

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SN0822610001

Date In: 23/06/2022 10:56	Job description	Date & Time Completed	Done by
Ref No: NBB/C722005971/V	SAS e-filing		
Veh No: S02-1852	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2022 03:40	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMC 5522S

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	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

Invoice Preparation Checklist

- | | |
|---|-----------|
| 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 2008) | |
| 6) TR: Re-inspection | \$75 |
| 7) N1: Idac DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services: | |
| ON* | |
| *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

Fax Charged

Invoice dated

Fax Charged

N/A2201727

Statement Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engi-In-Charge):

Auditors Comments:

L 1:

L 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission	23/06/2022 10:56 (SGT)
Reported by	Driver
Date of Accident	17/06/2022 03:40 (SGT)
Exact Location of Accident	Simei St 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ1185Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	D & K AUTOMOTIVE SERVICES PTE. LTD.
Company Reg No	2XXXXX420E
Email Address	dkautomotiveservices@hotmail.com
Mobile Phone No	(Phone) +65-83388376
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	AXIO
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00009922100

DRIVER

Name of Driver	TIONG WAN YEE
Passport No/FIN	GXXXX954K
Date Of Birth	31/08/1997
Occupation	Indoor

Date Of Driving Pass	06/09/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89519531
Alt. Phone Number	-
Email Address	tiongwanyee1@gmail.com
Address	BLK 229 SIMEI STREET 4 #04-190
Address complement	-
Postcode	520229
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - U-Turn
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SHEN XINGCHEN
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 SKETCH AND POLICE REPORT T/20220618/7007

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5522S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TIONG WAN YEE
Gender	Male
Phone No	(Phone) +65-89519531
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGZ1185Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHEN XINGCHEN
Gender	Male
Phone No	(Phone) +65-83338879
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGZ1185Z
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X



X

hampy

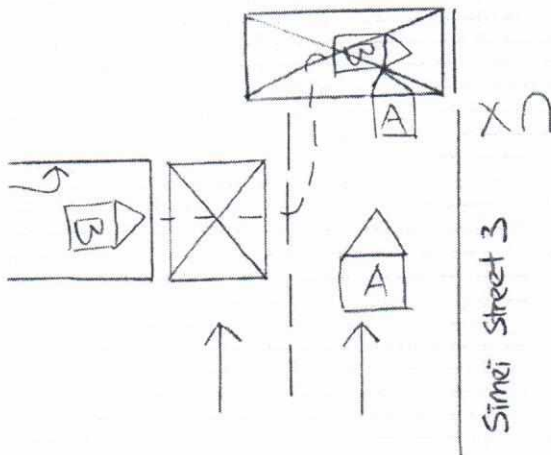
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

23/06/2022

Sketch Plan



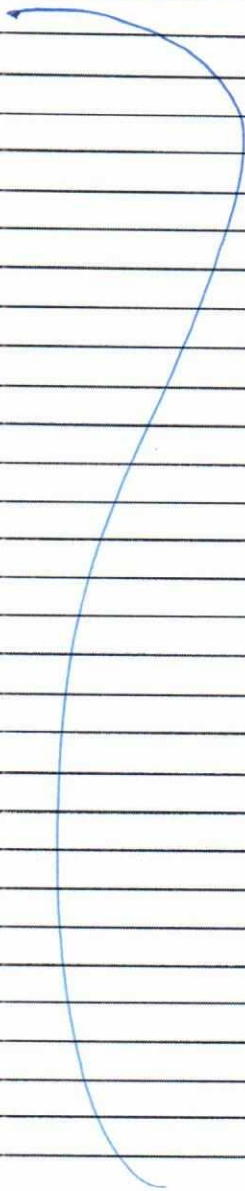
Vehicle A = SGZ 1185Z

Vehicle B = SML 5522S

Describe Circumstances of the Accident

I was travelling on the right lane of the two lane road along Simei Street 3, when a car turn out from Manhattan Condo and attempted to make an illegal u-turn. As a result of that, he collided onto the left front portion of my vehicle.

Police Report: T/20220618/7007



Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

Handwritten signature

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

Handwritten signature and date 23/06/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220618/7007

1 of 3

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

Report No. T/20220618/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2022 12:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TIONG WAN YEE			Address: APT BLK 229 SIMEI STREET 4 #04-190 SINGAPORE 520229		
ID Type / ID No.: FIN NO / G2920954K			Contact No.: Home/Office:		Mobile: 89519531
Nationality: MALAYSIAN			Email: tiongwanyee1@gmail.com		
Sex: Female	Age: 24	Date of Birth: 31/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salad shop assistant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2022 03:40	Type of Location: Straight Road
Location: SIMEI STREET 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGZ1185Z	Car	TOYOTA	Axio	Gold	Seriously Damaged	1
SLM5522S	Car	NISSAN	Pulsar	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220618/7007

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

2 of 3

Report No. T/20220618/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SHEN XINGCHEN	ID No.	S9608758F
Related Vehicle	SGZ1185Z (Car)	Contact No.	83338879
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/06/2022	Date	18/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	TIONG WAN YEE	ID No.	G2920954K
Related Vehicle	SGZ1185Z (Car)	Contact No.	89519531
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/06/2022	Date	18/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along the right lane of the two lane road when a car turned out from My Manhattan condo to left lane and abruptly swerved right to perform an illegal u turn and caused a collision between the right portion of his vehicle and front left portion of my vehicle. We sought medical attention the next day and was advised to lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20220618/7007

3 of 3

Report No. T/20220618/7007

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

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 /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:

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

Date/Time:
18/06/2022 12:00

Classification Of Case:

D & K AUTOMOTIVE SERVICES PTE. LTD.

232 HOUGANG AVE 1, #12-232, SINGAPORE 530232

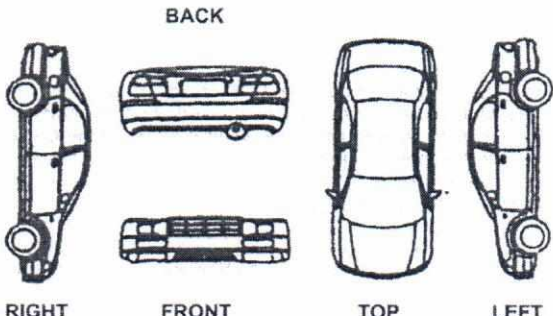


Email: dkautomotiveservices@hotmail.com

Contact No: 9793 2446

No: DKA 8022

UEN NO: 202122420E

VEHICLE RENTAL AGREEMENT


HIRER'S PARTICULAR Name: (as in I/C) <u>TIONG WAN YEE.</u> NRIC/PASSPORT No: <u>G2920954K.</u> Date of Birth: <u>31/08/1997.</u> Address (Res): <u>DAK 229 Simei Street 4</u> <u>#04-190 CS 520229.</u> Driving Licence No: <u>721106.</u> D/L Type: Local / <u>International</u> Issue Date: _____ Tel: (O) _____ HP <u>89519531.</u> Company Name: _____ Company UEN: _____ Company Address: _____		Vehicle No: <u>SGZ1185Z</u> Replace Veh No: _____ Mileage out: _____ Make & Model: <u>TOYOTA AXIO</u> <u>Auto</u> / Manual OUT: Date <u>14/06/2022</u> Time: <u>11:00AM</u> HIRE PERIOD <u>14/06/2022 - 18/07/2022.</u> OWN DAMAGE CLAIM Excess S\$ <u>\$2500.00</u> THIRD PARTY CLAIM Excess S\$ <u>\$2500.00</u>													
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Date of Birth: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Tel: (O) _____ HP _____		CHARGES Daily @\$ _____ per day Weekly @\$ _____ per week Monthly <u>1</u> @\$ <u>1400</u> per month <u>1400.00</u> Others @\$ _____ Delivery Service _____ GST _____ SUB-TOTAL \$ _____													
VEHICLE CHECK LIST D - DENTS S - SCRATCHES A - ACCIDENTS RIGHT FRONT TOP LEFT 		PETROL LEVEL <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td><u>3/4</u></td> <td>F</td> </tr> </table> EXTENSION Misc. _____ GST _____ TOTAL CHARGES <u>1400.00</u>		Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	<u>3/4</u>	F
Out	E	1/4	1/2	3/4	F										
In	E	1/4	1/2	<u>3/4</u>	F										
Rented out by: _____ Hirer's Signature  _____ Addition Driver's Signature _____															

I have read and agree to the terms and condition on both sides of this agreement, If i have presented a charge/credit card for payment, i agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information i have given D&K AUTOMOTIVE SERVICES PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED IN ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY D&K AUTOMOTIVE SERVICES PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO D&K AUTOMOTIVE SERVICES PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
					 HIRER'S SIGNATURE

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: 17 / 06 / 2022 (dd/mm/yy)

Time of Accident: 03 : 40 (24-HR-FORMAT)

Vehicle No. : SG1Z 1185Z Vehicle Make & Model / Engine (cc): Toyota Corolla Axio 1.5 Private Hire: (Y/N) (N)

Exact location of Accident: Simi Street 3

Policyholder's Name / IC No. : D&K Automotive Services Pte Ltd ROC/UEN (Company) 202122420E

Driver's Name / IC No. : Tiong Wan Yee / 62920954K (As Above) ☐

Driver's Contact No. : 8951 9531 Company Contact No / Owner Contact No: 83388376

Driver's Address: 229 Simi Street 4 #04-190 Singapore 520229

Owner Email address : dkautomotiveservices@hotmail.com Insurance Company : China Faping Insurance (Singapore) Pte Ltd

Driver Email address : triongwanyee1@gmail.com

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):** 2

***Passenger Name:** Shen Xing Chen

Gender: (Male) Female x ()

***Passenger Name:** _____

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: Tiong Wan Yee / Shen Xing Chen

Injuries Sustain: _____ Injured Person in Which Vehicle: SG1Z 1185Z

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: _____ Vehicle No: SLM 5522S

Driver's Contact No: _____ Insurance Company: AIK

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____

Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258



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 Hire Car

MZ406

E SN

AN0678A

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.

DMHCSNW00009922100

Engine No.: 1NZC516908

Cha. No.: NZE1416020915

1. Index Mark and Registration
Number of Vehicle

SGZ1185Z

AUTOSAFE

2. Name of Policy Holder

D&K AUTOMOTIVE SERVICES PTE LTD.

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

09/09/2021
(00:00:00)

Excess Sect. I . S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

Excess Sect. II (Outside Singapore) S\$4,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

18/10/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with the Policyholder's 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 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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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: Zhong YueQiang
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

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: S10822640001 Vehicle Registration No: SDZ1185Z
Name (as shown in NRIC): Tiong Woon Yee NRIC/FIN/Passport No: 6XXXX954K
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 89519531
Email Address: _____
Date of Accident: 17/06/2022 Time of Accident: 03:40
Place of Accident: SIMEI ST 3
Insurance Company: CHINA IMPRES

(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:

GENDER SHOULD BE FEMALE

Policyholder / Driver's Signature
Date:

 23/06/2022

Reporting Centre Personnel's Signature
Name: Rishi
NRIC/FIN No.: _____
Date: