

# NATIONAL Assessment Centre Services

(not a contract)

SN08233100001

Date In: 22/08/2023 10:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X1381 2172300837	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SL5 204TH	1-Motor Claim Form		
D.O.A: 21/08/2023 12:30	1-Motor W/O (within 24 hrs, A/C 2hrs)		
TP Insurer: TP Reperting Only	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Yeh No: FBT 19HSA INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: 1st Status (W/O): 1: 0-30%, 2: 21-79%, 3: 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 repair.

( ) Total Loss Cost: (to e-mail Insurer URGENTLY.

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

Remarks: (INC No: 07880018)

1) Apply to: Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Re-survey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Notes: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Notes: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Notes: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Notes: ( )

X1A2300837

Invoice: ( )	Repair Allowance: ( )	QC Check: ( )	Post Repair Inspection: ( )	Upload Re-survey Photo: ( )
1) AR: Accident Paperwork (\$30)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee (\$10/\$15)	4) PE: Follow-Through Survey (\$12)	5) PE: Follow-Through Survey (Basarway) (\$30)
6) TR: Re-inspection (\$75)	7) NI: Heavy DA + CRASH Survey (\$140)	8) NTUC Additional Fee (\$10)		
9) NI: Heavy DA + CRASH Survey (\$140)				
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100) NI: Heavy DA + CRASH Survey (\$140)				

Checked by (Engn-In-Charge):

Customer's Signature: ( )

V.L:

L.P.S:

Invoice dated: ( )

Fee Charged:

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	22/03/2023 10:44 (SGT)
Reported by	Driver
Date of Accident	21/03/2023 12:30 (SGT)
Exact Location of Accident	Bangkit Rd, Singapore
Additional Location Information	TOWARDS BUKIT PANJANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2047H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH PENG YANG
NRIC No	SXXXX455J
Email Address	bryantoh1912@yahoo.com
Mobile Phone No	(Phone) +65-93621525
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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 hire
Transmission	Auto
CC	1986

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004252300

#### DRIVER

Name of Driver	NG SAN NI
NRIC No	SXXXX494H
Date Of Birth	19/11/1974
Occupation	Indoor

Date Of Driving Pass .....	05/06/2007
Driving experience .....	15 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97602722
Alt. Phone Number .....	-
Email Address .....	bryantoh1912@yahoo.com
Address .....	BLK 504 PASIR RIS STREET 52 #03-1415
Address complement .....	-
Postcode .....	510504
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230321/7052

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBT1915A
Vehicle Manufacturer .....	-
Vehicle Model .....	-

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



## SKETCH PLAN

### IMPORTANT NOTICE

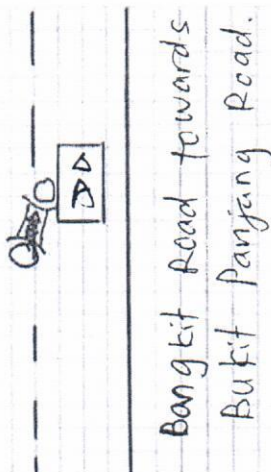
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SLJ 2047H

B = FBT 1915A

**Describe Circumstances of the Accident**

Please refer the Police report T/20230321/70-52.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

*Arum*

*22/03/2023*





# SINGAPORE POLICE FORCE



T/20230321/7052

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

1 of 3

Report No. T/20230321/7052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2023 16:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG SAN NI		Address: 504 PASIR RIS STREET 52 #03-141 SINGAPORE 510504			
ID Type / ID No.: NRIC NO / S7437494H		Contact No.: Home/Office: Mobile: 97602722			
Nationality: SINGAPORE CITIZEN		Email: fionang31@gmail.com			
Sex: Female	Age: 48	Date of Birth: 19/11/1974	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2023 12:30	Type of Location: Straight Road
Location:  BANGKIT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT1915A	Motorcycle					0
SLJ2047H	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

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



T/20230321/7052

2 of 3

Report No. T/20230321/7052

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	FBT1915A (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
<b>Driver</b>				
Name	NG SAN NI		ID No.	S7437494H
Related Vehicle	SLJ2047H (Car)		Contact No.	97602722
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON 21.03.2023 AT ABOUT 12.30PM. I WAS DRIVING ALONG BANGKIT ROAD TOWARDS BUKIT PANJANG ROAD. WHILE I WAS TRAVELLING ALONG THE STRAIGHT ROAD IN MY LANE, I HEARD A SOUND FROM THE LEFT SIDE OF MY CAR. I STOPPED MY VEHICLE. FROM THE SIDE MIRROR, I SAW A MOTORCYCLE FELL ON THE GROUND, HE WAS ON HIS RIGHT SIDE. I PROCEED TO ATTEND TO THE RIDER.

THE LEFT SIDE OF MY CAR WAS DENTED WITH SCRATCHES AND THE MOTORCYCLE RIGHT MIRROR AND FRONT PLATE DROPPED, OIL TANK DAMAGED.

BOTH POLICE AND AMBULANCE ATTENDED TO US. THE RIDER WAS CONVEYED TO HOSPITAL DUE TO HIS ARM INJURY. MY DASH CAM SD CARD WAS HANDED OVER TO TRAFFIC POLICE AT THE SCENE.





**SINGAPORE  
POLICE FORCE**



T/20230321/7052

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

3 of 3

Report No. T/20230321/7052

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65472077

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/03/2023 16:16

Classification Of Case:



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: 1/20230321/0056

I, SSS Fathan  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of traffic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one SD card
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_





SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

## CASE CARD

Report Number: J/20230321/0056  
Traffic Accident along Bunkit Road  
Involving vehicles: SLJ2047H and ~~FBT~~ <sup>FBT</sup>  
On 21/03 at about am/pm, FBT 1915A

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on  
at am/pm to meet the Investigation Officer to assist in the investigation.

Please bring along your:

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: Nadya  
Investigation Branch: 5547 6331

TEL: 6547 6331  
Email: SPF\_TP\_Invest\_Branch@spt.gov.sg

NP319E(2019)

(J)

Date of Accident : 21-03-23 Accident Time : 12:30pm (24-HR-Format)

Who reported the accident? : Owner / (Driver) / Both

Accident Place : Bangkit Road towards Bukit Panjang Road.

Vehicle No (Car Plate No) : SLJ 2047H Make/Model: Toyota Harrier

Insurance Company : China Taiping Policy No: DMHCSNW00004252300

Fleet Policy : YES/NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Toh Peng Yang (S6945455J)

Owner Contact No : 93621525 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

Driver Name / IC No : Ng San Ni (S7437494H)

Driver's Date of Birth : 19.11.1974 Driver's License Pass Date: 08.06.2007

Relationship of Driver : (Spouse) / Parents / Children / Sibling / Employee / Other: \_\_\_\_\_

Driver's Address : APT BLK 504 PASIR RIS STREET 52 #03-141S (S10504)

Driver's Contact No : 1) 9760 2722 2) \_\_\_\_\_

Driver's Occupation : (INDOOR) / OUTDOOR (e.g. working inside or outside office)

Email Address : Bryantoh1912@yahoo.com

Weather & Road Surface : (CLEAR & DRY) / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / (Claim Third Party) / Claim Own Insurance

Number of Passenger(include Driver) : 1 person (driver)

Was ther any video footage? : (YES) / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : No injury

**Other Party Driver's Particular (if any)**

VEH B : <u>FBT 1915A (NTUC)</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

*Frank*





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406LB

N SN

BR0101A

Cov. Type: C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00004252300

Engine No.: 3ZR8902971

Chassis No.: ZSU600091223

1. Index Mark and Registration  
Number of Vehicle

SLJ2047H

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

TOH PENG YANG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
(Ordinance or Enactment)

27/02/2023  
(00:00:00)

Excess Sect. I: S\$1,250.00

Excess Sect. I (Outside Singapore): S\$2,500.00

Excess Sect. II: S\$1,250.00

4. Date of Expiry of Insurance

29/05/2024

Excess Sect. II (Outside Singapore): S\$2,500.00

EX ON WINDSCREEN: S\$100.00

5. 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 Vehicle.

TOH PENG YANG

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

(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.

HIRE PURCHASE CO.: SING INVESTMENTS & FINANCE 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: LOH INSURANCE BROKERS PTE. LTD.

Authorised Officer

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

6389 6111

6222 1033

www.sg.cntaiping.com

Authorised Signatory