

NATIONAL Assessment Centre Services

Date In: 22/03/2022 14:59	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002627/m4	SAS e-filing		
Veh No: GBL 1268B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/03/2022 14:23	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax? Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: QX 1589J 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 2200757

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
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 \$0		

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	22/03/2022 14:59 (SGT)
Date of Accident	21/03/2022 14:23 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	JUNCTION OF GAMBAS AVE TOWARDS WOODLANDS AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1268B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE TOOL & DIE (PTE) LTD
Company Reg No	1XXXXXX378D
Email Address	claims@1AP.com.sg
Mobile Phone No	(Phone) +65-96341552
Alternative Phone No	+65-96341552

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500
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	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00034312100
Cover Note Number	-

DRIVER

Name of Driver	HIEW CHEE KEONG
NRIC No	SXXXX994G

Date Of Birth	16/05/1977
Occupation	Outdoor
Date Of Driving Pass	22/10/2004
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96341552
Alt. Phone Number	-
Email Address	claims@1AP.com.sg
Address	BLK 289B COMPASSVALE CRESCENT
Address complement	#08-335
Postcode	542289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE POLICE REPORT : T/20220321/2057 AND T/20220322/7009.

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	QX1589J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD ZUKHAIR

Contact Number	(Phone) +65-85333961
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	HIEW CHEE KEONG
Gender	Male
Phone No	(Phone) +65-96341552
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN, BACK OF THE HEAD AND LEFT SHOULDER PAIN, AND FELT NAUSEOUS. (5DAYS MC)
Injured person in which vehicle?	GBL1268B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

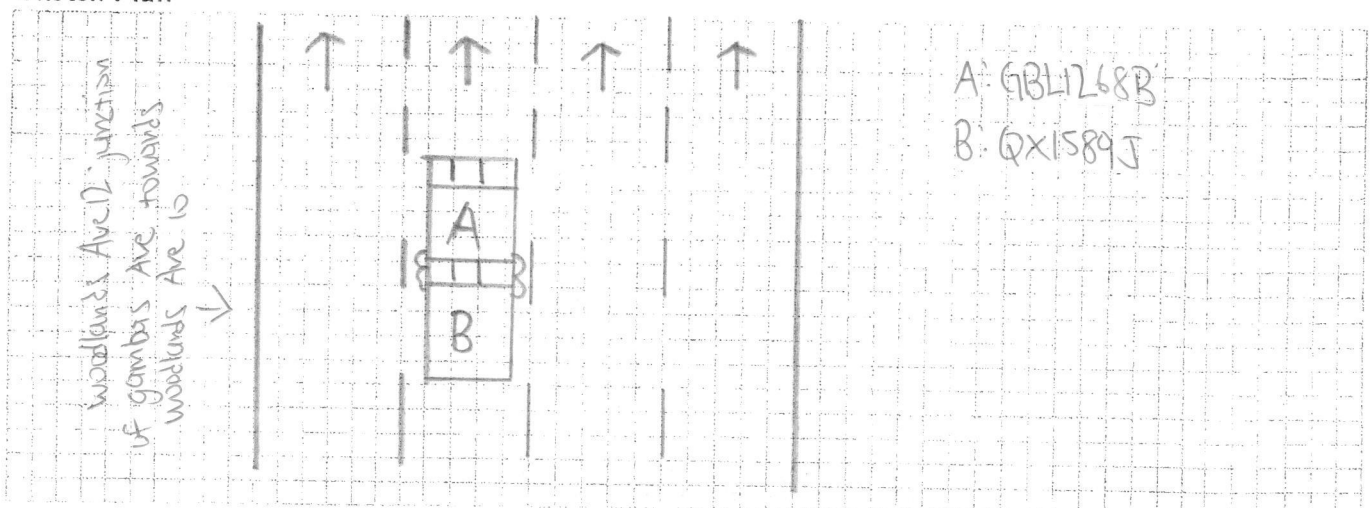
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



Descriptive Circumstances of the Accident

refer to police report
T/20220321/2057 and T/20220322/7009.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 22/3/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220321/2057

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20220321/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2022 16:05	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars

Name of Informant: HIEW CHEE KEONG	Address: APT BLK 289B COMPASSVALE CRESCENT #08-335 SINGAPORE 542289		
ID Type / ID No.: NRIC NO / S7773994G	Contact No.: Home/Office: Mobile: 96341552		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 44	Date of Birth: 16/05/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: MANAGER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2022 14:25	Type of Location:
Location: WOODLANDS AVENUE 12 Lamp Post Number: 3				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL1268B	Lorry				Slightly Damaged	0
QX1589J	Ambulance				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220321/2057

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20220321/2057

CONTINUATION OF REPORT

Driver				
Name	HIEW CHEE KEONG		ID No.	S7773994G
Related Vehicle	GBL1268B (Lorry)		Contact No.	96341552
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MUHAMMAD ZUKHAIR		ID No.	S9044759J
Related Vehicle	QX1589J (Ambulance)		Contact No.	85333961
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 21.03.2022 at 1423hrs, I was driving my company vehicle, a 10 feet lorry, GBL1268B along Woodlands Ave 12 junction of Gambas Ave towards Woodlands Ave 10. It was a red light thus I drove my lorry to a stop. However, there was an ambulance, QX1589J behind my vehicle. I believed the driver did not able to stop in time. As a result, the said driver had hit onto the rear of my vehicle.

Subsequently, both of us came down from our vehicle to make a check. No one was injured during that incident. The damages of my vehicle were the rear bar and registration plate was dented and the light to shine the registration plate was broken. The damages of the ambulance was the front bonnet dented in making it not able to close properly.

I have in-car camera located at the front.



SINGAPORE
POLICE FORCE



T/20220321/2057

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20220321/2057

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:
L / SGT 3 WAN FARAH DINA
BINTE SAIFULLIZAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Signature Of Informant:

Date/Time:
21/03/2022 16:05

Classification Of Case:

NP168

Signature
Singapore Police Force



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

1 of 3

Report No. T/20220322/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 11:57	Vide Report No.: T/20220321/2057	Station Diary No.:
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Informant's Particulars			
Name of Informant: HIEW CHEE KEONG		Address: 289B COMPASSVALE CRESCENT #08-335 SINGAPORE 542289	
ID Type / ID No.: NRIC NO / S7773994G		Contact No.: Home/Office: Mobile: 96341552	
Nationality: SINGAPORE CITIZEN		Email: ERIC_HIEW@HOTMAIL.COM	
Sex: Male	Age: 44	Date of Birth: 16/05/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manufacturing plant/production manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2022 14:25	Type of Location: X-Junction
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL1268B	Lorry	KIA	K2500	White	Slightly Damaged	0
QX1589J	Ambulance	MERCEDES BENZ		White	Slightly Damaged	1



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HIEW CHEE KEONG	ID No.	S7773994G
Related Vehicle	GBL1268B (Lorry)	Contact No.	96341552
Hospital/Clinic	PINNACLE FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MUHAMMAD ZUKHAIR BIN ABDUL RASHID	ID No.	S90447591
Related Vehicle	QX1589J (Ambulance)	Contact No.	85333961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

With reference to my previous police report, T/20220321/2057.

After I reach home in the evening, my neck, back of my head and left shoulder start to hurt and I felt nauseous.

I went to see GP and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220322/7009

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

3 of 3

Report No. T/20220322/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

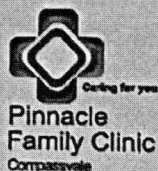
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
22/03/2022 11:57

Classification Of Case:



PINNACLE FAMILY CLINIC (COMPASSVALE)
Block 289C Compassvale Crescent
#01-04 Singapore 543289
Tel: 6386 1089 Fax: 6386 1308
Website: www.pinnaclefamilyclinic.com.sg

Medical Certificate

Date : 21 Mar 2022

MC No. : 0000046799

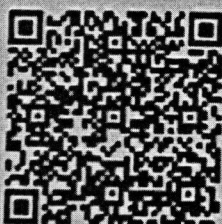
This is to certify that :

Name : HIEW CHEE KEONG

NRIC : S7773994G

is Unfit for Duty for 5 days
from 21 Mar 2022 to 25 Mar 2022 inclusive.

Dr Clarence Chiang
BMed MD BSc(Med) Hons (UNSW)
MMed(FM) MCFP (S'pore)
GDMH (S'pore) Dip Derm (Cardiff, UK)
MCR No.: M68715J



DR CLARENCE CHIANG
Family Physician
BMed MD BSc (Med) Hons (UNSW)
MMed (FM) MCFP (S'pore)
GDMH (S'pore)
Dip Derm (Cardiff, UK)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Date of Accident : 21/03/2022 Accident Time: 1423 (24-HR-FORMAT)
Accident Place : Woodlands Ave 12 junction of Gambas Ave towards (2497cc)
Vehicle Reg. No (Car plate No.) : GBL1268B (m) Vehicle Make/Model: KIA (K2500)
Insurance Company : China Taiping Policy No. DMCVSNW0003431400
Name of Registered Owner : Company / Individual Singapore Tool and Die Pte Ltd
ID of Registered Owner : Co Reg No: 197300378D Owner's NRIC No: _____
Co Contact No: _____ Owner's Contact No: 9634552
DRIVER'S Name : Hiew chee keong DRIVER'S NRIC No: S7773994G
DRIVER'S Date of Birth : 16/05/1977 DRIVER'S License Pass Date 22/10/2004
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 289B Compassvale Crescent #08-335 S(542289)
DRIVER'S Contact No./ Alt No. : 1) 9634552 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : claims@1AP.com.sg
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): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
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 injuries, if yes (name of the injured person) Hiew chee keong

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>QX1589J</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

E SN

AN0650A

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.

DMCVSNW00034312100

Engine No.: D4CBM204535

Cha. No.:KNCSJX76LM7517885

1. Index Mark and Registration
Number of Vehicle

GBL1268B

2. Name of Policy Holder

SINGAPORE TOOL & DIE (PTE) LTD

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

24/03/2021
(00:00:00)

Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

23/03/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

* 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com