		NAME OF THE PROPERTY OF THE PR		
		• , :		٠.
ATIONAL Assessment Centre	Services mun	Carodo	2R0007	)
SU1611 2 mg/0/12 1 111111111	deb description	Date & Time		Done by
Ref No: X120 (7) 2200 120	SAS e-Illing			
Vali No: SML 5720B		.1	- 1	
0.07 : 20 0X 3005 -10,30	E-mall position shirt, and	- "-1	· · · · · · · · · · · · · · · · · · ·	
20103/2035 17:80	1-Motor Claim For		1	, 1 1 y
OD . (7) Papering Only	1-Photo Uplouded	er QD ann, ar stony		
- Va. (1)		***************************************	-	
TP (aguren	Assetsment/Survey R	Chand to Owner/Wha		water has been by the second of the second o
referred Wkop / INC Assign Wkap / QW: (		The second secon		1
Pendeularsi Yeli Noi	10000	Tol:	Fax:	
Ovener / Driver: (	s yayy .	INC( , )/ Non-IT	<del>((())</del> · ·	
A CHARLES THE PARTY AND A STATE OF THE PARTY A	cd: (	Tel:  Dover Type		)
Confirmed by 1 (	Dat.		716:	THE STATE OF THE S
insured/Oriver Liability: ( 95) (N	ole-list Stins (WO):			1
Year of Registrations ( ) V	The same of the sa	<del>(</del> ) ( )	1	-
Excess: (S ) Londing: \$1,00	0( )/\$2,000( )	)	the sign of the control of the contr	
enterial Remarkance Constitution and the	YERRES ESSEN		10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100
) Walk-in Customer's Customer's infor	nation strictly Confident	वीद्य के प्रमानामु के विवि	r of tapairer.	
) Total Loss Case : to e-mail Ensure	THE RESIDENCE OF THE PERSON OF			1
Drive-In ( ) / Towed-In ( ); Invoice:	STATES IN CASE OF THE PERSON NAMED IN COLUMN N	)   Towing Coil	1	)
marks of AUNC house to be seen and	The second of the second of	The name of the party of the party of the same of the		
THE TAX OF THE PARTY OF THE PAR		West Dawains	COMPANY TO	e Done by
. A bil to translate Withmatics ( ) \ Co	artay Car ( )	<u> Milas pakanja</u>		E-Done by
QC Check / Post Repair Inspection	( )	Secretary Designations		Doneloy
QC Check / Post Repair Inspection	( )	Geral Constant	Completed that	S Done by
GC Check/ Post Repair Inspection  Uplacd Resurvey Photo (Repair Cost > \$30)	( )		Catapial Sall Salls	
QC Check/ Pest Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30)	( )			
QC Check/ Pest Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30)	( )		Campiella India	
QC Check / Pert Repuis Inspection  Upload Resurvey Photo (Repair Cost > \$30  (ninty):	( )			
QC Check / Pert Repuis Inspection  Upload Resurvey Photo (Repair Cost > \$30  (ninty):	( )			
QC Check / Pert Repuis Inspection  Upload Resurvey Photo (Repair Cost > \$30  (ujury :	( )			
QC Check / Pest Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  (Upload Resurvey Photo (Repair Cost > \$30  (Upload Actical Production of Page 1986)	partiesy Car ( )			
QC Check / Pest Repuis Inspection  Upload Resurvey Photo (Repair Cost > \$30  NUMBER  ACTION (ACTION)  ACTION	Dartesy Car ( )			
CC Check / Pest Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  (Injury)  Action (Action)  (A) \$00.60		ice Propaga Uom Ch	CANTEL STATE OF THE STATE OF TH	
CC Check / Post Repair Inspection  Upload Resurvey Photo Mepair Cost > \$30  (ninty:  CANSO 60)  Injury:  Exposite Results for the point of the point	Joertesy Car ( )  Joeol ( )  Joya John John John John John John John John	Cos Propriation Ch. Accident Papersing (33) Dorrage Agressment (31) Towling Fig. Friday Through Scriving	GETTE (C. 1977)  1001  1	
CC Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  Nikely :  STUDING ACTION (Repair Cost > \$30  Mikely :  STUDING ACTION (Repair Cos		Collection Con Chi Accident Paper Che (3) Derraye Ancisment (3) Towning Fig.	CAST STATE OF STATE O	
CC Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  Nikely :  STUDING ACTION (Repair Cost > \$30  Mikely :  STUDING ACTION (Repair Cos	( )   ( )	Accident Paper Servey (3) 1 Derrage Ancistered (3) 1 Towing Fig. 2 Fellow Term, is Servey (1) 2 Resident Paper Servey (1) 3 Resident Paper Servey (1) 4 Resident Paper Servey (1) 5 Resident Paper Ser	SECURE (SECURE OF THE SECURE O	
CC Check/Post Reputs Inspection  Uplacd Resurvey Photo (Repair Cost > \$30  (Nikely):  (Canalist Resultation of the cost > \$30  (Nikely):  (Canalist Resultation of the cost > \$30  (Canalist Resultation	( )   ( )	Accident Paper Sing (3)  Accident Paper Sing (3)  Dorrage Assessment (3)  Towing Fig.  Fellow-Through Screen (3)  I found to the second (3)  I found to the	Construction (1988)  Construction (1988)  Construction (1988)  Construction (1988)  Line (1988)	
CC Check/Post Reputs Inspection  Uplacd Resurvey Photo (Repair Cost > \$30  (Nikely):  (Canalist Resultation of the cost > \$30  (Nikely):  (Canalist Resultation of the cost > \$30  (Canalist Resultation	Dartiesy Car (	Accident Paper Rossia (S)  1 Country Appearance (S)  1 Country Carl Tet Allow  1 Country Carl Tet Allow  1 Country Carl Tet Allow	(\$4315) 30 (\$1172) (\$4315) 30 (\$1172) (\$4315) 30 (\$150) (\$4315) 30	The state of the s
Co Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  (Wary)  (Constant Analysis (Cost > \$30  (Wary)	Thirty Car (	Accident Paper Constitution  Accident Paper Constitution  Accident Paper Constitution  Accident Paper Constitution  Fellow-Through Servicy  Fellow-Through Servicy  Fellow-Through Servicy  Fellow-Through Servicy  Excision-Through Servicy  Excision-Through Servicy  Excision-Through Servicy  Excision-Through Service  Excision-Throu	(\$115(1)) 30 (31) 30 (	The state of the s
CC Check/Pest Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  (ninty)  (A) Soo 601  Incoming Remicultures Photo (Repair Cost > \$30  A Checked by (Engr-In-Charge))  Checked by (Engr-In-Charge))	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Accident Papersing (3)  1 Towing Fig. 2 Fellow-Through Serving 2 Fellow-Through Serving 2 Fellow-Through Serving 3 Fellow-Through Serving 4 Fellow-Through Serving 4 Fellow-Through Serving 5 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Fellow- 7 Fellow	Chilip (1997)  510/51/51/51/51/51/51/51/51/51/51/51/51/51/	
CC Check/Pest Reputs Inspection  Uplaced Resurvey Photo (Repair Cost > \$30  (nikely)  (Check   Post Reputs Inspection  (Check   Post	Doctory Car (	Accident Papersing (3)  Accident Papersing (3)  Dorneys Assessment (3)  Towing Fit  Fellow-Through Serving  Fillian Tames Survey (3)  Line Sarring Fit Survey  (4)  Line Sarring Fit Survey  (5)  Line Sarring Fit Survey  (6)  Line Sarring Fit Survey  (7)  Line Sarring Fit Survey  (8)  Line Sarring Fit Survey  (9)  Line Sarring Fit Survey  (1)  Line Sarring Fit Surve	Chilip ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
CC Check / Pert Repair Inspection  Upload Resurvey Photo Repair Cost > \$30  (njuly):  Action Wengilland Cost > \$30  Enance Repair Cost > \$30  Injuly :  Lat No.		Accident Papersing (3)  1 Towing Fig. 2 Fellow-Through Serving 2 Fellow-Through Serving 2 Fellow-Through Serving 3 Fellow-Through Serving 4 Fellow-Through Serving 4 Fellow-Through Serving 5 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Serving 6 Fellow-Through Fellow- 7 Fellow	Chilip (200)  50	
CC Check/Post Reputs Inspection  Uplaced Resurvey Photo (Repair Cost > \$30  (nipery)  Language Resulting Repair Cost > \$30  (nipery)  Language Resulting		Accident Paper Day (Single Accident Paper Day (S	CARTES (C. A. C.	
CC Check/Post Reputs Inspection  Uplaced Resurvey Photo (Repair Cost > \$30  (nipery)  Language Resulting Repair Cost > \$30  (nipery)  Language Resulting		Accident Paper Day (Single Accident Paper Day (S	CARTES (C. A. C.	



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

- 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 27/02/2023 16:43 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/02/2023 12:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS ANG MO KIO AVENUE 5 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SML5730B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN KOON KIAT, MELVIN NRIC No SXXXX452G Email Address melmey8387@gmail.com Mobile Phone No (Phone) +65-93636167 Alternative Phone No.

#### VEHICLE PARTICULARS

Manufacturer

Honda Model Freed 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 DMHCSNW00013082200

#### DRIVER

Name of Driver TAN KOON KIAT, MELVIN NRIC No SXXXX452G Date Of Birth 25/05/1983 Occupation Indoor

Date Of Driving Pass Driving experience	19/05/2011 11 YEARS AND 9 MONTHS
Gender Mobile Number	Male (Phone) +65-93636167
Alt. Phone Number Email Address	- 0207@
Address	melmey8387@gmail.com BLK 245 YISHUN AVENUE 9 #10-157
Address complement	-
Postcode	760245
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	Collision - Head to Rear
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? Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	1
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address Was notice of intended Presentation given?	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?  If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230227/2048	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SGS444U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant

Vehicle Colour	#:
Vehicle Category	Private car
Name of Driver	YU KOK CHEW
NRIC No	SXXXX255G
Contact Number	(Phone) +65-97552203
Address	-
Address complement	<del></del>
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	TAN KOON KIAT, MELVIN
Gender	Male
Phone No	-
Address	v. <del></del>
Address Complement	Œ
Post Code	-
Approximate Age Years Old	×=
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SML5730B
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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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
- 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 (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
- (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.

icyholder's Signature /	Date & Time	Driver's Sig	nature (if driver is not the	policyholder) / Date	Withessed by Reporting C	9101/1025
etch Plan	CTE	Towards	ANLY MO		(Name as in NRIC/ID card	d)
			A		A:	SML 57308
Total Control of the			18)		B	: 80,5 44414

scribe Circumstance of the	e Accident		and the second s			
Refer	Police R	yart	7/2023	0227/20	48 -	
					/	/
					_/	
	*****					
				/		
			/			
					140	
		/	/			
					- Harris Appears to the second	
	-	-				
					9	
		_			*****	
eclaration		*******************				

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

Policyholders Signature / Date & Time

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

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





1 of 4

Report No. T/20230227/2048

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

REPORT	OF	A	TRAFFIC	ACCIDENT
--------	----	---	---------	----------

27/02/20	e Report N 23 13:04	Made:	Station Diary No.: 39			
Informar	it's Partice	ulars				
	Informant: DN KIAT, N		Address: APT BLK 245 YISHUN AVEN 760245	UE 9 #10-157 SINGAPORE		
ID Type / ID No.: NRIC NO / S8315452G Nationality:			Contact No.: Home/Office: Mobile: 93636167 Email:			
SINGAPO	DRE CITIZ	EN				
Sex: Male	Age:	Date of Birth: 25/05/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation INTERIOR	on: R DESIGN	ER	Driving Licence Information: Class:	Date of Expiry:		

Type of	mation of the Accid	Drink	Date/Time of	T 51 4
Accident:	Others	Drive:	Accident: 26/02/2023 12:30	Type of Location Straight Road
Location:			120/02/2023 12.30	
Weather:	(PRESSWAY	Road Surface:		Road Speed Limit:
Clear				
Traffic Flow: One Way		Traffic Control: Not Controlled	1.	Traffic Volume:

Details of V						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGS444U	Car	BMW		Brown	Slightly	0
SML5730B	Car	HONDA	FREED HYBRID 1.5G AUTO	Blue	Slightly Damaged	0

Insurance No	Effective	Expiry Date
	Insurance No	Insurance No Effective





Effective

T/20230227/2048

Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Insurance Company

Tel No: 1800-363 9999

Vehicle No.

**Details of Vehicle Insurance** 

CONTINUATION OF REPORT

Insurance No

Driving

Date Discharge 26/02/2023

Degree of Injury | Slight

Licence & Expiry Date Date of Expiry: NIL

2 of 4 Report No. T/20230227/2048

Expiry Date

SML5730B	250 2380	INA TAIPING INSUR NGAPORE) PTE. LTI	DMHCS 82200	SNW000	0130	28/07/202	22	27/07/2023	
Details of P	ersor	nInvolved							
Any Pedestri	ian In	volved: No							
No. of Pedes	strian	s Injured: NIL		Use of Pe	destrian	Cross	sing: NA		
Driver									
Name		YU KOK CHEW			ID No		S18312	55G	
Related Veh	icle	SGS444U (Car)	<u> </u>		Conta	ct No.	975522	03	
Hospital/Clin	nic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL		iry: NIL
Date Treatm	ent	NIL		Date Disc	harge	NIL			
No. of Days	grant	ed Medical Leave	NIL	Degree of					
Driver									
Name		TAN KOON KIAT, MELVIN			ID No		S83154	52G	
Related Veh	nicle	SML5730B (Car)	/IL5730B (Car)		Conta	ict No.	936361	67	
Hospital/Clir	nic	LION HEALTH CLIN	IIC & SUR	GERY	Class	of	Class: N	VIL	

## Brief Details.

On 26/02/23 at around 1230hrs, I was driving my car (SML5730B) on the first lane along CTE towards Braddell via PIE. The vehicle infront of me braked and I slowed down and came to a stop when suddenly, a car (SGS444U) collided into my car from behind. My left rear side of my car suffered some dents and scratches.

On the same day, I went to Lion Health Clinic & Surgery @ Yishun to get a check as I felt slight discomfort on my back, my neck, right shoulder and lower back. I was issued with 5 days MC from 27/02/23 to 03/03/23.

05

No TP or Ambulance were at scene.

Date Treatment 26/02/2023

No. of Days granted Medical Leave

I am lodging this report for insurance claim.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

4 of 4 Report No. T/20230227/2048

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:	Signature Of Informant:	
SGT 2 ELISHA ONG TING YI		lu
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2023 13:04	,
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:	
NP168		

Joel

Personal Particulars of Owner & Driver (Vehicle A) 30		
Date of Accident: 36 / 03 / 38 (dd/mm/yy) Time of Accident: 213. 20(24-HR-FORMAT)		
Vehicle No.: SNL 5730B Vehicle Make & Model: Freed  *Transmission: o Manual Auto *C.c: 1.5CC		
*Transmission: o Manual Auto *C.c: 1-5CL		
Exact location of Accident: CTE Towards Ang Mo Cio Ave 5		
Policyholder's Name: Tan Loan Lat Melvin NRIC/FIN/REG No.: SP3154506		
*Policyholder's email address :		
Driver's Name: Ton toon Lich Molvin NRIC/FIN/REG No.: 5831545261		
*Driver's email address: MUNU 838+ @ awril. com		
Driver's Contact No.: 9363 6167		
Date of birth: 35 · 05 · 83 Driving Pass Date: 19 May 2011  Driver's Address BV 115 Vietno Ave 9 #10 -157 87/03/45		
Driver's Address: BIK 245 48hun Ave 9 \$10-157 8760245		
Insurance Company: China Taiping		
Policy No.: Type of Coverage: Compressive / Third Party / Third Party, Fire & Theft		
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)		
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:		
What do you wish to claim? (Please <u>TICK</u> one only)		
o Own Insurance / Other Vehicle (The one you want to claim against) / o Reporting (For Record Purpose)		
Tyce of Accident		
o Chain Collision Head To Rear o Side Swipe o Other		
Occupation (nature job) Indoor / o Outdoor *No. of Passengers / Including Driver):		
*Passenger Name: Gender: Male / Female		
*Passenger Name: Gender: Male / Female		
Weather condition & Road conditions? (On the day of accident)		
o,elear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:		
Was there any video captured by your car Car camera? O Yes / No		
Any Injuries: Yes / o No (If YES) Injured Person' Name: Ton Koon Koon Koon Koon		
Injuries Sustain: Body Injured Person in Which Vehicle: SML57308		
Police Report field: oxes / o No (If YES) Which Police Station: world lands West NR		
time and the second sec		
1. Driver's Name / IC No: UN COK CHILD SIB31 25567 Vehicle No: SGS 4444 U		
1. Driver's Name / IC No: 44 Lok Chun S(83) 3556 Vehicle No: SGS 444 U  Driver's Contact No: Insurance Company:  2. Driver's Name / IC No (If Any):		
2. Driver's Name / IC No (If Any): Vehicle No:		
Driver's Contact No: Insurance Company :		
*Independent Witness (If Any): Contact No:		
Preferred Workshop Name: Contact No:		



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

MZ406L/B

BR0096A

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.

DMHCSNW00013082200

Engine No.: LEB5621715 Cha. No.:GB71084374

Index Mark and Registration

Number of Vehicle

SML5730B

AUTOSAFE

2. Name of Policy Holder

TAN KOON KIAT, MELVIN (CHEN KUNJIE, MELVIN)

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

28/07/2022

Excess Sect 1.

\$\$1,250.00

(00:00:00)

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

S\$1,250.00

4. Date of Expiry of Insurance

27/07/2023

Excess Sect.II (Outside Singapore).

\$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below. 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

TAN KOON KIAT MELVIN

6. Limitations as to use:\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: RICARDO CARS 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: PCMI INSURANCE BROKERS PTE LTD Authorised Officer

Authorised Signatory

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

© 6389 6111

會6222 1033

www.sg.cntaiping.com