

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 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. 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 Report	25/08/2020 10:37
Date Of Accident	23/08/2020 14:55
Exact Location Of Accident	CROSS JUNCTION OF ADMIRALTY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1034P
Insured/Policyholder	
Name Of Registered Owner	METAQUIP TC INDUSTRIAL PTE LTD
Co Reg No	199305621Z
Email Address	JONATHAN_GOH@TANCHONG.COM
Mobile Phone No	(LOCAL) +65-87775119
Alternative Phone No	Office-87775119

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993949/100880035-00000
Cover Note Number	

Driver

Name of Driver	MOHAMMED EZFAARQHAAN BIN OTHMAN
NRIC No	S8004958G
Date Of Birth	12/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2004
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82660155
Fax Number	
Contact Number	
E-Mail Address	SWISSFABRICS77@GMAIL.COM
Address	77 ARAB STREET
Postcode	199774
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER OF RENTED VEHICLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : EMMA BTE HAMZAH Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ7983Z
Vehicle Make/Model/Colour	HONDA FIT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

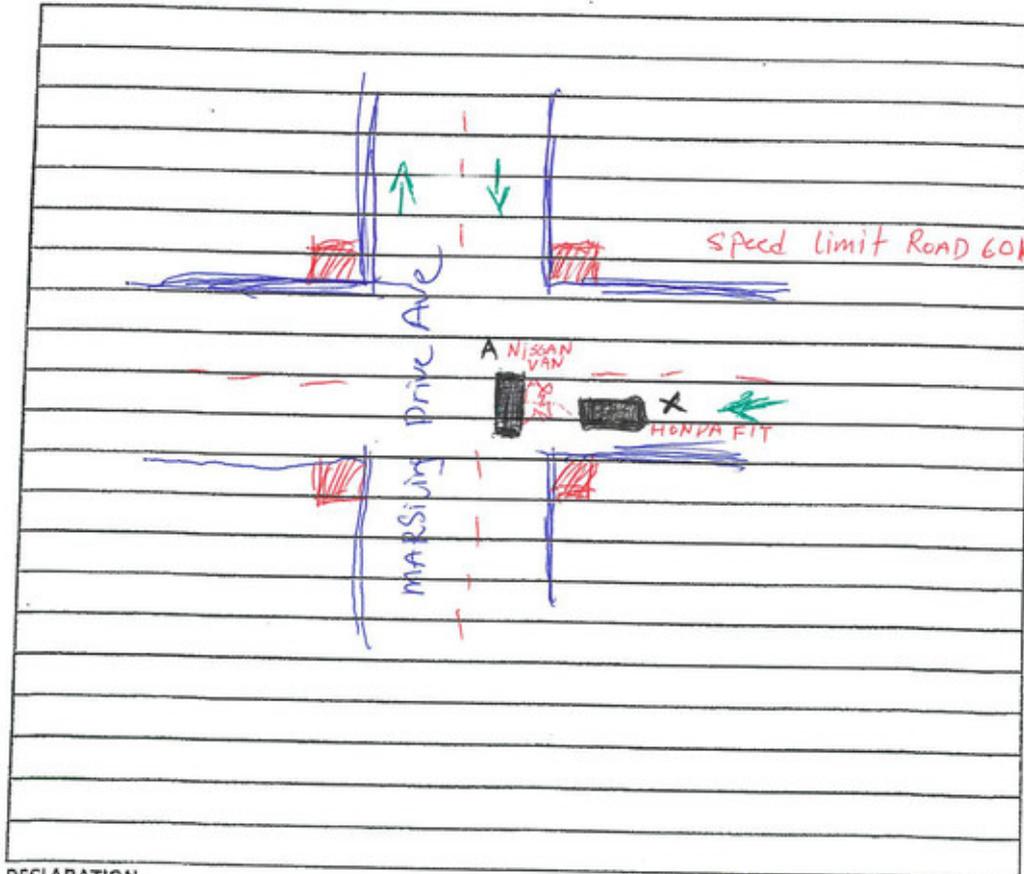
Driver's Signature
(if driver is not the policyholder)
Date & Time:

AC Auto Clinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628090
TEL: 6262 2212
FAX: 6262 3992

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

I/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:

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6282 2212
FAX: 6282 3002

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident <u>23/8/2020</u> Time <u>1:55</u>		2 Exact location of accident <u>Cross Junction at Admiralty Road</u>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. (VEHICLE A) GBLU20P

6 Insured / policyholder (see insurance cert.)
Metagup 7C Industrial
 Name (capital letters) PK JIB

Name _____
 (capital letters)

Address _____

NRIC / Passport no. 199205621 E

Tel no. (from 9am till 5pm) _____

HP 87775119

Jonathan

7 Vehicle
 Make, type Nissan NV350

8 Insurance company
ALG

Does the policy cover damage to vehicle A?
 No Yes

Policy No. (if available) 999992449/
120880335-22200

9 Driver (See driving licence)
 (if different from insured A above)
Mohd Muzel Estafarhae

Name Bin Ahman
 (capital letters)

NRIC / Passport no. S8024936

Class of licence _____

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SME7983 E

6 Insured / policyholder (see insurance cert.)

Name _____
 (capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
 Make, type _____

8 Insurance company _____

Does the policy cover damage to vehicle B?
 No Yes

Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured B above)

Name _____
 (capital letters)

NRIC / Passport no. _____

Class of licence _____

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: _____

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A _____

B _____

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) _____ Email: _____ 2 Vehicle registration no. <u>GBL 3-P</u> C.C. _____ If commercial vehicle, state permissible carrying capacity _____				
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____				
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____				
5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____					
6 Are you claiming under your own insurance policy for repair to your vehicle? <u>Yes</u> If no, state action to be taken _____					
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>14/1/93</u>	<u>Outdoor</u>	<u>27/12/2004</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
9 Full details of all driving convictions including pending prosecutions in the last 36 months					
		Date	Offence	Penalty	
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others _____				
	15 Road surface Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16 Speed of vehicles A <u>20</u> km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
19 What lights were displayed on your vehicle/the other vehicle(s)? _____					
20 If your vehicle is commercial, state weight of load carried at time of accident _____					
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) _____					
22 _____					
23 _____					
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____			Date _____	
Driver's signature (if driver is not the policyholder) <u>ly</u>			Date _____		



**SINGAPORE
POLICE FORCE**



T/20200823/7011

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

1 of 5
Report No. T/20200823/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2020 17:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMMED EZFAARQHAAN BIN OTHMAN		Address: 77 ARAB STREET #77-00 KAMPONG GLAM CONSERVATION AREA SINGAPORE 199774	
ID Type / ID No.: NRIC NO / S8004958G		Contact No.:	Mobile: 82660155
Nationality: SINGAPORE CITIZEN		Email: swissfabrics.77@gmail.com	
Sex: Male	Age: 40	Date of Birth: 12/02/1980	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/08/2020 14:53	Type of Location: X-Junction
Location: ADMIRALTY ROAD				
Weather: HEAVY RAIN		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK1034P	Van	NISSAN	NV	Grey	Seriously Damaged	1
SMQ7983Z	Car	HONDA	FIT	Black	Totally Damaged	1



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

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Report No. T/20200823/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMED EZFAARQHAAN BIN OTHMAN	ID No.	S8004958G
Related Vehicle	GBK1034P (Van)	Contact No.	82660155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	EMMA	ID No.	NIL
Related Vehicle	GBK1034P (Van)	Contact No.	87425201
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
Driver			
Name	HAMIDAH BINTE ISMAIL	ID No.	S6922975A
Related Vehicle	SMQ7983Z (Car)	Contact No.	81655080
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

Brief Details.

YES I HAVE VIDEO FOTAGE AND ALSO PICTURES TAKEN FROM MY HANDPHONE.

A BLACK HONDA FIT SMQ7983Z HIT THE LEFT SIDE OF MY COMPANY VAN AT HIGH SPEED. MY VAN MADE A 360 DEGREES SPIN.

SPEED LIMIT OF THE ROAD IS 60 KM/HOUR.

I ALSO HAVE PICTURES TAKEN AFTER THE ACCIDENT.



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

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Report No. T/20200823/7011

CONTINUATION OF REPORT

I ALSO HAVE TAKEN PICTURES OF THE DRIVERS IC AND DRIVERS LICENCE. OF THE BLACK HONDA FIT DRIVER. SMQ 7983 Z.

ROAD CONDITION AT POINT OF ACCIDENT WAS VERY WET. ITS RAINNING HEAVILY.

ACCIDENT HAPPNED WHILE IM DRIVING TOWARDS MARSILING DRIVE/ROAD.

THE LADY DRIVER TOLD ME THAT ITS A RENTAL CAR USED FOR DOING GRAB.

HAMIDAH BTE ISMAIL. MALAY. DOB; 17-07-1969. BLOCK 369 BUKIT BATOK STREET 31 #04-499. S6922975A. FEMALE. PARTICULAIRS OF THE DRIVER OF THE BLACK HONDA FIT.

I THEN PROCEED TO PARK BY THE SIDE OF THE ROAD OPPOSITE OF BLOCK 201.

I ASKED MY FIANCEE TO CALL 999.

SPOKE TO THE POLICE BRIFLY ABOUT THE ACCIDENT.

IN ABOUT 15MINS THE AMBULANCE CAME.
BOTH MYSELF AND MY FIANCEE WAS NOT INJURED AT THAT MOMMENT. BUT MY FIANCEE DID MENTION TO ME THAT HER LEG WAS IN A BIT OF PAIN.

AS MY COMPANYS VAN WAS STILL ABLE TO BE DRIVEN.I DROVE OFF AFTER EXCHANGING PARTICULIARS.

ON MY WAS TOSEND MY FIANCEE BACK HOME I PASSED BY THE ACCIDENT SCENE ANDS 2 MALE CHINESE STOP MY VAN.

THEY CLAIMED TO BE THE OWNER OF THE LEASING COMPANY FOR THE HONDA FIT.

THEY ALSO TOLD ME THAT THE TRAFFIC POLICE JUST LEFT THE SCENE.

THEY TOLD ME THAT THE BLACK HONDA FIT IS AN OLD CAR AND THEY WILL PROCEED WITH INSURANCE CLAIM.

IM USING MY COMPANY GREY NISSAN VAN GBK1034P TO DELIVER PARCELS.

HAVE BEEN USING THIS VAN FOR ABOUT 14 DAYS.

IM A SUB CONTRACTOR WORKING UNDER 'MMNS' WHICH NATURE OF BUSINESS IS PARCEL DELIVERY.

MY FIANCEE IS ALSO WORKING WITH ME.

PLEASE ALSO CONTACT MY MOTHER @ AZIZA/91058104 IF IM UNREACHABLE.

YOURS SINCERLY.
MOHAMMED EZFAARQHAANBIN OTHMAN.



**SINGAPORE
POLICE FORCE**



T/20200823/7011

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Report No. T/20200823/7011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200823/7011

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Tel No: 65470000

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Report No. T/20200823/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2020 17:08
Officer In Charge Of Case: TP / TPHQ / ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168	

Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8004958G**

Name: **MOHAMMED EZFAARQHAAN BIN OTHMAN**

Birth Date: **12 Feb 1980**

Issue Date: **31 Jan 2018**

002769190J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8004958G**

Name: **MOHAMMED EZFAARQHAAN BIN OTHMAN**

Race: **MALAY**

Date of birth: **12-02-1980**

Country/Place of Birth: **SINGAPORE**

Sex: **M**

S8004958G




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	27 Dec 2004

NP 428A

Licence No: S8004958G



6161327

S8004958G

Date of Issue: **01-04-2019**

Address: **77 ARAB STREET SINGAPORE 199774**




CERTIFICATE OF INSURANCE



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)

M.Z.301

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$800.00	(1)
CERTIFICATE NO. 999993949/100880035-00000	WINDSCREEN EXCESS	SS\$100.00	
	<small>(for policies with effect from 1st November 2002)</small>		
	SUM INSURED	SS\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	GBK1034P		
2) NAME OF INSURED	Metaquip TC Industrial Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2020		
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			

Any person who is driving on the Insured's order or with their permission.
An additional Young and Inexperienced Driver (YIDR) Excess of SS\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 21 or has less than 2 years driving experience.

DELETED

~~Please refer to policy terms and conditions~~

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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person 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.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

* 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).

Issued At Singapore 10 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120



Authorised Representative

ORIGINAL

SSCOSK

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1MC2E26Z0031692

U.L.W : 1800 KGS

M.L.W : 3300 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)

Accident Photo

