

# SECTION 17: Assessment Centre Services SME82240002

Date In: <u>14/04/2022</u> <u>12:35</u>	Job description: <u>SAS e-filing</u>	Date & Time Completed:	Done by:
Ref No: <u>NBB/CT122003453/Y</u>	E-mail (within 2hrs. After 2hrs):		
Veh No: <u>SJR 36744</u>	i-Motor Claim Form		
DOA: <u>13/04/2022</u> <u>18:45</u>	i-Motor W/O (within 24 hrs. 10:4hrs)		
OD: <u>TP</u> Reporting Only	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: <u>SJM 362</u>	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

<p><u>102200008</u></p> <p><b>Claimant's Particulars :-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p>Int. 1:</p> <p>Int. 2 / 3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Invoice Preparation Checklist</th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th></th> <th>Int Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30);</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td colspan="4">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  Q11:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  • N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>  • N6: Repair Co-ordination</td> <td>\$10</td> <td></td> <td></td> </tr> <tr> <td>  • N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> </tr> <tr> <td>  • N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>  TP (N11): TP (Non-INC) against INC</td> <td>\$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Blue Mobile</td> <td>\$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee charged</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee charged</td> <td></td> <td></td> </tr> </tbody> </table>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)			Int Bill	Add Bill	1) AR: Accident Reporting (\$30);				2) DA: Damage Assessment (\$100); INC (\$30);				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: Blue Mobile	\$0			Invoice dated	Fee charged			Invoice dated	Fee charged		
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date of Submission	14/04/2022 12:39 (SGT)
Date of Accident	13/04/2022 18:45 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	BEFORE RIVER ISLES
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3674Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG MEI XUE, MICHELLE
NRIC No	SXXXX386I
Email Address	stanley.sri5000@gmail.com
Mobile Phone No	(Phone) +65-86861415
Alternative Phone No	+65-90726100

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00024372201
Cover Note Number	-

### DRIVER

Name of Driver	LIM TECK YEW, STANLEY
NRIC No	SXXXX264B

Date Of Birth	16/05/1987
Occupation	Indoor
Date Of Driving Pass	20/12/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90726100
Alt. Phone Number	-
Email Address	stanley.sri5000@gmail.com
Address	BLK 832 HOUGANG CENTRAL #11-546
Address complement	-
Postcode	530832
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	Clear
Road Surface	Dry

#### 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NG JIAN RONG, MARCUS
Gender	Male

#### PASSENGER 2

Name	LIM EN YU, ALVIS
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/20220413/7042

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM36Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FELICIA
Contact Number	(Phone) +65-90229927
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	SMN2778Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JASON LENG
Contact Number	(Phone) +65-90035745
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	LIM TECK YEW, STANLEY
Gender	Male
Phone No	(Phone) +65-90726100
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	NG JIAN RONG, MARCUS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## INJURED 3

Name of injured person	LIM EN YU, ALVIS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
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.

X

Policyholder's Signature / Date & Time

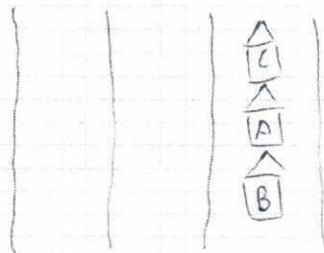
Sketch Plan

X

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

PUNGGOL CENTRAL (BEFORE RIVER ISLES)

Witnessed by Reporting Centre Personnel



A: SJR3674Y

B: SKM36Z

C: SMN 2778Z

**Describe Circumstances of the Accident**

Refer to attached police report.

Report NO : T/20220413/7042

**Declaration**

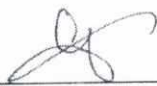
We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X



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

Witnessed by Reporting Centre Personnel

14/02/2022





**SINGAPORE  
POLICE FORCE**



T/20220413/7042

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

1 of 4

Report No. T/20220413/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/04/2022 19:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM TECK YEW, STANLEY		Address: 832 HOUGANG CENTRAL #11-546 SINGAPORE 530832			
ID Type / ID No.: NRIC NO / S8715264B		Contact No.: Home/Office: Mobile: 90726100			
Nationality: SINGAPORE CITIZEN		Email: STANLEY.SRI5000@GMAIL.COM			
Sex: Male	Age: 34	Date of Birth: 16/05/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Self Employed		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/04/2022 18:45	Type of Location: Straight Road
Location:  PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR3674Y	Car	HYUNDAI	Elantra	White	Seriously Damaged	2
SKM36Z	Car	HONDA	CRV	Red	Seriously Damaged	0
SMN2778Z	Car	HONDA	Fit	Red	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220413/7042

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

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Report No. T/20220413/7042

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TECK YEW, STANLEY	ID No.	S8715264B
Related Vehicle	SJR3674Y (Car)	Contact No.	90726100
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	NG JIAN RONG MARCUS	ID No.	S9101825Z
Related Vehicle	SJR3674Y (Car)	Contact No.	91889590
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LIM EN YU, ALVIS	ID No.	T1641214C
Related Vehicle	SJR3674Y (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20220413/7042

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

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Report No. T/20220413/7042

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	FELICIA		ID No.	NIL
Related Vehicle	SKM36Z (Car)		Contact No.	90229927
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	
<b>Driver</b>				
Name	JASON LENG		ID No.	NIL
Related Vehicle	NIL		Contact No.	90035745
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	

Brief Details.

I was stationary along the rightmost lane of Punggol Central waiting to make a right turn when a car rear ended me, causing my car to surge forward and hit another car in front of me. We alighted from our vehicles, exchanged particulars and left the scene. In my car was my son and brother-in-law. All of us sought medical attention and was given three days of medical leave due to the impact. I have also retrieved my car's camera footage and submitted it for insurance claims purposes. We were also advised to lodge an accident report on this said matter.





**SINGAPORE  
POLICE FORCE**



T/20220413/7042

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

4 of 4

Report No. T/20220413/7042

**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:

Signature Of Informant:

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

Date/Time:  
13/04/2022 19:53

Classification Of Case:

Email: [sm@idac.com.sg](mailto: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: 13 / 04 / 2022 (dd/mm/yy) Time of Accident: 18 : 45 (24-HR-FORMAT)

Vehicle No.: SJR 3674Y Vehicle Make & Model / Engine (cc): Hyundai Elantra AD 1.6 Private Hire: (Y/N) (N)

Exact location of Accident: Punggol Central (Before River Isles).

Policyholder's Name / IC No.: NG MEI XUE, MICHELLE ROC/UEN (Company) S 8702386 Z.

Driver's Name / IC No.: LIM TECK YEW, STANLEY (S 8715264 B). (As Above) ☐

Driver's Contact No.: 90726100 Company Contact No / Owner Contact No: 8686 1415.

Driver's Address: blk 832 Hougang Central # 11-546 (S) 530832.

Owner Email address: stanley.sri5000@gmail.com Insurance Company: China Taiping.

Driver Email address: As Above.

**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):** 03.

\*Passenger Name: NG JIAN KONG, MARCUS (S 9101825 Z)

Gender: Male / Female x ( )

\*Passenger Name: LIM EN YU, ALVIS (T 1641214 C)

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: Driver & 2 passengers.

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SJR 3674Y

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Ave 3.

### **The Other Party(s) Details:**

1. Driver's Name / IC No: Felicia B Vehicle No: SKM 36 Z.

Driver's Contact No: 90229927. Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): Jason Leng. C Vehicle No: SMN 2778 Z

Driver's Contact No: 90035745. Insurance Company: \_\_\_\_\_

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

Preferred Workshop Name: D&K Automotive Services Pte Ltd Contact No: 6509 8258 / 8338 8376





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 Private Car

MX1F

R SN

AN0721A

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, 1956 (Malaysia)

CERTIFICATE No.

DMPCSNW00024372201

Engine No.: G4FGHU620619

Cha. No.: KMHD841CMJU515614

1. Index Mark and Registration  
Number of Vehicle

SJR3674Y

AUTOSAFE

2. Name of Policy Holder

NG MEI XUE MICHELLE

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

10/02/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of insurance

09/02/2023

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

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

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

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

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

HIRE PURCHASE CO.: BENEFIT AUTO ENTERPRISE PTE LTD

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

**I/We hereby Certify**

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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: BENEFIT AUTO INSURANCE AGENCY

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