

**NATIONAL Assessment Centre Services** (part 1 of 2) **SN0228290002**

Date In: 16/02/2023 11:59	Job description	Date & Time Completed	Done by
Ref No: NPA/CIT/230017274	SAS e-filing		
Yeh No: CB 2855H	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 16/02/2023 07:40	1-Motor Claim Form		
OD: (79) Reporting Only	1-Motor W/O (within 2hrs, 2hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: **PA6750J** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Est Status (WO): 1: 0-30%, F: 21-70%, 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 Cost : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

REMARKS: (INC Loading: 07/08/015)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

<b>X/A2300490</b>	Invoice/Preparation Charge(s)	Ass't
Insured's Particulars:	1) AR: Accident Reporting (\$300)	
Driver/Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)	
Contact No:	3) TP: Towing Fee \$10/\$40	
Damaged Portion:	4) PT: Follow-Through Survey \$150	
Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$50	
Customer Comments:	6) TR: Deductible \$75	
	7) NI: New DA, 1 Shift Survey \$140	
	8) NTUC Additional Services:	
	QTY:	
	*NS: Courtesy Car / Tot Allowance \$5	
	*NS: Repair Coordination \$10	
	*NS: Post Repair Inspection \$30	
	*NS: DV / Collect Excess Coordination \$1	
	*NS: (NI) TP (Non-INC) Vehicle INE \$20	
	*NS: (NI) 1 Shift Survey \$10	
	Ins'te filed	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	16/02/2023 11:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 07:40 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	(NEAR BY BLK 428 PASIR RIS DRIVE 6)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7855H
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW CHIN HENG
NRIC No	SXXXX401H
Email Address	sltanjanettan@gmail.com
Mobile Phone No	(Phone) +65-85898553
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003802200

### DRIVER

Name of Driver	LEW CHIN HENG
NRIC No	SXXXX401H
Date Of Birth	22/09/1958
Occupation	Outdoor

Date Of Driving Pass .....	22/06/1977
Driving experience .....	45 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85898553
Alt. Phone Number .....	-
Email Address .....	sitanjanettan@gmail.com
Address .....	BLK 121 PASIR RIS STREET 11 #13-465
Address complement .....	-
Postcode .....	510121
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	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) .....	12
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 .....	ONG BEE LAN (HELPER)
Gender .....	Female

PASSENGER 2

Name .....	ZOEY RAMESH KUMAR (STUDENT)
Gender .....	Male

PASSENGER 3

Name .....	PINTO ZAC ORRIN (STUDENT)
Gender .....	Male

PASSENGER 4

Name .....	MANTRA MAHADEVAN ARUN (STUDENT)
Gender .....	Male

PASSENGER 5

Name .....	MUKUND MAHADEVAN ARUN (STUDENT)
Gender .....	Male

PASSENGER 6

Name .....	LEISHA GUPTA (STUDENT)
Gender .....	Female

PASSENGER 7

Name .....	ASIS SINGH SODHI (STUDENT)
Gender .....	Male

## PASSENGER 8

Name ..... NISHWANTH ARUN (STUDENT)  
 Gender ..... Female

## PASSENGER 9

Name ..... PRANABI DUTTA (STUDENT)  
 Gender ..... Male

## PASSENGER 10

Name ..... AKSHARA KISHORE NAMBORO (STUDENT)  
 Gender ..... Male

## PASSENGER 11

Name ..... IRSHITA SINGH (STUDENT)  
 Gender ..... Female

## DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

## 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 ..... PA6750J  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) ..... 2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SBS6035L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... LEW CHIN HENG  
Gender ..... Male  
Phone No ..... (Phone) +65-85898553  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... ONG BEE LAN (HELPER)  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... ZOEY RAMESH KUMAR (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 4

Name of injured person ..... PINTO ZAC ORRIN (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 5

Name of injured person ..... MANTRA MAHADEVAN ARUN (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -

Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 6

Name of injured person ..... MUKUND MAHADEVAN ARUN (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 7

Name of injured person ..... LEISHA GUPTA (STUDENT)  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 8

Name of injured person ..... ASIS SINGH SODHI (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 9

Name of injured person ..... NISHWANTH ARUN (STUDENT)  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 10

Name of injured person ..... PRANABI DUTTA (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -

Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 11

Name of injured person ..... AKSHARA KISHORE NAMBORO (STUDENT)  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 12

Name of injured person ..... IRSHITA SINGH (STUDENT)  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHOCK  
Injured person in which vehicle? ..... CB7855H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

IMPORTANT NOTICE

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

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

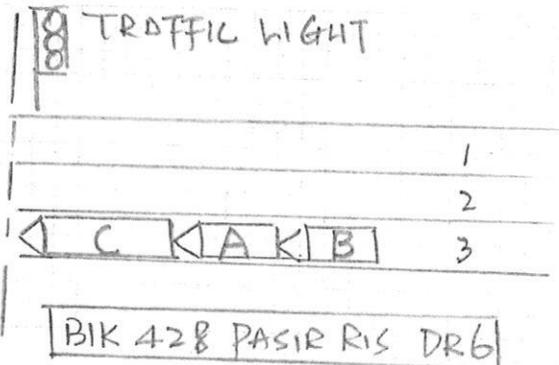
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

16/01/2023  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



A CB7855H

B PA 6750J

C SBS 6035L

Describe Circumstances of the Accident

I WAS DRIVING ALONG PASIR RIS DR 1 ON LANE 3 & WAS STOPPED (STATIONARY) BEHIND THE BUS NO. SBS 6035L.

SUDDENLY BEHIND VEHICLE NO. PA 6750J COULDN'T BRAKE IN TIME & IMPACT TO MY VEHICLE BACK VERY STRONGLY CAUSE ME TO MOVE FORWARD TO HIT THE BUS.

MY VEHICLE WAS CARRY 10 KIDS & 1 ADULT HELPER. MY HELPER HAS INJURED & THE KIDS WERE FLIGHTENING & SCARED. I INFORMED

THEIR PARENTS IMMEDIATELY & MY BROTHER ARRANGE ANOTHER VEHICLE TO SEND THESE KIDS TO SCHOOL "BETHESDA KINDERGARDEN" PASIR RIS.

SCHOOL ALSO INFORMED THIS ACCIDENT HAPPENED. I WAS INJURED TOO, MY FINGER CUT BY BROKEN WIND SCREEN & BODY WAS PAINFUL.

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

  
16/02/2023

Witnessed by Reporting Centre Personnel

STUDENT DETAIL

David  
8589 8553  
CB7855H  
Bethesda Kindergarten (Pasir Ris)  
8/8/2022

2022 05-01-2023

No.	Name	In	Out	Address	Home Tel	Father HP	Mother HP	Class	Level
1	Zoey Rameesh Kumar	7.10am	2.30pm	109 Pasir Ris Grove (The Palette)	6633 7544	8200 0424	9001 4904	Emerald	K2 (R&W)
2	Pinto Zac Orth	7.10am	2.30pm	93 Pasir Ris (NV Residence)		9795 8410	9686 4214	Diamond	K1 (R&W)
3	Manira Mahadevan Arun	7.15am	11.50am	3 Elias Green, #10-02 (Elias Green Condo)		9105 3044		Agate	Nursery
4	Mukund Mahadevan Arun	7.15am	11.50am	3 Elias Green, #10-02 (Elias Green Condo)		9105 3044		Agate	Nursery
5	Leisha Gupta	7.15am	2.50pm	11B Elias Green		9145 1192	8575 6308	Amerlhyt	K2 (R&W)
6	Asis Singh Sodhi	7.20am	2.45pm	66 Elias Road (Oasis Condo)		9066 0311	9670 4798	Emerald	K2 (R&W)
7	Nivishree Negeraj	7.20am	2.45pm	72 Elias Road (Oasis Condo)		9863 6855		Emerald	K2 (R&W)
8	Lam Tik Chi	7.20am	2.45pm	82 Elias Road (Oasis Condo)			8789 1238	Diamond	K1 (R&W)
9	Justintan	7.30am	11.40am	Blk 525B-Pasir Ris St 51 #12-569			8800 2268	Jacinth	K1
10	Nishwanth Arun	7.35am	11.35am	Blk 551 Pasir Ris St 51		9133 0300	8872 3052	Jasper	Nursery
11	Pranabi Dutta	7.35am	11.35am	Blk 551 Pasir Ris St 51			9004 6366	Jasper	Nursery
12	Guruchippelli Sri Pradyut Ravi	7.35am	2.25pm	Blk 544 Pasir Ris St 51			8424 4766	Emerald	K2 (R&W)
13	Durvika Isha Gali	7.45am	2.20pm	No:177 Jin Loyang Besar (Coastal View)		8292 9941	8157 9462	Diamond	K1 (R&W)
14	Ng Kai Qing	7.50am	10.45am	Blk 482 Pasir Ris Drive 4 #07-381	6522 7137		8481 3599	Ruby 1	PG
15	Ng Kai Yi	7.50am	2.15pm	Blk 482 Pasir Ris Drive 4 #07-381	6522 7137		8481 3599	Sapphire	K2 (R&W)
16	Kshara Kshere	7.5am		1B Elias Green		98156767			K1

(II) Bee Lan Pick Up---7.05am

7.15am Pick  
10.35am Home  
Pasir Ris Blk 575 Aunty  
Hp:8515 2369  
BusStop

(Pg 1) Ishita Singh 133 Pasir Ris Grove 3rd Nest

87979443

1/2

VEHICLE NO:	CB7855H	MAKE & MODEL:	TOYOTA	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT	16 / 02 / 2023	C.C.	2000	
TIME OF ACCIDENT	0740 AM / <del>PM</del>			
LOCATION OF ACCIDENT	PASIR RIS DRIVE 1 (NEARBY BIK 428)			
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input checked="" type="radio"/> PRIVATE HIRE PASIR RIS DR 6			
NAME OF OWNER	LEVY CHIN HENG			
EMAIL:	SLTAN JANETTAN @ GMAIL . COM	Office:		MOBILE: 8589 8553
NRIC	S1332401H			
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="radio"/> NO			
INSURANCE CO.	CHINA TAIPIING			
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.	DMBISN1N00003802200			
NAME OF DRIVER	<input checked="" type="radio"/> (AS ABOVE) / IF NO:			
NRIC				
DATE OF BIRTH	22 / 09 / 1958			
ANY PASSENGER	<input checked="" type="radio"/> YES <input type="radio"/> NO: 2 ADULT + 10 KIDS			
NAME OF PASSENGER	<input checked="" type="radio"/> ④ <input checked="" type="radio"/> ⑦ SEE ATTACHED			
GENDER OF PASSENGER	MALE / FEMALE			
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor			
DATE OF DRIVING PASS	22 / JUN / 1977			
GENDER	<input checked="" type="radio"/> Male / Female			
CONTACT NO.	Mobile: 8589 8553		Office:	Home:
EMAIL:	SLTAN JANETTAN @ GMAIL . COM			
ADDRESS	BIK 121 PASIR RIS STREET 11 #13-465 S510121			
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.		INSURER:	OWNER
RELATIONSHIP	Employee / If No: OWNER			
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.			
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other. HELPAK (ONLY BIK LAN)			
ANY INJURIES	No / <input checked="" type="radio"/> YES Who? DRIVER & PASSENGERS			
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?			
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?			NO/IF YES, WHO?	
VEHICLE B NO.	PA 6750J	Any Passenger:	2	
NAME				
CONTACT NO.				
VEHICLE C NO.	SBS 6035L	Any Passenger:	UNKNOWN	
VEHICLE D NO.	Any Passenger:			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS				
WITNESS CONTACT NO.				
WAS THERE ANY VIDEO CAPTURE?			YES	<input checked="" type="radio"/> NO
WAS THERE ANY AUDIO RECORDED?			YES	<input checked="" type="radio"/> NO
SCENE ACCIDENT PHOTOS TAKEN?			YES	<input checked="" type="radio"/> NO
**WORKSHOP:	YSK AUTO WORKSHOP			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES	<input checked="" type="radio"/> NO



Motor Bus

MZ601/P

**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)

E SN

AN0580A

Cov. Type:F

CERTIFICATE No.	DMB1SNW00003802200	Engine No.: 2KD1549401	
		Cha. No.:KDH2220024863	
1. Index Mark and Registration Number of Vehicle	CB7855H		
2. Name of Policy Holder	LEW CHIN HENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/03/2022 (00:00:00)	Excess Sect. II	SS750.00
4. Date of Expiry of Insurance	17/07/2023		

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

- (a) The Policyholder.
- (b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with 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:\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

\* 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: \_\_\_\_\_

ODDS SEVEN

Authorised Officer



Authorised Signatory