

# NATIONAL Assessment Centre Services

Date In 18/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000604/d4	SAS e-filing		
Veh No SJQ9780 P	E-mail (within 8hrs. Aft 2hrs)		
DOA 17/01/2023 18:15	i-Motor Claim Form		
OD/ (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SNB 8202E	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%. P: 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

NA2300188		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Insured Portion:		3) TP: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
		5) HT: 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:-			
		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
editors' Comments :-					



# 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	18/01/2023 14:22 (SGT)
Reported by	Both
Date of Accident	17/01/2023 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVENUE 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9780P
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ZHEN JOHNSON ( ZHANG ZHEN )
NRIC No	SXXXX851Z
Email Address	johnsonteo87@gmail.com
Mobile Phone No	(Phone) +65-93804192
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00034852200

### DRIVER

Name of Driver	TEO ZHEN JOHNSON ( ZHANG ZHEN )
NRIC No	SXXXX851Z



Date Of Driving Pass .....	07/09/2012
Driving experience .....	10 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93804192
Alt. Phone Number .....	-
Email Address .....	johnsonteo87@gmail.com
Address .....	APT BLK 499A TAMPINES AVENUE 9
Address complement .....	# 03-204
Postcode .....	521499
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 .....	Side Swipe
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) .....	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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230117/2133

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB8202E
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-88386337
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 .....	TEO ZHEN JOHNSON ( ZHANG ZHEN )
Gender .....	Male
Phone No .....	(Phone) +65-93804192
Address .....	APT BLK 499A TAMPINES AVENUE 9
Address Complement .....	# 03-204
Post Code .....	521499
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK,SHOULDER AND HAND PAIN
Injured person in which vehicle? .....	SJQ9780P
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 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 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

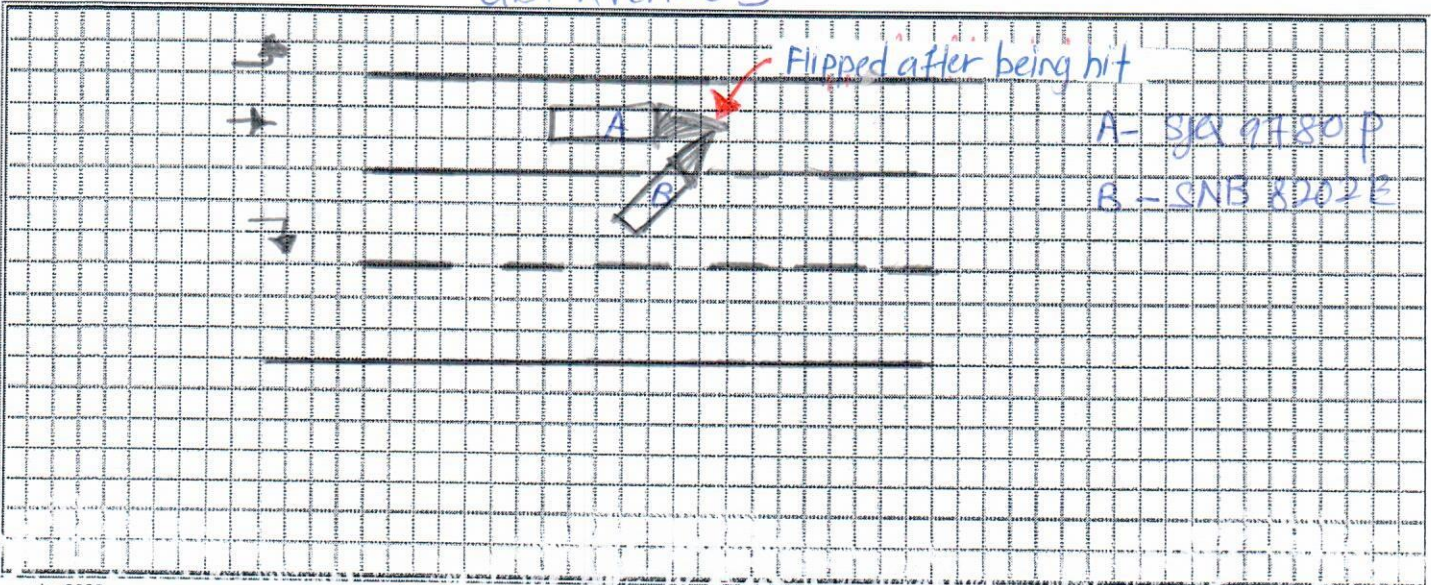
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

18/1/2023  
Policyholder's Signature / Date & Time

ubi Avenue 3  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

18/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan





Describe Circumstance of the Accident

- please Refer to the attached police Report  
- 7/20230117/2133


Declaration

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

 18/1/2023

Policyholder's Signature / Date & Time

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

 18/1/2023

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



**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20230117/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2023 23:50			Vide Report No.:		Station Diary No.: 53	
<b>Informant's Particulars</b>						
Name of Informant: TEO ZHEN, JOHNSON			Address: APT BLK 499A TAMPINES AVENUE 9 #03-204 SINGAPORE 521499			
ID Type / ID No.: NRIC NO / S8717851Z			Contact No.: Home/Office: Mobile: 93804192			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 35	Date of Birth: 29/05/1987	Type of Informant: Driver			
Race: Chinese			Language:		Institution / School Name:	
Occupation: Warehouse worker			Driving Licence Information: Class: 3,4		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2023 18:15	Type of Location: Straight Road
Location:  UBI AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9780P	Car	TOYOTA	VIOS E AUTO	White	Totally Damaged	0
SNB8202E	Car	PORSCHE		Black	No Damage	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ9780P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCS NW000348 52200	28/01/2022	27/01/2023





**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20230117/2133

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TEO ZHEN, JOHNSON	ID No.	S8717851Z
Related Vehicle	SJQ9780P (Car)	Contact No.	93804192
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	17/01/2023	Date Discharge	17/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN	ID No.	NIL
Related Vehicle	SNB8202E (Car)	Contact No.	88386337
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 Details.**

On the 17/01/2023 at around 1815hrs, I was driving along Ubi Ave 3 towards Kaki Bukit. I was driving on lane 2 (right turn lane) and I performed a lane change into lane 3 (straight lane). Upon completing the lane change, I was going straight and the other car, (SNB8202E) abruptly changed his lane from Lane 2 to Lane 3. The collision resulted in my car flipping towards the passenger side. The other party refused to provide me with his particulars and only gave me a name "Tan" and contact number: 88386337. He attempted to leave hastily. Ambulance arrived and attended to me, and I informed that I do not require any medical assistance at the moment. I later felt pain in my upper back and I went to Changi General Hospital to seek treatment where I was given 3 days medical leave.

I wish to state that I have video footage of the accident.

Traffic Police arrived and attended to the accident.

I am lodging this report as advised by Traffic Police and for insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20230117/2133

**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 Tan Wei Han, Melvin

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

Signature Of Informant:

Date/Time:  
17/01/2023 23:50

Classification Of Case:


NP168





ORIGINAL

MEDICAL CERTIFICATE

Name TEO ZHEN, JOHNSON (ZHANG ZHEN)		NRIC No. S8717851Z
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>17-Jan-2023</u> to <u>19-Jan-2023</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 17-Jan-2023	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  ANNISA DEWI UTAMI RAKUN , 65138I





Changi  
General Hospital  
SingHealth

TEO ZHEN, JOHNSON (ZHANG  
ZHEN)

499A TAMPINES AVENUE 9  
TAMPINES RIA  
#03-204 SINGAPORE 521499

# TAX INVOICE

BILL REF. NO.  
**6923306253F**  
HRN  
**692023306253F**

BILL DATE  
**17 JAN 2023**  
NRIC / FIN / MRN  
**S8717851Z**

LOCATION  
**A&E**

VISIT DATE ► **17 JAN 2023 09:07 PM**

Page 1 of 2

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	422.40
GOVT SUBSIDY	\$	-283.00
TOTAL AMOUNT (BEFORE GST)	\$	139.40
8% GST	\$	11.15
GST absorbed by Govt	\$	-11.15
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	139.40
TOTAL AMOUNT PAYABLE	\$	139.40
Net Payment made	\$	-139.40
FINAL AMOUNT PAYABLE	\$	0.00

# UOB



CGH - A&E,  
2 SIMEI STREET 3  
A&E, LEVEL 1  
529889

DATE/TIME: 17/01/23 22:20:16  
MID: 000001050637765  
TID: 51527662 INV: 001609  
BATCH: 000133 TRACE: 001727  
ECR NO: 0000000003000089674  
S/W : 2326.00.01.1  
APPR CODE: 006274  
VISA ONUS  
\*\*\*\*\* 0744  
ENT: PAYWAVE  
REF NUM: 000051001727

CONTACTLESS SALE

BASE : S\$ 139.40  
TOTAL : S\$ 139.40

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

\*\*\*\* CUSTOMER COPY \*\*\*\*  
THANK YOU. HAVE A NICE DAY

TEO ZHEN, JOHNSON (ZHANG ZHEN)

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
X-RAY INVESTIGATIONS	138.00	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	8.40	1.40
A&E ATTENDANCE FEE	276.00	138.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	422.40	
GOVT SUBSIDY	-283.00	
TOTAL AMOUNT (BEFORE GST)		139.40
8% GST		11.15
GST absorbed by Govt (for subsidised patient only)		-11.15
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		139.40

RY

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 139.40

REFERENCE NO.	AMOUNT PAYABLE (\$)
S8717851Z	139.40

Payment Summary to be continued on page 2

PRINTED ON: 17 JAN 2023 10:20 PM





**TAX INVOICE**

BILL REF. NO.  
**6923306253F**  
  
HRN  
**692023306253F**

BILL DATE  
**17 JAN 2023**  
  
NRIC / FIN / MRN  
**S8717851Z**

PATIENT NAME  
**TEO ZHEN, JOHNSON (ZHANG ZHEN)**

TEO ZHEN, JOHNSON (ZHANG ZHEN)			TOTAL AMOUNT PAYABLE	139.40
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)	
TEO ZHEN, JOHNSON, (ZHANG ZHEN)	17 JAN 2023	VISA/MASTERCARD	-139.40	
		Net Payment made	-139.40	
ST: P SN: S8717851Z THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$ 139.40 RECEIVED ON 17.01.2023.			<b>FINAL AMOUNT PAYABLE</b>	<b>\$ 0.00</b>

**PAYMENT OPTIONS & ADVISORY**

**Payment Policy**

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Please ignore the tax invoice if you have made payment.

# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 01 / 2023) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: Ubi Avenue 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ 9780 P  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCSNW 00034852206  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA VIOS AUTO / MANUAL  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Teo zhen, Johnson (Zhang zhen) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S87178512 CONTACT: 93804192  
 c) ADDRESS: Apt B1k 499A Tampines Avenue 9 # 03-204, S521499

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

### DRIVER

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

\* d) DATE OF BIRTH: (29 / 05 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 071 09/2012

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)

Driver, Back, shoulder, hand, pain

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

IF YES, PLEASE STATE WHICH POLICE STATION: Changi

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNB 8202 E MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT: 8838 6337

## 9. THIRD PARTY VEHICLE

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

Email = johnsonteo87@gmail.com

Pax =

Video = yes



Motor Private Car

MX1F

N SN

AN0420A

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.

DMPCSNW00034852200

Engine No.: 1NZX904012

Cha. No.:MR053HY9305112314

1. Index Mark and Registration  
Number of Vehicle

SJQ9780P

AUTOSAFE

=====

2. Name of Policy Holder

TEO ZHEN JOHNSON (ZHANG ZHEN)

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment28/01/2022  
(00:00:00)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 \$3,000.00

Ex Sect. I - Age &gt;= 26 \$500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$100.00

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.: SWEET SENG CREDIT 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory