

NATIONAL Assessment Centre Services

(Ref: JAR 2021)

Date In: 07/02/2022 09:01	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001097/m4	SAS e-filing		
Veh No: G8K 6894 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/01/2022 21:45	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: SFM 8797 S	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 2200307

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) iT: 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:-		
	OD*		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref: L1

Ref: 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	07/02/2022 09:01 (SGT)
Date of Accident	31/01/2022 21:45 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6894R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AZ AUTO LEASING
Company Reg No	5XXXX568E
Email Address	azautoleasing@gmail.com
Mobile Phone No	(Phone) +65-96255559
Alternative Phone No	+65-89222117

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00132432100
Cover Note Number	-

DRIVER

Name of Driver	LAU JIA JUN
NRIC No	SXXXX886G



Date Of Birth	26/11/1992
Occupation	Outdoor
Date Of Driving Pass	04/03/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89222117
Alt. Phone Number	-
Email Address	laujiapun9271886@gmail.com
Address	BLK 107C CANBERRA STREET
Address complement	#13-605
Postcode	753107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220201/2026 AND T/20220204/2060.

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	SD CARD HAS BEEN TAKEN BY THE TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM8797S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Private car
Name of Driver	CHE ONG CHOON LING
NRIC No	SXXXX620C
Contact Number	(Phone) +65-92481692
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU7389T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YANG QINGLING, SHEENA
NRIC No	SXXXX698I
Contact Number	(Phone) +65-98176292
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLM3126R
Vehicle Manufacturer	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMQ2044S
Vehicle Manufacturer	-
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	-



INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU JIA JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON THE NECK (SLIGHT)
Injured person in which vehicle?	GBK6894R
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.

5. 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

Pu 07/02/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

A = GBK 6894 R
B = SFM 8797 S
C = SMU 7389 T
D = SLM 3126 R
E = SMQ 2044 S



YISHUN AVENUE 1

Describe Circumstances of the Accident

— Pls refer to the police report: T/20220201/2006. —
2 T/20220204/2060.

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature, likely of the driver, is written in the space provided for the driver's signature.

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

07/02/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220201/2026

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20220201/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2022 21:24	Vide Report No.: L/20220131/0204	Station Diary No.: 66
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Informant's Particulars

Name of Informant: LAU JIA JUN			Address: APT BLK 107C CANBERRA STREET #13-605 SINGAPORE 753107		
ID Type / ID No.: NRIC NO / S9271886G			Contact No.: Home/Office: Mobile: 89222117		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 26/11/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Private investigator			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2022 21:45	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Faulty		Traffic Volume: Heavy
Type of Collision: Moving vehicles and stationary vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6894R	Van				Slightly Damaged	0
SFM8797S	Car					0
SLM3126R	Car					0
SMU7389T	Car					0



**SINGAPORE
POLICE FORCE**



T/20220201/2026

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220201/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU JIA JUN	ID No.	S9271886G
Related Vehicle	GBK6894R (Van)	Contact No.	89222117
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/02/2022	Date Discharge	01/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/01/2022 at about 2145hr, I was driving my rented van GBK 6894R along Yishun Ave 1 (Yishun Dam). The traffic was very heavy at that point of time. The traffic light turned red, and as such I stopped the van and from my rear view mirror I could see that the car SFM 8797S which was behind me, also stopped.

Suddenly I heard a "bang" sound, one after another and finally the car behind me hit the rear of my van. I made a check and discovered that I was involved in a chain collision accident involving four vehicles (including mine). The two other vehicles are SMU 7389T and SLM 3126R.

The rear of the van was slightly dented. I felt pain on my neck due to the impact of the accident and as such on 01/02/2022, I seek medical attention at a clinic and received 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220201/2026

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20220201/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /
SI SITTI QAMARIYAH BINTE
MOHD NAJIB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/02/2022 21:24

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220204/2060

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20220204/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2022 17:20	Vide Report No.: T/20220201/2026	Station Diary No.: 55
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Informant's Particulars

Name of Informant: LAU JIA JUN			Address: APT BLK 107C CANBERRA STREET #13-605 SINGAPORE 753107	
ID Type / ID No.: NRIC NO / S9271886G			Contact No.: Home/Office: Mobile: 89222117	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 29	Date of Birth: 26/11/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private investigator			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2022 21.45	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6894R	Van				Slightly Damaged	0
SFM8797S	Car					0
SLM3126R	Car					0
SMO2044S	Car					0
SMU7369T	Car					0



**SINGAPORE
POLICE FORCE**



T/20220204/2060

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No: T/20220204/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU JIA JUN	ID No.	S9271886G
Related Vehicle	GBK6894R (Van)	Contact No.	89222117
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/02/2022	Date Discharge	01/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/02/2022, I hand lodged a traffic accident report reference T/20220201/2026 vide to L/20220131/0204.

I wish to add that the total number of vehicle involved is five and I had missed out vehicle SMQ2044S in the report. The said vehicle was the caused of the chain accident.



SINGAPORE
POLICE FORCE



T/20220204/2060

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No: T/20220204/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

F /

SR STAFF SGT NURULHUDA
BINTE OMAR

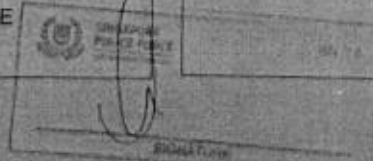
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No: 65476066

Signature Of Informant

Date/Time:
04/02/2022 17:20

Classification Of Case



ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 01 / 2022 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: YISHUN AVENUE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 6894 R
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMCVSNW00132432100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Hiace Auto ment (2754cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use (rental)
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AZ AUTO LEASING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53415568E CONTACT: 9625 5559
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAU JIA JUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9271886G CONTACT: 8922 2117
 c) ADDRESS: B1K 107C Canberra Street #13-605 (S) 753107

* d) DATE OF BIRTH: 26 / 11 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/3/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: rental

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Neck

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio South N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFM 8797 S (B) MODEL: _____
 b) DRIVER'S NAME: CHE ONG CHUON LING
 c) NRIC/FIN/PASSPORT: S7212620C CONTACT: 9248 1692

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMU 7389 T (C) MODEL: _____
 e) DRIVER'S NAME: Yang Qingling, Shaena
 f) NRIC/FIN/PASSPORT: S8523698I CONTACT: 9817 6292

SLM 3126 R (D)

SMQ 2044 S (E)

Email = laujiajun9271886@gmail.com / azautoleasing@gmail.com

Fax = _____

Video = Yes (taken by SO card traffic police)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Motor Commercial

MZ407/C

E SN

AN0655B

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. DMCVSNW00132432100

Engine No.: 1GD8597064

Cha. No.: GDH2012013945

1. Index Mark and Registration
Number of Vehicle GBK6894R

AUTOSAFE

2. Name of Policy Holder AZ AUTO LEASING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations:
Ordinance or Enactment 02/12/2021
(00:00:00)

Excess Sect. I S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 19/10/2022

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Moses Chia Wen Jye
Authorised Officer



Authorised Signatory