

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 12/04/22         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CT202003389/13 | SAS e-filing                             |                       |         |
| Veh No: SMS 9924X         | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 09/04/22 2330      | i-Motor Claim Form                       |                       |         |
| OD (AP) 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: GRH 6199E  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                  |   |                      |                      |
|----------------------------------|---|----------------------|----------------------|
| NA20200998                       | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b> | 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    |                      |                      |
| Driver/Owner:                    | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Contact No:                      | 6) TR: Re-inspection \$75                       |                      |                      |
| Damaged Portion:                 | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                  | 8) NTUC Additional Services:-                   |                      |                      |
|                                  | ON*   |                      |                      |
| QC Checked by (Engr-In-Charge):  | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                  | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                  | *N7: Post Repair Inspection \$25                |                      |                      |
|                                  | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
| <b>Auditors' Comments :-</b>     | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
| Cat. 1:                          | 9) N12: Idac Mobile 30                          |                      |                      |
| Cat. 2 / 3:                      | 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              | 12/04/2022 17:58 (SGT)   |
| Date of Accident                | 09/04/2022 23:30 (SGT)   |
| Exact Location of Accident      | Singapore                |
| Additional Location Information | PIE NEAR PAYA LEBAR EXIT |
| Country/State of Loss           | Singapore                |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMS9924X |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | ANG GIM EE(HONG JINYI) |
| NRIC No                  | SXXXX798G              |
| Email Address            | alfs1971@gmail.com     |
| Mobile Phone No          | (Phone) +65-96926707   |
| Alternative Phone No     | +65-96926707           |

#### VEHICLE PARTICULARS

|  |              |
|--|--------------|
| Manufacturer   | Toyota       |
| Model  | Noah         |
| Variant  | -            |
| Exact purpose for which vehicle was being used at time of accident           | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes          |
| Vehicle Category   | Private hire |
| Transmission   | Auto         |
| CC   | 1800         |

#### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMHCSNW00004642202                            |
| Cover Note Number         | -   |

#### DRIVER

|                |                        |
|----------------|------------------------|
| Name of Driver | ANG GIM EE(HONG JINYI) |
| NRIC No        | SXXXX798G              |

|  |                             |
|--|-----------------------------|
| Date Of Birth  | 12/01/1971                  |
| Occupation   | Outdoor                     |
| Date Of Driving Pass   | 05/06/2010                  |
| Driving experience   | 11 YEARS AND 10 MONTHS      |
| Gender   | Male                        |
| Mobile Number  | (Phone) +65-96926707        |
| Alt. Phone Number  | +65-96926707                |
| Email Address  | alfs1971@gmail.com          |
| Address  | BLK 621 BUKIT BATOK CENTRAL |
| Address complement   | #09-514                     |
| Postcode   | 650621                      |
| 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?  | Yes |
| Was any other vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Male      |

#### PASSENGER 2

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Female    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police?  | Yes                                     |
| Police Station Name                       | Jurong East Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18008999999                 |
| Alt. Police Station Phone No              | (Fax) +65-66655791                      |
| Police Station Address                    | No. 92 Boon Lay Way Singapore 609962    |
| Was notice of intended Prosecution given? | No                                      |
| If yes, against whom?                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220410/2033

#### 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 WITH TP |
| Was there any audio recorded?                     | No              |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number             | GBH6199E             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Commercial vehicle   |
| Name of Driver                          | HENG ZHAO            |
| Contact Number                          | (Phone) +65-98249790 |
| 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                              | ANG GIM EE(HONG JINYI) |
| Gender  | Male                   |
| Phone No  | -                      |
| Address   | -                      |
| Address Complement                                  | -                      |
| Post Code   | -                      |
| Approximate Age Years Old                           | -                      |
| Injuries Sustained                                  | BACK,LEGS & NECK       |
| Injured person in which vehicle?                    | SMS9924X               |
| Were seat belts worn?                               | Yes                    |
| Was this injured conveyed to hospital by ambulance? | No                     |

### INJURED 2

|   |          |
|---|----------|
| Name of injured person                              | UNKNOWN  |
| Gender  | Male     |
| Phone No  | -        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | -        |
| Approximate Age Years Old                           | -        |
| Injuries Sustained                                  | SLIGHT   |
| Injured person in which vehicle?                    | SMS9924X |
| Were seat belts worn?                               | -        |
| Was this injured conveyed to hospital by ambulance? | Yes      |


### INJURED 3

|   |          |
|---|----------|
| Name of injured person                              | UNKNOWN  |
| Gender  | Female   |
| Phone No  | -        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | -        |
| Approximate Age Years Old                           | -        |
| Injuries Sustained                                  | SLIGHT   |
| Injured person in which vehicle?                    | SMS9924X |
| Were seat belts worn?                               | -        |
| Was this injured conveyed to hospital by ambulance? | Yes      |

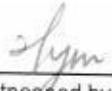
## SKETCH PLAN

### 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.

 12/4/22  
Policyholder's Signature / Date &  
Time

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

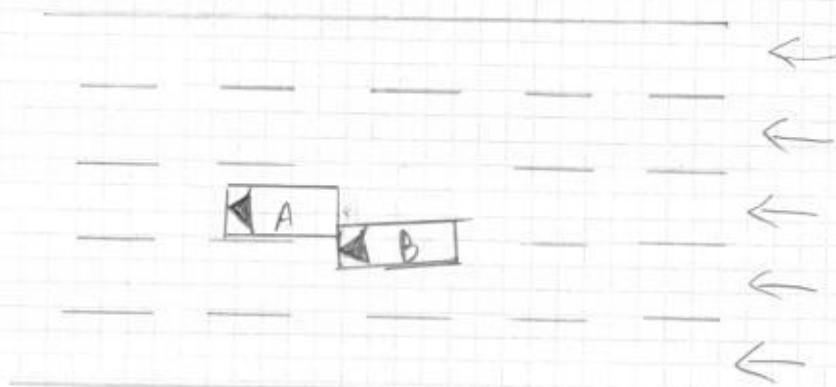
 12/4/22  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

DIE NEAR PAYA LEBAR EXIT

A - SMS9924X

B - GBH6199E





**Describe Circumstances of the Accident**


*Pls refer to the police report: T/20220410/2033*

**Declaration**

We declare the foregoing particulars are true in every respect.

 12/4/22  
Policyholder's Signature / Date & Time

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

 12/04/22  
Witnessed by Reporting Centre Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM


### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

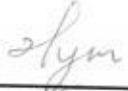
Original Report No: SN092242000C Vehicle Registration No: SMS9924X  
Name (as shown in NRIC): ANLE GIM EE NRIC/FIN/Passport No: SXXXX7986  
(HUNG JINYI)  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 621 BUKIT BATOK CENTRAL #09-514 Singapore (650621)  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96926707  
Email Address: \_\_\_\_\_  
Date of Accident: 09/04/22 Time of Accident: 2330  
Place of Accident: PIC NEAR DAYA LEBAR EXIT  
Insurance Company: CHINA TRIPING

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP CLAIMS TO OD CLAIMS

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 13/4/22

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20220410/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20220410/2033

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>10/04/2022 15:45 | Vide Report No.:<br>G/20220409/0264 | Station Diary No.:<br>44 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>ANG GIM EE         |            | Address:<br>APT BLK 621 BUKIT BATOK CENTRAL #09-514 SINGAPORE 650621 |                              |
| ID Type / ID No.:<br>NRIC NO / S7100798G |            | Contact No.:<br>Home/Office: Mobile: 96926707                        |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>51 | Date of Birth:<br>12/01/1971   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:  | Institution / School Name:   |
| Occupation:<br>PRIVATE HIRE DRIVER       |            | Driving Licence Information:<br>Class: 2B,2A,3 Date of Expiry:       |                              |

**General Information of the Accident**

|  |                           |                                    |  |                                 |
|--|---------------------------|------------------------------------|--|---------------------------------|
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>09/04/2022 23:30 | Type of Location:<br>Expressway |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                       |                           |                                    |  |                                 |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h               |                                 |
| Traffic Flow:<br>One Way                                     |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |                                    | Anyone conveyed by ambulance:<br>Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make   | Model                         | Color  | Condition         | No of Passenger |
|-------------|-------|--------|-------------------------------|--------|-------------------|-----------------|
| GBH6199E    | Lorry | TOYOTA | DYNA                          | Silver | Seriously Damaged | 0               |
| SMS9924X    | Car   | TOYOTA | NOAH HYBRID 7-SEATER 1.8X CVT | White  | Seriously Damaged | 2               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|





**SINGAPORE  
POLICE FORCE**



T/20220410/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No. T/20220410/2033

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |                        |            |             |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SMS9924X                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMHCSNW000046<br>42202 | 24/03/2022 | 23/03/2023  |

| Details of Person Involved        |                |  |                                       |
|-----------------------------------|----------------|--|---------------------------------------|
| Any Pedestrian Involved: No       |                |  |                                       |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                       |
| Driver                            |                |  |                                       |
| Name                              | ANG GIM EE     | ID No.                                 | S7100798G                             |
| Related Vehicle                   | SMS9924X (Car) | Contact No.                            | 96926707                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                                   |

**Brief Details.**

On the 09/04/2022 at about 2330hrs, I was travelling along PIE near Paya Lebar Exit. I was heading towards Eunos direction and I felt a collision from my rear. I then tried to control my car and managed to park it safely at the road shoulder. The other party involved also parked at the road shoulder.

I spoke to him about the accident but I did not manage to get his particulars and subsequently I called for Traffic Police. While calling, I saw the other party went to spoke to my passengers however shortly after, I noticed the driver was no longer there and had walked away. His vehicle however was still at scene.

I then waited till Traffic Police arrival and the ambulance arrived first and the ambulance conveyed both my passengers to the hospital. Afterwards, Traffic Police arrived and spoke to me. My vehicle is plate no. SMS9924X and due to the accident, the rear and left side of my vehicle is seriously damaged. The other party's vehicle (GBH6199E) sustained serious damage on the front and also right driver door. I am currently feeling soreness in my back, legs and neck.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20220410/2033

3 of 3

Report No. T/20220410/2033

**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:

D /

SGT 2 TAN WEE JIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Signature Of Informant:

Date/Time:

10/04/2022 15:45

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/04/2022 (DD/MM/YYYY), TIME: 23:30 (HH:MM)

LOCATION: DIE NEAR PAYA LEBAR EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS9924X  
 b) INSURANCE COMPANY: CHINA TAIPING  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA NOAH 1.8 AUTO / MANUAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
 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: ANG GIM EC (HONG JINYI) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S71007986 CONTACT: \_\_\_\_\_  
 c) ADDRESS: BK 621 BUKIT BATOK CENTRAL  
#09-514(650621)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 12/01/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05/06/2010

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

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

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

6. WAS ANYBODY INJURED (YES/NO) CONVERT (PASSENGER) 1

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBM6199E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: HENG ZHAO  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98249770

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(3)

passenger  
 1 m / f

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = alfs1971@gmail.com

fax =

video = yes, SD with TP

Motor Hire Car

MZ406L/B

R. SN

AN0695A

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. DMHCSNW00004642202

Engine No.: 2ZR2G23080

Cha. No.: ZWR800425841

1. Index Mark and Registration  
Number of Vehicle SMS9924X

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder ANG GIM EE (HONG JINYI)

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment 24/03/2022  
(00:00:00)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance 23/03/2023

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

ANG GIM EE (HONG JINYI)

6. Limitations as to use:\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

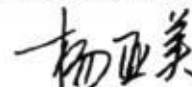
HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD AS HP OWNER

\* 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: TECK WEI CREDIT PTE LTD  
Authorised Officer

Authorised Signatory