			441) (441) (441)
	• • •		
IONAL Assessment Contre.	Stativices: Wallishost ,	Sult 22/8000	
a P/1 c C 1 - 2 - 2 - 1 C C C C C C C C C C C C C C C C C C	Job description .	Date Salame Completed	Dolla pl.
16 10 10 2 15:55	SAS e-filling		
XIBN CI FOUNDATY	E-miail (within this, Augoba)		. 47 %
SMV 30071)	1-Motor Claim Form		
VIII DOLL	1-Motor 77/0 (Niples of sp	11, 77 4hri).	
T? / Reporting Only .	I-Photo Uploaded .		
	Languary Survey Report	1	
Insurer:	Assit Report by Eax / Han	d to Diviserity Rate	1X1 .)
	The state of the s	Toll	1
Corred Wkap / INC Assign Wkap / QWI ("ST28300, INC	Toli)
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) Cover Type: ("	
Owner / Driver: () P	erlod! (. Tima:)
Policy No: ('	Date!	10-20%; P: 21-79%; .F; 80	0-100%)
. Confirmed by I (14010-1211-		
Instread Ditres Daniel	MELLEDA! ARRIVA	· · · · · · · · · · · · · · · · · · ·	3 CENS 18 CC
Year of Registration (). Loading 1.5	1,000 ()/ 32/000		AMARKA AL
Bxoess: (\$). Localized 1.5	transfer strictly Confident	al & Strictly NO refer of Tepal	
() Walk-In Chatomer : Oustomer, a	INCOMES TIRGENTLY.		, , ,)
. Total Loss Case	Actor App () \ NO () Toyring Co! (THE PARTY OF THE P
Drive-In ()/ Towed-In (,) (In	90106; 1201	—————————————————————————————————————	が発売されたいたとないという。
LALAT WIND A	**************************************		17777 177 187 187 187 187 187 187 187 18
Boline 6788 SQ	No.		(3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Remarks Which an Interior Sales) / Courtesy Oar ()		3.00
Remarks MWC har the 67888860) / Courtesy Oat ()		
Remains My hor his 67888860) / Courtesy Oat ()		1,10
Remarks: Miles Bolline Son Sal So 1) Apply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		
Remarks (1) C Positive (5788)86 1) Apply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		1,10
Remarks: Miles Bolline Son Sal So 1) Apply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		1,10
Remarks (1907 For Interior Sales of 1) Apply for Transport Allowance (1) QC Check/ Post Repair Inspection (1) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		1,10
Remarks (Mark norther 6788886 1) Apply for Transport Altowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		1,10
Remarks (Mark norther 6788886 1) Apply for Transport Altowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		
Remarks (1907 For Interior Sales of 1) Apply for Transport Allowance (1) QC Check/ Post Repair Inspection (1) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()		
Remarks (In Charling Crississ) 1) Apply for Transport Allowance (2) QC Check/ Pour Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()	D. Andlant Reporting (\$30)	
Remarks (in Charline Crissison 1) Apply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury 1) / Courtesy Oat ()	1) ARI Assident Reporting (\$3.0); 2) DAI Damesa Attenament (\$100)	Tric (13.0)
Remarks (h) Loss her Salso 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()	1) ARI Action Reporting (\$3.9); 2) DAI Dames Attention (\$100) 3) TFI Towing Fee (\$1.57) Follow, Through Survey	TPIC (\$3.0)
Remarks (I) Loss me 6788/86 1) Apply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Oat ()	1) ARI Action Reporting (\$3.9); 2) DAI Dames Attention (\$100) 3) TFI Towing Fee 4) FTI Follow, Through Survey 5) FTI Hollow, Through Survey (Par	TPIC (\$3.0)
MA >02606 MAPPLY for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury / MA >02606 And Analysis Repair Co Injury / Transmiss Repair Co Triver/Owner:) / Courtesy Oat ()	1) APAI Accident Paparting (\$3.0); 2) DAI Dames: Attended (\$100); 3) TFI Tawing Fee 4) FTI Follow, Through Survey 5) PTI Follow, Through Survey (Pasarting States); Establishing additional Properties (Pasarting Survey (Pasarting	TPIC (\$3.0)
MA >02606 Mapply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury / MA >02606 Triver/Owner: Contactific:) / Courtesy Oat ()	1) APAI Accident Reporting (\$3.0); 2) DAI Dames Attended (\$100); 3) TFI Tawing Fee 4) FTI Follow, Through Survey 5) FTI Bollow, Through Survey Establishing as I Lest This Only for 6) TRY Reclusive States	TPIC (\$3.0) \$10/345
MA 20266 NAPPLY for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury / MA 20266 Triver/Owner:) / Courtesy Oat ()	1) ARI Accident Reporting (\$3.0); 2) DAI Damest Attentroom (\$100); 3) TFI Tawing Fee. 4) FTI Follow, Through Survey. 5) PTI Bollow, Through Survey. 6) TRY Re-lamposition. 7) NI 11das DA + SWIRT Survey. 18) NTUC Additional Services.	TRIC (330) \$100 \$300 \$100 \$300 \$100 \$300 \$150 \$150 \$150
MA DONA Triver/Owner: Tontactive: Temaged Portion:) / Courtesy Caz () st > 53000)	1) ARI Action Reporting (\$3.9); 2) DAI Damesa Autournent (\$100); 3) TFI Tawing Fee 4) FTI Follow, Through Survey (Fast Staliming and Late (Fallow); 6) TRY Reclarge from 7) NI 11dae DA + SWIRT Survey S) NTUC Additional Services: DD1:	THE (350) \$100 \$10
MA >02606 Mapply for Transport Allowance (2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury / MA >02606 Triver/Owner: Contactific:) / Courtesy Caz () st > 53000)	1) ARI Accident Reporting (\$3.0); 2) DAI Damess Attendroom (\$100); 3) TF I Tawing Fee. 4) FT I Follow, Through Survey. 5) PT I Follow, Through Survey. 6) TR y Re-largosition. 7) N1 11da DA + SWRT Survey. 18) NTUC Additional Services. 19) TUC Additional Services. 19) The Courterly Carl Tpt Allows. 1906 Figure Convidential	TRIC (33.0) SW/93.4 ST/90 S
MA DONA Triver/Owner: Tontactive: Temaged Portion:) / Courtesy Caz () st > 53000)	1) ARI Accident Reporting (\$3.0); 2) DAI Damess Attendroom (\$100); 3) TF I Towing Fee. 4) FT I Follow, Through Survey 5) PT I Follow, Through Survey (Pro- 6) TR y Re-Imposition 7) N1 11420 DA + SWIRT Survey 18) NTUC Additional Services: 18) NTUC	TRIC (33.0) SW/93.4 ST/90 S
MADONO Checked by (Engistre-Charter Charter Contected by (Engistre-Charter Contected by (Engi) / Courtesy Caz () st > 53000)	1) ARI Accident Reporting (\$3.9); 2) DAI Dames: Alterracent (\$190); 3) TF: Towing Fee 4) FT: Follow, Through Survey 5) YT: Hollow, Through Survey (Fare Estatemine as a less Tolicy Only for () TR. y Resimposition 7) N1: Idea DA + SWIRT Survey 5) NTUC Additional Services: ON? *N3: Courtery Car / Tpt Allown *N4: Frishly Coordination *N4: Folk Repair Imposition *N4: Folk Repair Imposition *N5: DV / Collect Escass Coordination *N5: DV / Collect Escass Coordination *N6: Principle Repair Imposition *N6: Principle Repair Imposition *N6: Principle Repair Imposition *N6: DV / Collect Escass Coordination	TRIC (380) \$10/545 \$10/545 \$10/545 \$100 \$10
New York State of Sales of Sal) / Courtesy Caz () st > 53000)	1) ARI Accident Reporting (\$3.9); 2) DAI Damess Allestroeth (\$100); 3) TF 1 Towing Fee 4) FT 1 Follow, Theough Survey (Fasternament); 5) YT 1 Hollow, Through Survey (Fasternament); 6) TR y Resimposition 7) N1 1 Idea DA + SWIRT Survey 8) NTUC Additional Services: 9) NTUC Additional Services: 1N3 Courterly Car / Tpl Allowin 1N3 Firstly Coverdination 1N3 Firstly Coverdination 1N3 Follow Result Inspection 1N3 DV / Collect Bicoess Ches	TRIC (33.0) SW/93.4 ST/90 S

SN08229S0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 28/09/2022 15:33 (SGT) SUBMITTED BY: Rosii Bin Abdul Wahab VERSION: 1 (28/09/2022 15:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Drivet
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

28/09/2022 15:33 (SGT) 27/09/2022 17:35 (SGT) Ubi Ave 1, Singapore TOWARDS PIE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM3669D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

CHOO ENG TONG SXXXX225E

choo_et@yahoo.com.sg (Phone) +65-97578806

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Private use

Toyota

Noah

No - Claiming third party

Private car Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00010382201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHOO ENG TONG SXXXX225E 25/06/1969 Outdoor



Date Of Driving Pass 22/02/2012 10 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-97578806 Mobile Number Alt. Phone Number choo_et@yahoo.com.sg Email Address BLK 172 LORONG 1 TOA PAYOH #25-1158 Address Address complement 310172 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 WES LEE Name Male Gender PASSENGER 2 GRAB PASSENGER Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20220928/7027 ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ8380U
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	JIMMY
Contact Number	(Phone) +65-97825052
Address	and minimized and a second sec
Address complement	
Postcode	11000 mm 10 2mm
Insurance Company Name	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Nature Of Damage	Delta-continue Sec.
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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)

l 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.

Policyholder's Signature / Date & Time

Sketch Plan

Drivel's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

A:SMM3669D

B: STZ 8380U

Describe Circumstances of the Accident

on 27/09/2022 at 17:35 pm. I was traveling along UBI AVENUE 1
towards PIE. While reaching the zebra crossing, there was pedestrian crossing
the road thus I slow down to a stop. After a few seconds. I suddenly felt
an impact from my vehicle (9mm 3669D) rear portion. When I alighted from my
vehicle, I realised vehicle B (3528380U) had collided onto my vehicle rear
portion.
POLICK RUPORT 1/20220928/7027

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

Personnel

Witnessed by Reporting Centre



T/20220928/7027

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

1 of 4 Report No. T/20220928/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2022 13:08		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Control of the second	
Name of Informant: CHOO ENG TONG			Address: 172 LORONG 1 TOA PA	YOH #25-1158 SINGAPORE 310172
ID Type / ID No.: NRIC NO / S6921225E		25E	Contact No.: Home/Office:	Mobile: 97578806
	Nationality: SINGAPORE CITIZEN		Email: CHOO_ET@YAHOO.CO	M.SG
Sex: Male	Age: 53	Date of Birth: 25/06/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information Class:	on: Date of Expiry:

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2022 17:35	Type of Location: Straight Road
\$2200000000000000000000000000000000000		Road Surface:		Road Speed Limit:
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	sion: /ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJZ8380U	Car					0
SMM3669D	Car	ТОУОТА	NOAH HYBRID 7- SEATER 1.8X CVT	Silver		0





2 of 4

Report No. T/20220928/7027

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

CONTINUATION OF REPORT

	ehicle Insurance		Effective	Evolor Data
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM3669D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000103 82201	07/08/2022	06/08/2023

Details of Persor			100 May 100 May 1		00000000	
Any Pedestrian In						
No. of Pedestrians	s Injured: NIL		Use of Ped	estrian	Crossi	ng: NA
Driver			and the second			000040055
Name	CHOO ENG TONG			ID No.		S6921225E
Related Vehicle	SMM3669D (Car)			Contact No.		97578806
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	1	NIL	
	ed Medical Leave NII	L	Degree of		NIL	
Passenger	GG MIGGIOGI COGVO				1000	
Name	GRAB PASSENGER			ID No.		NIL
Related Vehicle	SMM3669D (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licens Expin	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave Ni	IL	Degree of			
Passenger						
Name	WES LEE			ID No.		NIL
Related Vehicle	SMM3669D (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng ce & y	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	lien -	NIL	
	nted Medical Leave N	IIL	Degree o	f	NIL	



T/20220928/7027

3 of 4

Report No. T/20220928/7027

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

CONTINUATION OF REPORT

Brief Details.

On the above stated time & date, I was travelling along Ubi Avenue 1 towards PIE. While reaching the zebra crossing, there was pedestrian crossing the road thus I slow down to a stop. After a few seconds, I suddenly felt an impact from my vehicle (SMM3669D) rear portion. When I alighted from my vehicle, I realised vehicle B (SJZ8380U) had collided onto my vehicle rear portion.





4 of 4

Report No. T/20220928/7027

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

CONTINUATION OF REPORT

Ske	toh	D	20
ONE			I CILL

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: 28/09/2022 13:08
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 44 / 04 / 44 (dd/mm	/yy) Ti	me of Acciden	17 35	(24-HR-FORMAT)
Vehicle No.: Smin 3669 D Vehicle Ma	ike & Model:	TOYOTE	HADA	
*Transmission : o Manual Auto				
Exact location of Accident: UBI AN	ENOE 1	towards	PIE	
Policyholder's Name: CHOO ENG TO	NG	NRIC/FIN/REG	No.: S	921325E
*Policyholder's email address : choo-	et @ yahoo	.com.sq		
Driver's Name: CHOO ENG TONG				
*Driver's email address : choo_e	et @ yahoo	· com·sq		
Oriver's Contact No.: 9457-8806				
Date of birth: 25 70N 1969				
Driver's Address: APT BLK 172 LORONO				
Insurance Company: CHINA TRIPING				
Policy No. DMH CSNW 00010382201 T	ype of Coverage	e. Comprehesive	/ Third Party	/Third Party, Fire & Theft
Relationship between Owner & Driver: (Please 6	CIRCLE one only	/)		
Owner Spouse / Children / Friend / Parents / Sibli	ing / Relative / (Employee / Hire	er or Others	specify:
What do you wish to claim? (Please TICK one on!		0.000 10.000		
o Own insurance / Other Vehicle (The one you		aainst 1/ o Ren	orting (For	Record Purpose 1
Tyce of Accident				
o Chain Collision Head To Rear o Side Swipe	o Other	-		
Occupation (nature job) o Indoor /o Outdoor			-luding Orio	rarl: 3
"Passanger Name: WES LEE		assengers / III		
"Passanger Name: GRAB PASS				Male Female
Weather condition & Road conditions? (On the d			Genderi	Wate & Female
Clear & Dry / o Raining & Wet / o After-Rain &			ers	1
Was there any video captured by your car Car ca				
Any Injuries: o Yes / o No (If YES) Injured Perso			-	
Injuries Sustain :			/ehicle:	
Police Report field; o Yes / Who (if YES) Which Po				=
	er Party (S) I			
1. Driver's Name / IC No: 3 mm 4			ricle No:	977 8380 U
Driver's Contact No: 9782 5052	insur	ance Company		
2. Driver's Name / IC No (If Any):		Vehicl		
Driver's Contact No:				
*Independent Witness (If Any);				-
Preferred Workshop Name:				+



中国太平保险 (新加坡)有限公司

CHINA LAPING INSURANCE (SINGAPORE) PTE LED

Motor Hire Car

MZ406L/8

II SN

CERTIFICATE OF INSURANCE

ANSTIAA

Motor Verticies (Their Party Risks and Comparisation) Act (Chapter II Motor Verticies (Their Party Rose and Comparisation) Rules 1960 Hosel Verticies (Their Party Risks) Rules (1950 (Malayes) Motor Verticies (Their Party Risks) Rules (1950 (Malayes)

Cov. Type C

CERTIFICATE No.

DMHC5NW00010382201

Engine No 2ZR0068623 Cha No Z/MR800387618

I Index Mark and Registration

Number of Values

SMM3669D

AUTOSAFE

2: Name of Policy Hotoer

CHOO ENG TONG

Excess Sect 1

5\$1,250.00

3 Effective date of the Commoncement of 07/08/2022 Insurance for the purposes of the Requisitoris (00 00 00) Orthogoco or Enactment

Excess Sect I (Outside Singapore) Excess Sect II 5\$2,500.00 5\$1,250.00

06/08/2023

Excess Sect II (Outside Singapore) EX ON WINDSCREEN

5\$2,500.00 \$\$100.00

4. Date of Expiry of Insurance

5. Persons or Classes of Persons ensted to drive!
As per Named Driver(s) stated below.
Provided that the person driving is permitted in accordance with the scensing or other law's or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of regulations to drive the Motor Vehicle or has been so permitted and in 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.

CHOO ENG TONG

6 Limitators 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 linal or speed-testing
(2) Use whitsi drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HERE PURCHASE CO. HONG LEONG FINANCE LTD.

**Limitations rendered inoparative by Section 8 of the Motor Venicities (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1957 (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 TAIPENG INSURANCE (SINGAPORE) PTE LTD.

Issued By UNIVERSAL ALLIANZE PRIVATE LIMITED

©6389 6111

@6222 1033

www.sg.cntaiping.com

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