			•
	* /		
	.*	•	
			The second of th
TIONAL Assessment Centre	Services paramen	5/106235 VOC	
1/12/11	ich description	Die Mine Comple	1001
win: 5((4)(N) 19.74	SAS e-Miling		The second secon
1401 NPA (C. 1-03002)2017	E-in all futfalls that, Ale the	3)	
i No: SMJ 35600	1-Motor Claim Form	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 11 11
30 05 2003 08:30		7. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2 / 1/11
Color Children	ויויוסנמז אויוס (ואלייוי: סו	The second state of the second state of the second	2
. (79) Repending Only	1. Photo Uplouded	201	I was a sea of the sea
	Asset Report by Fax ( H	and to Owner/Whise	The same of the sa
: (esurer	Assit Report by Park	Tol:	Fax:
larred Wkop ( NO Assign Wkap / QW: (	011-1-1-100 OA 11	AC( )/ NOW-LAC(	) '
Penticulars: Velt Not	H 4000A . 1	Teli	)
Control Driver: (	The second secon	· ) Cover Type: (	A production of the second of
olley 1(a: ( ) Per	ied: (	77/11te	)
11	Date:	4: 0-3014, F: 21-7994.	7: 30-140N)
( %) (	1 4 6 3 10 - 1/14 11 11	The state of the s	Second Se
	TY 65 ( 0 ( 1 ) ) 1 1 2 2 3	The state of the s	A Colombia C
Excessi(S ) Londing: 51,	THE TREE STATE STATE OF THE STA	THE WALL STANDARD	The Control of the Control
meril Remident S.	EFFERING CONTROL	is a suight to interest	(epelier.
tribute to Committee Customers in	Studento and Administra	Appendix of the same of the sa	The state of the s
Amain Loss Cost : to c-man than	CI WAY WELL	) ; Towing Col (	The state and th
Drive-in( )/ Towed-in( ): Invoice	CEL YES ( ) / LO	and the second s	April 25 (15 CA A Done by
A STATE OF THE STA		The state of the s	The state of the s
( ) Apply (or Transport Allowance ( )	Constant Cat ( ).	The state of the s	And The Party an
	220001	1	a service and the service and
3) Optical Resurvey Photo (Respoir Cost =	\$3000		the state of the s
	The state of the s		1001918/01/01/01/01/01/01/01
Injury:			Telephone to the Contract
Thom Wede Briefler	The state of the s		
	The same of the sa	200 200 May 100 May 10	programment / part or annual content to the content of the content
AND THE PARTY OF T	1	mean range applyings & transcription is annual application of the property of the contraction of the contrac	The state of the s
A STATE OF THE PARTY OF THE PAR	James Later and Control of the Contr	10 3 AD 20 A	The state of the s
The state of the s			(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
The sale in the sale of the sa	FR	Coles Preparation Che	HIGH WAS AS A STORY OF THE STOR
142351 blx		Andreas Andreas Carrest Carrest	
NA280/blx		ARTACHENT PASSIBLE (330	A
NA280 bl		ARTACHENT PASSIBLE (330	A
MA2801615  Institution Remarkablished to the company of the compan		ART Accident Paracht (300 DA; Derrage Artesmoral (310 DE) Towles Fee (310 DE) Towles F	A 300 97
NA280 bl		ART Accident Passache (300 DA: Derrage Assessment (310 Pr. Tewing Fit (310 Pr. Tewing	A
MA230   blx		ART Accident Passecht (330 DA 1 Derrage American (310 DF 1 Towns 70 1PF 1 Towns 7	20); SNC (355) 510/51/ 213/5
MA286 614  Instrument Remarkabling to the Company of the Company o		ART Accident Passible (300 DAT Detrage Antennand (316 DET Towns Fit PPE Fellow Through 9,1972 DET DE THOMAS ANTENNAND STAY (12) DET DE THOMAS ANTENNAND STAY (12) DET TO THE ACCIDENT STAY (13) DET TO THE ACCIDENT STAY	A 300 500 500 500 500 500 500 500 500 500
MA280 614  Opening Specifically and		ART Accident Paracht (300 DATE Detrage ATTENDED (300 DATE TOWNER ATTENDED (300 DETERMINATION OF STATE ATTENDED (300 DETERM	313C 356) 313C 356) 313C 356) 313C 356) 313C 356 3150 3150 3150 3150 3150 3150 3150 3150
MA286 bl.  Spring Carried fine Chargo)  C. Checked by (Engr-in-Chargo)		ARI ACCHENT PROPERTY (30)  DAT DEFENT AND ENGLISHED (30)  PET PET LOWING FOR  DET TO LOWING FOR  THE PET COST (10)  PRIFER RAJOR (10)  PRIFER RAJOR (10)	A 19C (356)  A19C (356)  510/512  A19C (57 150 200)
MA280 blx  Internation former than the second former to the second former than the second former to the second for		ART Accident Provide (300 DAT Derroys Anterwood (310 DAT Derroys Anterwood (310 DET Towles Fit PET Petion-Through Sorry DET Towles Anterwood Sorry DET TOWN TOWN TOWN TOWN TOWN DET TOWN TOWN TOWN TOWN TOWN DET TOWN TOWN TOWN TOWN TOWN TOWN DET TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOW	
MA280 614  Opening Specifically and		ARI ACCHENT PROPERTY (30)  DAT DEFENT AND ENGLISHED (30)  PET PET LOWING FOR  DET TO LOWING FOR  THE PET COST (10)  PRIFER RAJOR (10)  PRIFER RAJOR (10)	201 313C (356) 201 31

SN08235V0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 31/05/2023 16:24 (SGT) SUBMITTED BY: Rosii Bin Abdul Wahab VERSION: 1 (31/05/2023 16:24 (SGT))



## 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/05/2023 16:24 (SGT) Both Policyholder and Actual Driver 30/05/2023 08:30 (SGT) Bukit Batok Cres, Singapore

Singapore

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

Vehicle Registration Number

SNJ3339K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. No TAN LAY GEK SXXXX535G estrpt66@gmail.com (Phone) +65-97253339

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Mercedes C180

Private use

No - Claiming third party Private car

Auto 1595

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00222892200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN LAY GEK SXXXX535G 17/05/1965 Indoor

Date Of Driving Pass 12/10/1983 Driving experience 39 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97253339 Alt. Phone Number Email Address estrpt66@gmail.com Address BLK 288D BUKIT BATOK STREET 25 #02-42 Address complement Postcode 653288 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 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? 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 **GBH4020A** Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

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)	-

#### IMPORTANT NOTICE

#### SKETCH PLAN

- 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 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 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 precess 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
- (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 sign outside of Singapore, for one or more of the above Purposes

Policyholder's Signatura / Date & Time

driver is not the policyholder) / Date Driver's Signature

Sketch Plan

4 9 GBH-4020A Bukit Batok A Crescent

Doscriba Ci-	
Describe Circumstance of the Accident	
On 30/05/23, at about 08:30 am, I was tur	ing
left from Bukit Batok Street 23 onto Bukit Batak Cre	
Out of a sudden, vehicle B tried to overtake me	from my
right and collided onto the right portion of my be	
Vehicle B was from the opposite road and made a	right
turn into Buicit Batok Crescent.	

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if giver is not the policyholder) / Data & Time

Wilnessed by Reporting Centre Personnel (Name as in NRIC/ID dard)

Berney

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/05/23 Time: 08:30 (hh:mm) 24 hr format Location Bykit Batok Crescent
Location 24 hr format
Mr. H Batok Crescent
Vehisla XIIII
Vehicle Number SNJ 3339 K
msured Name TAN LAY GER
Insured Name TAN LAY GEK  NRIC/FIN S/7/85359 Contact Number 9725 3339
Model
Are you claiming under your own increases
( ) Yes If No.Pis select: ( V ) Third Party ( ) Reporting
Insurance Company CHINA TAIPING  Type of Policy ( ) Complete
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number DWDs 2 to the
Policy Number DMDs On H. January 2009 Third Party Fire & Theft ( ) TP Only
Policy Number DMP(SNW 002)2892200  Name of Driver
( )Same as Insured
NRIC / FIN Control Number 022 F 222 C
Date of Birth 17/05/1965 Contact Number 97253339
Driving Pass Date 12/10/1983
Occupation ( V) Indoor ( ) Outdoor
Gender (V) Male () Female
Final Address and Address
Linuit Addicss & CTrot L. Wigner I
Email Address estrpt 66@gmail.com ()NO EMAIL Address of Driver 2880 Quiet Anhlo 22 has 1
Address of Driver 2800 BUVIT Patch at 25 HD 112 01/ 12 2002
DRIVER ONLY  DRIVER ONLY
DRIVER ONLY  Was driver an employee of the Insured's Company ( ) No. ( )
DRIVER ONLY  Was driver an employee of the Insured's Company? ( ) Yes (V) No  If No, Relationship of the Driver with the Insured.
Was driver an employee of the Insured's Company? ( ) Yes (V) No  If No, Relationship of the Driver with the Insured  (V) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Spouse ( )
Was driver an employee of the Insured's Company? ( ) Yes (V) No  If No, Relationship of the Driver with the Insured  (V) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes (V) No
Was driver an employee of the Insured's Company? ( ) Yes (V) No  If No, Relationship of the Driver with the Insured  (V) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes (V) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle
Was driver an employee of the Insured's Company? ( ) Yes ( $$ ) No  If No, Relationship of the Driver with the Insured ( $$ ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( $$ ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( $$ ) Clear ( ) Rapping ( ) Other
Was driver an employee of the Insured's Company? ( ) Yes ( $$ ) No  If No, Relationship of the Driver with the Insured ( $$ ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( $$ ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( $$ ) Clear ( ) Rapping ( ) Other
Was driver an employee of the Insured's Company? ( ) Yes ( $$ ) No  If No, Relationship of the Driver with the Insured ( $$ ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( $$ ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( $$ ) Clear ( ) Raining ( ) Others  Road Surface ( $$ ) Dry ( ) Wet ( ) Others
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes, injured detail
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes , injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No
West any foreign vehicle involved in this accident? ( ) Yes ( ) No  Was anybody injured in the accident? ( ) Yes ( ) No  Was anybody injured in the accident? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No
West of Driver 2880 Bugt batck St 25 #02-42 \$ (653282)  DRIVER ONLY  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes, injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No  Was the Accident reported to the Police? ( ) Yes ( V ) No If yes attach police report  DETAILS OF 3 party Name Nice
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes , injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No  Was the Accident reported to the Police? ( ) Yes ( V ) No If yes attach police report  DETAILS OF 36 parts  Name Nic Contact
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes, injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No  Was the Accident reported to the Police? ( ) Yes ( V ) No If yes attach police report  DETAILS OF 3° party Name Nic Contact  Veh B ABH 4020A
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes , injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No  Was the Accident reported to the Police? ( ) Yes ( V ) No If yes attach police report  DETAILS OF 3° party Name Ning Contact  Veh B GIFT HOLOF
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others  Road Surface ( V ) Dry ( ) Wet ( ) Others  Was any foreign vehicle involved in this accident? ( ) Yes ( V ) No  Was anybody injured in the accident? ( ) Yes ( V ) No  If yes, injured detail  Was there any video captured by Car Camera? ( ) Yes ( V ) No  Was the Accident reported to the Police? ( ) Yes ( V ) No If yes attach police report  DETAILS OF 3 party Name Nic Centage  Veh B ABH 4000A



Motor Private Car

#### 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)

MX1E

AN0764A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00222892200

Engine No.: 27491030615945

Cha. No.:WDD2050402R172568

Index Mark and Registration

SNJ3339K

AUTOSAFE

Number of Vehicle

Name of Policy Holder

TAN LAY GEK

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

26/10/2022

Named Drivers Ex Sect. I

\$\$500.00

Ordinance or Enactment

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

11/11/2023

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 \* Age as at date of accident

EX ON WINDSCREEN.

\$\$100.00

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

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his 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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: KENSO 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: KENSO LEASING PTE LTD

Authorised Officer

**Authorised Signatory** 

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

©63896111

6222 1033

www.sg.cntaiping.com