

# ATTENTION: Assessment Centre Services

Date: 15/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123004963/d4	SAS e-filing		
Veh No SKZ 8648L	E-mail (within 2hrs, A/C 2hrs)		
DOA 13/05/2023 13:41	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMB 31404.	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 repaler.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks: (INC Hotline: 67886666)	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

NA2301435	Invoice Preparation Checklist	Amc (\$)	Ad
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idno 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: Idno Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	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	15/05/2023 18:00 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 13:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	72 KENG LEE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8648L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	dericktay@gmail.com
Mobile Phone No	(Phone) +65-98760361
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

#### DRIVER

Name of Driver	TAY TOK TONG ( ZHENG ZHUDONG )
NRIC No	SXXXX592A
Date Of Birth	10/09/1979
Occupation	Indoor

Date Of Driving Pass	05/02/2007
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98760361
Alt. Phone Number	-
Email Address	dericktay@gmail.com
Address	APT BLK 334A ANCHORVALE CRESCENT
Address complement	# 13-116
Postcode	541334
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	MADAM SUN ( PASSENGER )
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230513/2092

#### 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 DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3140U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAY TOK TONG ( ZHENG ZHUDONG )
Gender	Male
Phone No	(Phone) +65-98760361
Address	APT BLK 334A ANCHORVALE CRESCENT
Address Complement	# 13-116
Post Code	541334
Approximate Age Years Old	-
Injuries Sustained	NECK & BODY -GIVEN 7 DAYS OF MC
Injured person in which vehicle?	SKZ8648L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 2

Name of injured person	MADAM SUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FACE, NECK & BODY
Injured person in which vehicle?	SKZ8648L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

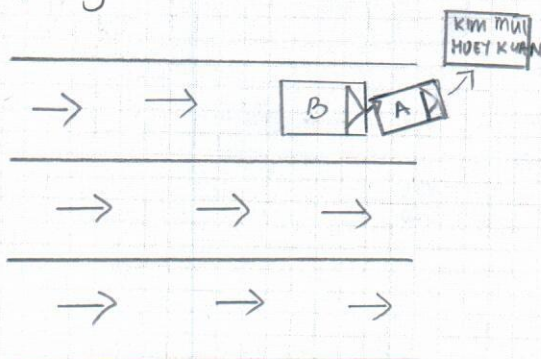


Policyholder's Signature / Date & Time

Sketch Plan

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

Keng Lee Road



Witnessed by Reporting Centre Personnel

A-SK28648L

B-SMB31404

Describe Circumstances of the Accident

Please Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 15/05/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230513/2092

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20230513/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/05/2023 19:30		Vide Report No.: E/20230513/0110		Station Diary No.: 128	
<b>Informant's Particulars</b>					
Name of Informant: TAY TOK TONG			Address: APT BLK 334A ANCHORVALE CRES #13-116 SINGAPORE 541334		
ID Type / ID No.: NRIC NO / S7927592A			Contact No.: Home/Office: Mobile: 98760361		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 10/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/05/2023 13:30	Type of Location: Straight Road
Location:  KENG LEE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ8648L	Car				Seriously Damaged	1
SMB3140U	Bus/Coach/Mi nibus				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230513/2092

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20230513/2092

**CONTINUATION OF REPORT**

Driver			
Name	TAY TOK TONG	ID No.	S7927592A
Related Vehicle	SKZ8648L (Car)	Contact No.	98760361
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/05/2023	Date Discharge	13/05/2023
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 13/3/23 at about 1341hrs, I was working and driving along Keng Lee Road, along with a female passenger seated at the rear passenger side seat of the vehicle. I was travelling on the outer left lane of the 3-laned road, heading towards 72 Keng Lee Road. My vehicle plate number is SKZ8648L

As I was approaching the said building, I slowed down and proceed to make a left turn into the said building. As I was about to turn in, I suddenly felt a huge impact coming from the rear of my vehicle, which caused my vehicle to mount up the kerb and onto the pedestrian walkway.

I made a check on my passenger first and she mentioned that she was feeling pain on the face as the impact caused her to jerk forward and hit her face on the front passenger seat. I alighted to make a check and discovered that a SBS bus, SMB3140U, had collided into my vehicle. The said bus driver also came down to make a check.

Subsequently the traffic police and ambulance arrived and my passenger and I went was conveyed to the hospital. I was given 7 days of MC. There are in car camera in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20230513/2092

3 of 3

Report No. T/20230513/2092

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SR STAFF SGT TAN YIK MONG,  
RYAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Signature Of Informant:

Date/Time:

13/05/2023 19:30

Classification Of Case:

NP168

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	13/05/2023	(DD/MM/YY)
Time of accident	1341 hrs	(HH:MM)
Exact location of accident	72 Keng Lee Road	

## DETAILS OF VEHICLE

Vehicle registration number	SKZ 8648L
Vehicle make and model	Honda Shuttle
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	CHINA TAIPING
Policy number	DMHCSNA 000 173 52200
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	1 AXIS Prestige Leasing Pte Ltd	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	202121962N	
Contact		
Address		

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Tay Tok Tong (Zheng Zhuodong)	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7927592A	
Contact	9876 0361	
Address	Blk 334A Anchorvale Cres #13-116 S(541334)	
Email address	dericktay@gmail.com	
Date of birth	10/09/1979	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	05/02/2007	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Sengkang NPC

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMB 3140U
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Tay Tok Tong (zheng zhudong)
Injuries sustained	Neck, Body
Which vehicle person in?	SK2 8648L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	Madam Sun (Passenger)
Injuries sustained	Face, Neck and body
Which vehicle person in?	SK2 8648L
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Motor Hire Car

MZ406L/B

N SN

AN0055A

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. DMHCSNA00017352200

Engine No.: L15B3530975

Cha. No.: GK81000799

1. Index Mark and Registration  
Number of Vehicle

SKZ8648L

AUTOSAFE  
=====

2. Name of Policy Holder

1AXIS PRESTIGE LEASING PTE LTD

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

19/09/2022  
(00:00:00)

Excess Sect. I . \$S2,000.00

Excess Sect. I (Outside Singapore) \$S4,000.00

Excess Sect. II \$S1,500.00

4. Date of Expiry of Insurance

18/09/2023

Excess Sect. II (Outside Singapore) \$S3,000.00

EX ON WINDSCREEN \$S100.00

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.

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.: SKYWAY CREDIT & LEASING 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Jia Hwei  
Authorised Officer

Authorised Signatory