

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	10/04/2023		
Ref No	NA/CI/23003684/d4		
Veh No	SMQ 357C		
DOA	06/04/2023 14:06		
OD / TP / Reporting Only			
TP Insurer:			
Job description	SAS e-filing		
E-mail (within 8hrs, AP 2hrs)			
i-Motor Claim Form			
i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
i-Photo Uploaded			
Assessment/Survey Report			
Ass't Report by Fax / Hand to Owner/Vksp			

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Vch No: YP 5222M	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	) Warranty: YES ( ) / NO ( )	
Excess: (\$	) Loading: \$1,000 ( ) / \$2,000 ( )	
General Remarks:-		
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )		

Remarks	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] ( )		

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30			
Call 1:	For claiming against INC Only (wef 10 Jan 2005)			
Call 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idau DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idau Mobile 30			
	Invoice dated	Fax Charge		
	Invoice dated	Fax Charge		



## 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	10/04/2023 14:36 (SGT)
Reported by	Actual Driver
Date of Accident	06/04/2023 14:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGEI KADUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ357C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STAR SIN TRADING PTE LTD
Company Reg No	1XXXXX822Z
Email Address	boonchetan54@gmail.com
Mobile Phone No	(Phone) +65-93489559
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	Private car
Transmission	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00209722200

#### DRIVER

Name of Driver	TAN BOON CHYE
NRIC No	SXXXX148C
Date Of Birth	22/01/1963
Occupation	Outdoor



Date Of Driving Pass	05/09/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93489559
Alt. Phone Number	-
Email Address	boonchetan54@gmail.com
Address	139A UPPER PAYA LEBAR ROAD
Address complement	-
Postcode	534845
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	4
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)	2
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	ISAK BIN MAJUNAH
Gender	Male

#### 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 THE ATTACHED STATEMENT

#### 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 WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5222M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PAQUIRISSAMY RADJE
Contact Number	(Phone) +65-84539047
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	MC6087Y
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	TAN BOON CHYE
Gender	Male
Phone No	(Phone) +65-93489559
Address	139A UPPER PAYA LEBAR ROAD
Address Complement	-
Post Code	534845
Approximate Age Years Old	-
Injuries Sustained	SLIGHTLY INJURED
Injured person in which vehicle?	SMQ357C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :

Email : huameng@live-com-sg

### IMPORTANT NOTICE

Signature : \_\_\_\_\_ X

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.

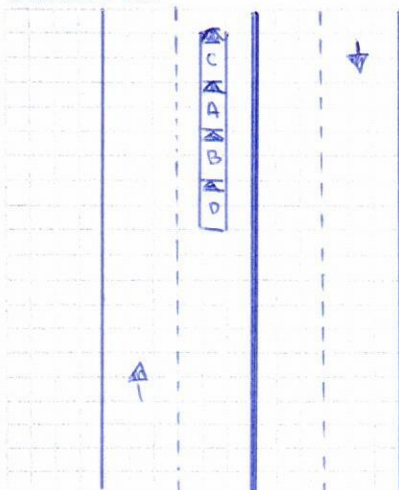
STA SIN TRADING PTE LTD X  
No. 10 SUNGEI KADUT DRIVE  
SINGAPORE 729574  
TEL: 63658879 FAX: 63670830

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A : 3 m Q 357 C  
B : Y P 5222 m  
C : mc 6087 Y  
D : unknown

Sungei Kadut

**Describe Circumstances of the Accident**

I drive along Sungei Kadut on 06.04.2023 at about 1406 pm.

Lorry C has stopped in front of Vehicle A, but Lorry B suddenly collides with the rear of Vehicle A, causing Vehicle A to collide with the rear of Lorry C.

**Declaration**

We declare the foregoing particulars are true in every respect.

STA SIN TRADING PTE LTD  
NO. 10 SUNGEI KADUT DRIVE  
SINGAPORE 729574  
TEL: 63658879 FAX: 63670830

Policyholder's Signature / Date & Time

X

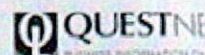
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

10/4/2023



## BUSINESS PROFILE



### REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :	13/10/2022
Name of Requestor :	STAR SIN TRADING PTE LTD
Requested Entity Name :	STAR SIN TRADING PTE LTD
Requested Entity Number :	198803822Z
File Reference Number :	

### SEARCH RECORD

Entity Name :	1) STAR SIN TRADING PTE LTD
Entity Number :	198803822Z

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY  
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY  
DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION

### DETAILS OF COMPANY

Entity Name:	STAR SIN TRADING PTE LTD
Entity Number:	198803822Z
Date Of Registration (dd/mm/yyyy):	21/10/1988
Country/Region Of Incorporation/Registration:	SINGAPORE
Date Of Change Of Name:	-
Former Name:	-
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Registered Office Address:	10 SUNGAI KADUT DRIVE SINGAPORE 729574
Date Of Change Of Address:	31/03/2006
Principal Activity / Activities:	1)WHOLESALE OF GENERAL HARDWARE (E.G. LOCKS, HINGES) (46632) MECHANICAL HARDWARES WHOLESALERS 2)INSTALLATION OF INDUSTRIAL MACHINERY AND EQUIPMENT, MECHANICAL ENGINEERING WORKS (28300) MFR/R&D/FAB/DESIGN IN MECH. ENGRG PRODUCTS & ENGRG WORKS
Status:	LIVE COMPANY
Status Date:	21/10/1988

### CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amo
ISSUED ORDINARY	2,508,702.00	SINGAPORE, DOLLARS	2,508,702
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	2,508,702

Note: The number of shares is displayed up to two decimal points.

### CHARGE(S)

Charge No.	C200804852	Date Of Charge:	28/05/2008
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Chargee(s):	RHB BANK BERHAD		
Amount Secured and Currency:	ALL MONIES		
Status	CURRENT		
Charge No.	200204488	Date Of Charge:	10/10/2002
Chargee(s):	MAYBANK SINGAPORE LIMITED		
Amount Secured and Currency:	ALL MONIES		
Status	CURRENT		

### AUDITOR(S)

Name	Date Of Appointment
LIM CHEE YONG & CO	09/05/2019

### OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality/Citizenship	Date Of Appointment/ Position Held
LOO SANG S0178411J	809 FRENCH ROAD #07-150 KITCHENER COMPLEX SINGAPORE 200809 09/03/2016	SINGAPORE CITIZEN	27/06/2000 SECRETARY
TAN SWEE KIM S2509267H	132 SIMEI STREET 1 #03-126 SINGAPORE 520132 -	SINGAPORE CITIZEN	04/06/1992 DIRECTOR
WONG JEAM S0184157B	29 JALAN SINAR BINTANG CHANGI HEIGHTS SINGAPORE 509249 28/08/2003	SINGAPORE CITIZEN	21/10/1988 DIRECTOR 01/12/1988 MANAGING DIRECTOR

### SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality/Citizenship	Address Date Of Change Of Address
WONG JEAM S0184157B	SINGAPORE CITIZEN	29 JALAN SINAR BINTANG CHANGI HEIGHTS SINGAPORE 509249 28/08/2003
Type	No Of Shares	Currency
ORDINARY	1,020,070.00	SINGAPORE, DOLLARS
Name ID	Nationality/Citizenship	Address Date Of Change Of Address
TAN SOH KEOW S1137801C	SINGAPORE CITIZEN	29 JALAN SINAR BINTANG CHANGI HEIGHTS SINGAPORE 509249 28/08/2003
Type	No Of Shares	Currency
ORDINARY	510,035.00	SINGAPORE, DOLLARS
Name ID	Nationality/Citizenship	Address Date Of Change Of Address
TAN SWEE KIM S2509267H	SINGAPORE CITIZEN	132 SIMEI STREET 1 #03-126 SINGAPORE 520132 -
Type	No Of Shares	Currency
ORDINARY	468,562.00	SINGAPORE, DOLLARS



Name ID	Nationality/Citizenship	Address Date Of Change Of Address
WONG LOKE WEE (WANG LUWEI) S8219278F	SINGAPORE CITIZEN	29 JALAN SINAR BINTANG CHANGI HEIGHTS SINGAPORE 509249 -
Type	No Of Shares	Currency
ORDINARY	510,035.00	SINGAPORE DOLLARS

Note: The number of shares is displayed up to two decimal points.

## COMPLIANCE RECORD

Date Of Last AGM:	29/04/2022
Date Of Last AR:	20/05/2022
Date Of A/C Laid At Last AGM:	31/10/2021

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 13/10/2022

PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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Email: sm@idac.com.sg Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 06 / 04 / 20 (dd/mm/yy)

Time of Accident: 14 : 06 (24-HR-FORMAT)

Vehicle No.: SMQ 357 C Vehicle Make & Model / Engine (cc): Honda Jazz (1500cc) Private Hire: (Y / N)

Exact location of Accident: Sungei Kadut

Policyholder's Name / IC No.: Star Sin Trading Pte Ltd ROC/UEN (Company): 1988038222

Driver's Name / IC No.: Tan Boon chye (S1578148C) (As Above) ☐

Driver's Contact No.: 9348 9559 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: 139A Upper Paya Lebar Road (S) 534845

Owner Email address: \_\_\_\_\_ Insurance Company: China Taiping

Driver Email address: boonchetan 54@gmail.com

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Worker

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 2

**\*Passenger Name:** Isak Bin Majanah

**Gender:** ☒ Male / ☐ Female x (1)

**\*Passenger Name:** \_\_\_\_\_ **Gender:** Male / Female x ( )

**Weather condition & Road conditions? (On the day of accident)**

☒ (Clear) & Dry / ☐ Raining & (Wet) ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No Remarks: \_\_\_\_\_

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Tan Boon Chye & Isak Bin Majanah

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SMQ 357 C

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### **The Other Party(s) Details:**

1. Driver's Name / IC No.: Paquirissamy Radje Vehicle No.: YP 5222 M

Driver's Contact No.: 8453 9047 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No.: MC 6087 Y

Driver's Contact No.: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

**Preferred Workshop Name:** Hua Meng Spray Painting Workshop Contact No: \_\_\_\_\_





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 Private Car

MX4F

N SN

AN0421A

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.

DMPCSNW00209722200

Engine No.: L15A71004402

Cha. No.: JHMGE88509S203566

1. Index Mark and Registration  
Number of Vehicle

SMQ357C

AUTOSAFE  
=====

2. Name of Policy Holder

STAR SIN TRADING PTE LTD

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

05/09/2022  
(16:34:58)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

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

Any person who is driving on the Policyholder's order or with their 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.

\* 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: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory

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