

NATION W. ASSURANCE COACH SERVICES **SN0822470001**

Date In: <b>07/06/2022 10:28</b>	Job Description	Time & Lane Completed	Done by
Ref No: <b>NA200942</b>	SAS e-filing		
Veh No: <b>GBL 789C</b>	E-mail (within 2hrs. 2hrs.)		
DDA: <b>07/06/2022 17:15</b>	i-Motor Claim Form		
DD: <b>IP</b> Reporting Only	i-Motor W/O (within 2hrs. 2hrs.)		
	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: Vch No: **SLQ 7892P** INC ( ) / Non-INC ( )

Owner / Driver ( ) Tel: ( )

Policy No ( ) Period ( ) Cover Type ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2 / 3:	7) N1: idac 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 (N-a INC) against INC \$20			
	9) N12: Blue Mobile \$10			
	Invoice dated	Fee Charge /		
	Invoice dated	Fee Charge /		

## 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	07/04/2022 10:29 (SGT)
Date of Accident	02/04/2022 17:15 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS SLE EXIT 500M
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7181C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JIA YING DESIGN PTE LTD
Company Reg No	2XXXXX026D
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-83165722
Alternative Phone No	+65-83165722

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00023742200
Cover Note Number	-

### DRIVER

Name of Driver	AMANDA NG
NRIC No	SXXXX212H

Date Of Birth	03/06/1981
Occupation	Outdoor
Date Of Driving Pass	11/11/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83165722
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 490B CHOA CHU KANG AVENUE 5 #02-277
Address complement	-
Postcode	682490
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAMANDA WANG
Gender	Female

PASSENGER 2

Name	WANG BOPING
Gender	Male

PASSENGER 3

Name	LI XIAOJUN
Gender	Male

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/20220405/7032

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 ..... SLQ7892P  
 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 2

Vehicle Registration Number ..... SFA2269C  
 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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... AMANDA NG  
 Gender ..... Female  
 Phone No ..... (Phone) +65-83165722  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBL7181C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... WANG BOPING  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY

Injured person in which vehicle? ..... GBL7181C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**IMPORTANT NOTICE**

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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.



*[Handwritten signature]*

*[Handwritten signature]* 06/04/2022

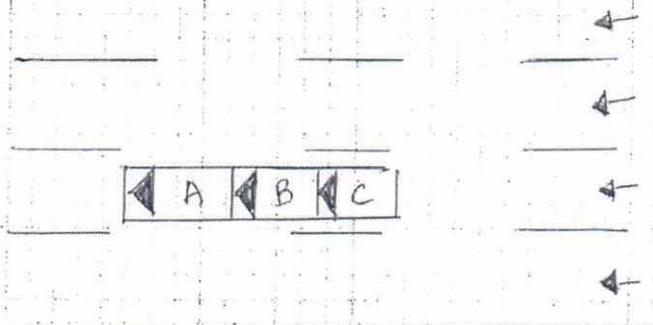
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*BKE TOWARDS SUE EXIT 500M*



Vehicle A = GBL 7181C

Vehicle B = SLQ 7892P

Vehicle C = SFA 2269C

\* Describe Circumstances of the Accident

Refer to police report T/20220405/7032

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

*[Signature]* 06/04/2022



**SINGAPORE  
POLICE FORCE**



T/20220405/7032

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

1 of 5  
Report No. T/20220405/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/04/2022 16:48	Vide Report No.: T/20220403/2043	Station Diary No.:
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**Informant's Particulars**

Name of Informant: AMANDA NG		Address: 490B CHOA CHU KANG AVENUE 5 #02-277 SINGAPORE 682490	
ID Type / ID No.: NRIC NO / S8115212H		Contact No.: Home/Office:	Mobile: 83165722
Nationality: SINGAPORE CITIZEN		Email: spexialsamantha@gmail.com	
Sex: Female	Age: 40	Date of Birth: 03/06/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Office clerk (general)		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2022 17:15	Type of Location: highway
Location: BKE, 500m towards SLE exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBL7181C	Van	TOYOTA	Hiace	Grey	Slightly Damaged	3
SFA2269C	Car			Grey	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20220405/7032

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

Report No. T/20220405/7032

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7892P	Car	HONDA	VEZEL	Maroon	Seriously Damaged	1
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL7181C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVNW0002374 2200	18/02/2022	17/02/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
<b>Driver</b>					
Name	AMANDA NG		ID No.	S8115212H	
Related Vehicle	GBL7181C (Van)		Contact No.	83165722	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	02/04/2022		Date	05/04/2022	
No. of Days granted Medical Leave	50		Degree of	Serious	
<b>Passenger</b>					
Name	SAMANDA WANG		ID No.	T1736096A	
Related Vehicle	GBL7181C (Van)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	



**SINGAPORE  
POLICE FORCE**



T/20220405/7032

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

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Report No. T/20220405/7032

CONTINUATION OF REPORT

Passenger			
Name	WANG BOPING	ID No.	S7386501H
Related Vehicle	GBL7181C (Van)	Contact No.	94672648
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/04/2022	Date	02/04/2022
No. of Days granted Medical Leave	04	Degree of	Slight
Passenger			
Name	LI XIAOJUN	ID No.	G8142231T
Related Vehicle	GBL7181C (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SEAN CHOO KAI FENG	ID No.	S9811575G
Related Vehicle	SFA2269C (Car)	Contact No.	83215433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GAYATHRI D/O JAYAPAL	ID No.	S8125100B
Related Vehicle	SLQ7892P (Car)	Contact No.	96373522
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20220405/7032

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Report No. T/20220405/7032

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

**CONTINUATION OF REPORT**

Brief Details.

It was heavy traffic down SLE, when I stopped behind a yellow taxi. When I was about to move off, the vehicle behind me collided with the rear end of my vehicle. The sudden impact caused me to injure my left shoulder and neck. My daughter, husband and one worker were in the car with me. Traffic Police was called to the scene. Ambulance was also at scene. I was checked by the medical personnel for broken bones and was informed that no bones appeared to be broken but I was advised to go to the hospital for further checks. As my daughter was with me, I decided to send her home first before getting myself checked at the hospital. At 2217hrs, I went to the A&E department of Ng Teng Fong Hospital. I was given 50 days MC. (MC No: 1222475515)



**SINGAPORE  
POLICE FORCE**



T/20220405/7032

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

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Report No. T/20220405/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/04/2022 16:48

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476904

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1  
NP168

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 2 / 4 / 2022 (dd/mm/yy) Time of Accident: 17 : 15 (24-HR-FORMAT)

Vehicle No.: GBL 7181 C Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y/N)

Exact location of Accident: BKE towards SLE exit 500m.

Policyholder's Name / IC No.: Jia Ying Design Pte Ltd ROC/UEN (Company) 202115026D

Driver's Name / IC No.: Amanda Ng S8115212H (As Above)

Driver's Contact No.: 83165722 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BK 490B Choa Chu Kang Ave 5 # 02 - 277 S(682490)

Owner Email address: CS 8558CS@GMAIL.COM Insurance Company: China Taiping

Driver Email address: \_\_\_\_\_ 03/06/1981 11/11/2014

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner (Spouse) / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job)  Indoor /  Outdoor

Private use /  Work purpose

\*No. of Passengers (Including Driver): 4

\*Passenger Name: Samantha Wang Gender: Male / (Female x ( ))

\*Passenger Name: Wang Boping and Li Xiaojun Gender: Male / (Female x ( ))

Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No Remarks: \_\_\_\_\_

Any Injuries:  Yes /  No (If YES) Injured Person's Name: Amanda Ng and Wang Boping

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: GBL 7181 C

Police Report filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: (B) SLQ 7892P

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: (C) SFA 2269 C

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



Motor Commercial

MZ300/C

N SN

AN0671A

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)

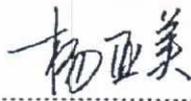
CERTIFICATE No.	DMCVSNW00023742200	Engine No.: 1TR2381470	
		Cha. No.: TRH2005048455	
1. Index Mark and Registration Number of Vehicle	GL7181C	AUTOSAFE *****	
2. Name of Policy Holder	JIA YING DESIGN PTE LTD		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	18/02/2022 (00:00:00)	Excess Sect I .	S\$350.00
		EX ON WINDSCREEN .	S\$100.00
4. Date of Expiry of Insurance	17/02/2023		
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. : UNITED OVERSEAS BANK 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