |
| Address complement   | -                                 |
| Postcode   | 520374                            |
| 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   | Collision - Head to Rear |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |            |
|--------|------------|
| Name   | SUN QI YUN |
| Gender | Female     |

#### 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

PLEASE REFER TO POLICE REPORT T/20220113/7036

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLX5690G |
| Vehicle Manufacturer        | Subaru   |

|   |             |
|---|-------------|
| Vehicle Model                           | Forester    |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | WANG YU     |
| NRIC No                                 | SXXXX510B   |
| Contact Number                          | -           |
| Address                                 | -           |
| Address complement                      | -           |
| Postcode                                | -           |
| Insurance Company Name                  | -           |
| Nature Of Damage                        | -           |
| Details of property damaged in accident | -           |
| No. Of Passenger (Including Driver)     | -           |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                      |
|---|----------------------|
| Name of injured person                              | KU LAI HUAT          |
| Gender  | Male                 |
| Phone No  | (Phone) +65-98507329 |
| Address   | -                    |
| Address Complement                                  | -                    |
| Post Code   | -                    |
| Approximate Age Years Old                           | -                    |
| Injuries Sustained                                  | SLIGHT INJURY        |
| Injured person in which vehicle?                    | SLJ3756M             |
| Were seat belts worn?                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? | No                   |

##### INJURED 2

|   |               |
|---|---------------|
| Name of injured person                              | SUN QI YUN    |
| Gender  | Female        |
| Phone No  | -             |
| Address   | -             |
| Address Complement                                  | -             |
| Post Code   | -             |
| Approximate Age Years Old                           | -             |
| Injuries Sustained                                  | SLIGHT INJURY |
| Injured person in which vehicle?                    | SLJ3756M      |
| Were seat belts worn?                               | Yes           |
| Was this injured conveyed to hospital by ambulance? | No            |





## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

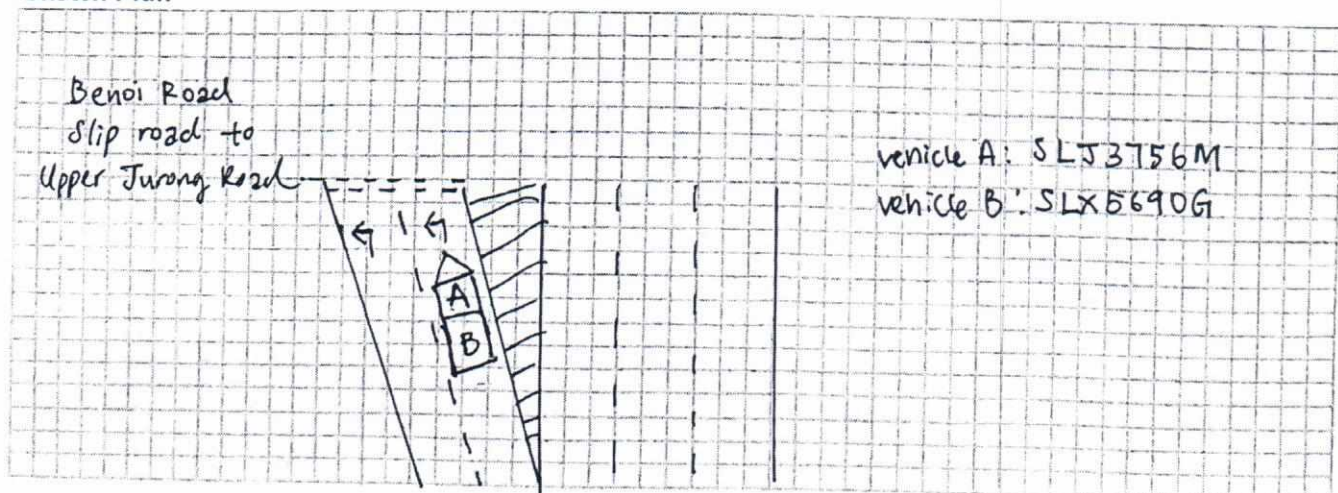
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

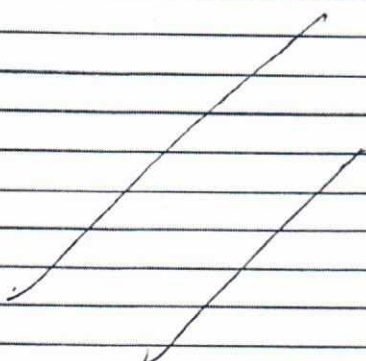
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Please refer to police report T/20220113/7036.



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Date of Accident : 13/1/2022 Accident Time: 12 00 (24-HR-Format)  
 Accident Place : Benoi Road to Upper Jurong  
 Vehicle. No. (Car Plate No.) : SLJ 3756 M Make/Model: HONDA HRV  
 Insurance Company : CNING Taiping Policy No: DMPC SNW00019022200  
 Owner or Company Name /IC No. : KU LAI HUAT 57163278C  
 Owner or Company Contact No. : 9850 7329 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : KU LAI HUAT 57163278C  
 DRIVER'S Date Of Birth : 02-07-1971 DRIVER'S License Pass Date 13/7/1995  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 374 TAMPINES ST 34 #03-42 S(520374)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : aaroniu3088@gmail.com  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes Driver & passenger

**Other Party Driver's Particular (if any)**

Vehicle. No: SLX 5690 G  
 Vehicle Make/Model: SUDARK FORGETTER  
 Name Driver: WANG YU  
 IC No. Driver/Contact: 588 62510B

Vehicle. No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

SUN QI YUN (Female)



# SINGAPORE POLICE FORCE



T/20220113/7036

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

1 of 3

Report No. T/20220113/7036

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>13/01/2022 15:01 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>KU LAI HUAT          |            |                              | Address:<br>374 TAMPINES STREET 34 #03-42 SINGAPORE 520374 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7183278C   |            |                              | Contact No.:<br>Home/Office: Mobile: 98507329              |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>huat5966@gmail.com                               |                    |                            |
| Sex:<br>Male                               | Age:<br>50 | Date of Birth:<br>02/07/1971 | Type of Informant:<br>Driver                               |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                       |                    | Institution / School Name: |
| Occupation:<br>Site supervisor             |            |                              | Driving Licence Information:<br>Class:                     |                    | Date of Expiry:            |

|  |                  |                                    |  |                                     |  |
|--|------------------|------------------------------------|--|-------------------------------------|--|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                     |  |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>13/01/2022 12:00 | Type of Location:<br>Straight Road  |  |
| Location:<br><br>BENOI ROAD                                  |                  |                                    |  |                                     |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>50 Km/h        |  |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |  |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |  |

| Details of Vehicle Involved |      |       |                |       |                   |       |
|-----------------------------|------|-------|----------------|-------|-------------------|-------|
| Vehicle No.                 | Type | Make  | Model          | Color | Conditio          | No of |
| SLJ3756M                    | Car  | HONDA | HRV 1.5 DX CVT | Blue  | Seriously Damaged | 0     |
| SLX5690G                    | Car  |       |                |       | Seriously Damaged | 0     |





# SINGAPORE POLICE FORCE



T/20220113/7036

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

2 of 3

Report No. T/20220113/7036

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |                        |            |             |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SLJ3756M                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW000190<br>22200 | 10/01/2022 | 09/01/2023  |

| Details of Person Involved        |                |                                   |                                   |  |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No       |                |                                   |                                   |  |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |  |
| Passenger                         |                |                                   |                                   |  |
| Name                              | SUN QI YUN     | ID No.                            | G8728105T                         |  |
| Related Vehicle                   | SLJ3756M (Car) | Contact No.                       | 81246623                          |  |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | 13/01/2022     | Date                              | 13/01/2022                        |  |
| No. of Days granted Medical Leave | 03             | Degree of                         | Slight                            |  |
| Driver                            |                |                                   |                                   |  |
| Name                              | KU LAI HUAT    | ID No.                            | S7183278C                         |  |
| Related Vehicle                   | SLJ3756M (Car) | Contact No.                       | 98507329                          |  |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | 13/01/2022     | Date                              | 13/01/2022                        |  |
| No. of Days granted Medical Leave | 03             | Degree of                         | Slight                            |  |

**Brief Details.**

I was driving my vehicle SLJ3756M along Benoi road entering slip road to Upper Jurong road. I slowed down and stopped to check on the main road traffic, suddenly I felt a massive impact from the rear. I alighted and realise that another vehicle, SLX5690G has collided onto my vehicle rear portion causing severe damages. We took photos and exchange particulars after the accident. I wish to state that during the accident I have a friend in the car with me, (Sun Qi Yun). We both felt pain and discomfort and went to consult a doctor at the clinic and was given 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20220113/7036

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

3 of 3

Report No. T/20220113/7036

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

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

Date/Time:  
13/01/2022 15:01

Classification Of Case:

NP168



Motor Private Car

MX1F

N SN

AN0420A

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. DMPCSNW00019022200

Engine No.: L15B4531583

Cha. No.: JHMRU1810GX201580

1 Index Mark and Registration  
Number of Vehicle

SLJ3756M

AUTOSAFE

\*\*\*\*\*

2 Name of Policy Holder

KU LAI HUAT

3 Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment10/01/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

4 Date of Expiry of Insurance

09/01/2023

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.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: SWEE SENG CREDIT 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

Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory