

NATIONAL Assessment Centre Services

Date In: 26/10/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT122010664/r3	E-mail (within 8hrs, A/C 2hrs):		
Veh No: SNA 8566 K	i-Motor Claim Form		
DOA: 22/10/2022 12:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> 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: SLV 2286 X	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

NA2202994	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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		
Auditors' Comments:-	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 Actual 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	26/10/2022 17:51 (SGT)
Reported by	Both
Date of Accident	22/10/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	341 JOO CHIAT ROAD OPEN CAR PARK LOT 87
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8566K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEAH PEI YEE
NRIC No	SXXXX186G
Email Address	KELLYAYU99@GMAIL.COM
Mobile Phone No	(Phone) +65-96775550
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc200
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00250052100

DRIVER

Name of Driver	CHEAH PEI YEE
NRIC No	SXXXX186G
Date Of Birth	11/08/1988
Occupation	Indoor

Date Of Driving Pass	02/07/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96775550
Alt. Phone Number	-
Email Address	KELLYAYU99@GMAIL.COM
Address	28 PASIR RIS LINK #10-24
Address complement	-
Postcode	S (518146)
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SLV2286X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

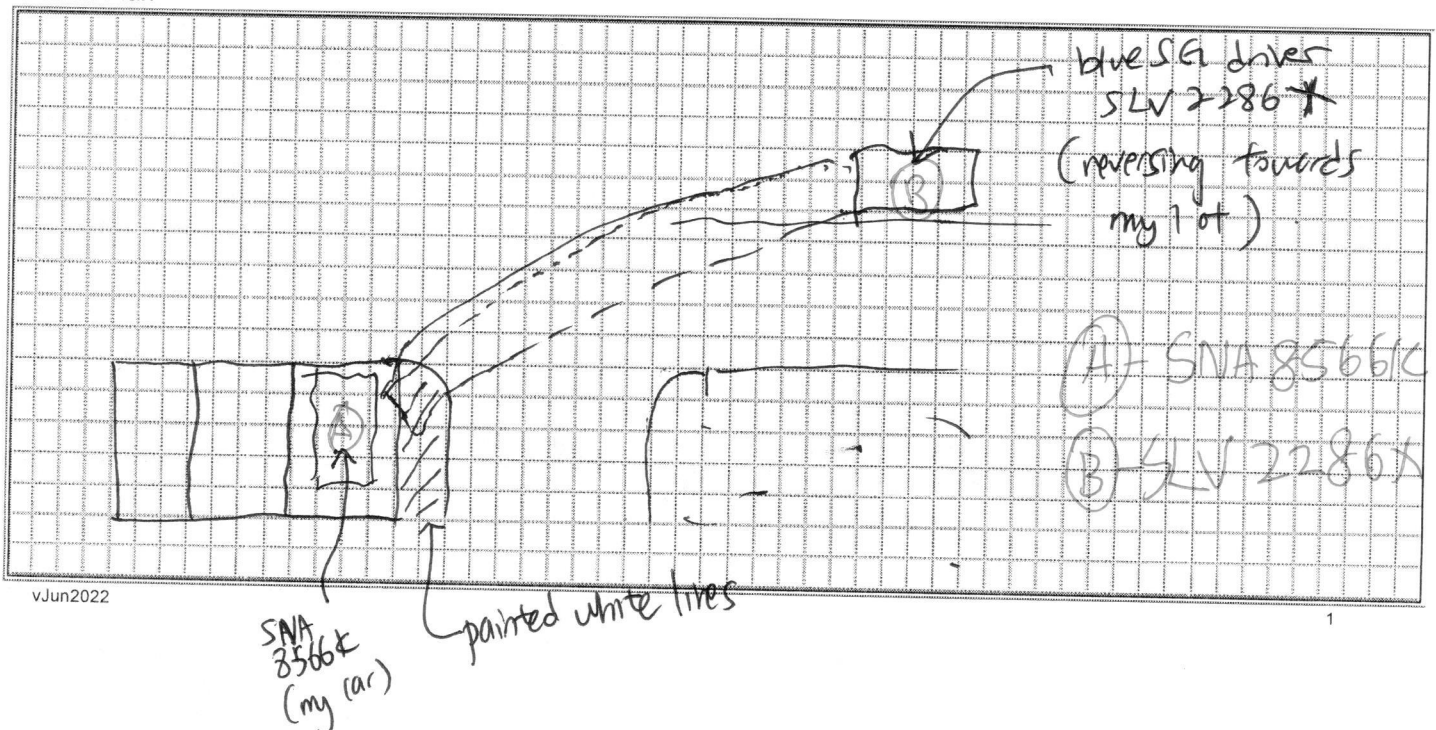
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


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

 26/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Date as mentioned.

Time: as mentioned

Address: 341 Joo Chiat Rd, (open carpark)

On the date/time as mentioned above, I was driving my car (SNA 856610) and parking inside an open carpark @ 341 Joo Chiat Road.

After I have reversed and (park my car, ^{@ Lot 87}) I notice a BlueSG car on my right side bearing (SLV 2286K) slowly reversing towards my car. The car collided at my right fender. He drove forward and reverse again and knock at the same spot. Therefore, he collided my car twice at the same place.

After that, he drove forward again and stop the car.


I came out of my car and asked him what happened and why did he knocked my car. He apologised and said he will pay for the damages.

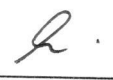
Hence, my car suffered mild scratches and dents on the right fenders and right driver door.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 26/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221023/2023

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No. T/20221023/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2022 11:20	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: CHEAH PEI YEE			Address: 28 PASIR RIS LINK #10-24 SINGAPORE 518146		
ID Type / ID No.: NRIC NO / S8829186G			Contact No.: Home/Office: Mobile: 96775550		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 11/08/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ARCHITECT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 12:30	Type of Location: Car Park
Location: JOO CHIAT ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: MOVING VEHICLE AGAINST MOVING VEHICLE			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2286X	Car				Slightly Damaged	0
SNA8566K	Car	MERCEDES BENZ	GLC200 (R18 LED)	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA8566K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002500 52100	29/11/2021	28/11/2022



SINGAPORE POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No. T/20221023/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YU ZHI, ANDRE	ID No.	S9833078Z
Related Vehicle	SLV2286X (Car)	Contact No.	93216207
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEAH PEI YEE	ID No.	S8829186G
Related Vehicle	SNA8566K (Car)	Contact No.	96775550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/10/2022 at 1230hrs, I was driving my vehicle bearing plate number SNA8566K (Blue Mercedes GLC) parking inside an open space carpark located at 341 Joo Chiat Road.

I was reversing into a lot to park my car. As I was reversing my car, I noticed a BlueSG car on my right-side bearing plate number SLV2286X slowly reversing towards my car. Hence, his car collided onto my right fenders. The BlueSG car then drove forward and reversed and collided onto my right fenders again. The driver then drove forward again. Hence, there was 2 impacts on my right fenders by the same vehicle.

Hence, my car suffered mild scratches and minor dents on my right fenders and driver door. I then got down and took photos of the damages. The other driver got down and apologized and he said that he will pay for the damages.

We then exchanged particulars and we parted ways.

On 22/10/2022, I texted the driver and told him that the estimated cost for the damages would be S\$600. However, he told me that he had filed a report. Hence, I am advised by my insurance agent to lodge a police report.

I wish to state that I could not remember which lot number I was parking at that point of time.



**SINGAPORE
POLICE FORCE**



T/20221023/2023

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Report No. T/20221023/2023

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20221023/2023

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Report No. T/20221023/2023

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:
G /
SGT 2 JUSTIN CHU JUN QUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
23/10/2022 11:20

Classification Of Case:



T/20221026/2024

1 of 3

Report No. T/20221026/2024

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 35

Report Number T/20221026/2024

Vide Report Number T/20221023/2023

Date/Time of Report Made 26/10/2022 11:12

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant CHEAH PEI YEE

ID Type / ID No. NRIC NO / S8829186G

Home/Office

Mobile 96775550

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 22/10/2022 12:30

Accident Location JOO CHIAT ROAD

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2286X	Car				Slightly Damaged	0
SNA8566K	Car	MERCEDES BENZ	GLC200 (R18 LED)	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20221026/2024

2 of 3

Report No. T/20221026/2024

Continuation of CSF For NP168

Driver			
Name	CHEAH PEI YEE	ID No.	S8829186G
Related Vehicle	NIL	Contact No.	96775550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM YU ZHI, ANDRE	ID No.	S9833078Z
Related Vehicle	NIL	Contact No.	93216207
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

I wish to amend the brief details on paragraph 2 on the initial report. It should state,

I noticed a Blue SG car on my right-side bearing plate number SLV2286X slowly reversing towards my car. I had already stopped in the lot and my vehicle is stationary when the BlueSG car collided onto my right fenders. The BlueSG car then drove forward and reversed again colliding onto my right fenders. The driver then drove forward to make the correction. I wish to state that there were 2 impacts to my right fenders by the same vehicle.



T/20221026/2024

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Report No. T/20221026/2024

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / TAY CHUN KEEN
Classification of Case	1) NON-INJURY / OTHERS

ACCIDENT STATEMENT

ACCIDENT DATE: (22/10/22) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: 341 Joo Chiat Road open car park Lot 87

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNA 8566K
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCS NW00250052100
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: GLC-200 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
 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: CHEAH PEI YEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8829186G CONTACT: 96775550
 c) ADDRESS: 28 Pasir Ris Link #10-24 S518146

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: CHEAH PEI YEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8829186G CONTACT:
 c) ADDRESS: 28 Pasir Ris Link #10-24 S518146

- * d) DATE OF BIRTH: (11/08/1988) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 9 years 02 July 2013
 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)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 2286 X MODEL: Blue SG
 b) DRIVER'S NAME: Andre Lim Yu Zhi
 c) NRIC/FIN/PASSPORT: S98330782 CONTACT: 9321 6207

9. THIRD PARTY VEHICLE

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

Email = kellyayu88@gmail.com

Pax =

VIDEO = yes with Workshop

Motor Private Car

MX1E

N SN

AN0606A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00250052100

Engine No.: 27492031252055

Cha. No.:WDC2539422F350919

1. Index Mark and Registration
Number of Vehicle

SNA8566K

AUTOSAFE

=====

2. Name of Policy Holder

CHEAH PEI YEE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment29/11/2021
(10:06:47)

Named Drivers Ex Sect. I S\$750.00

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

28/11/2022

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\$1,000 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. : DBS BANK 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).

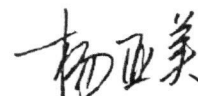
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

LAY AUTO PTE LTD

Authorised Officer



Authorised Signatory