

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MAAC 20077865

Date In: 07/09/2020 17:14	Job description	Date & Time Completed	Done by
Ref No: N/A/PC 2000 955874	SAS e-filing		
Veh No: GBA 62E	E-mail (Adjuster, AIC, etc)		
OD: 05/09/2020 17:00	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL32		

Preferred Wkep / INC Assign Wkep / QW: (	Tolt	Fax:
TP Particulars:	Veh No: YN 7157R	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date of Birth:	

Driver/Owner:	1) AIT Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Ideal DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$20
	• NI: (NI) TP (over INC) against INC	\$0
	• NI: Ideal Mobile	
	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 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	07/09/2020 17:14
Date Of Accident	05/09/2020 17:00
Exact Location Of Accident	ALONG WOODLANDS ROAD TOWARDS JOHORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA612E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUILDFORMS CONSTRUCTION PTE LTD
Co Reg No	2XXXXX140E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98645595
Alternative Phone No	OFFICE-67486749

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20V05004404
Cover Note Number	

### Driver

Name of Driver	VIJAYAN VASANTHAKUMAR
Passport No/FIN	GXXXX432X
Date Of Birth	22/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98645595
Fax Number	
Contact Number	OFFICE-67486749
EMail Address	NOEMAIL

Address 432 TAGORE INDUSTRIAL AVENUE  
SINDO INDUSTRIAL ESTATE

Postcode 787811

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions AFTER RAIN

Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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) 4

Passenger 1  
NAME: : ALAM MOHAMMED MAHBUB  
GENDER: : MALE

Passenger 2  
NAME: : LAKSHMANAN GOPI  
GENDER: : MALE

Passenger 3  
NAME: : MANOHARAN MANICKAM  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200907/2043

#### 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 YN7157R

Vehicle Make/Model/Colour ISUZU

**Details Of Properties**

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HU JIAWEN
NRIC/Passport Number	GXXXX489U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBD2653H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UDDIN ROHIM
NRIC/Passport Number	GXXXX629N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	VIJAYAN VASANTHAKUMAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LAKSHMANAN GOPI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	ALAM MOHAMMED MAHBUB
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBA612E
Were seat belts worn?	NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name

MANOHARAN MANICKAM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBA612E

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 revoke 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 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:



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



wood (and Rd)



AS per police report. T/20200907/2043

NRIC/FIN No.:

07/09/2020

Officer's Signature *[Signature]*

Date of Accident : 05/09/2020 Accident Time: 17:00hrs (24-HR-FORMAT)  
Accident Place : woodland Rd Towards Johore.  
Vehicle Reg. No (Car plate No.) : GBA 612E  
Vehicle Make/Model : Toyota Dyna 150  
Insurance Company : Ionpac Insurance BHD Policy No. 720VCO 5004404  
Owner or Company Names /IC NO: Buildforms construction PRE LTD / 200701140E  
Owner or Company Contact No. : 6748 6749 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : viayan vasanthakumar / 97900430X  
DRIVER'S Date of Birth : 22/11/1984 DRIVER'S License Pass Date 03 Feb 2010  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 432 Tagore Industrial Ave Sinto industrial Estate  
(5) 787811  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 98645595  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins  
Number of Passengers (including Driver): 4 males

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: (B) YN 7157 R

Vehicle Make/Model: Isuzu NPR85uhSA

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: (C) GBD 2653H

Vehicle Make/Model: Toyota Hiace

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 5

Report No. T/20200907/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2020 12:52	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: VIJAYAN VASANTHAKUMAR	Address: 1 TECK WHYE AVENUE #05-182 SINGAPORE 680001		
ID Type / ID No.: FIN NO / G7900432X	Contact No.: Home/Office: Mobile: 98645595		
Nationality: INDIAN	Email:		
Sex: Male	Age: 35	Date of Birth: 22/11/1984	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER-CUM- DRIVER	Driving Licence Information: Class: 2B,3 Date of Expiry: 02/02/2024		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 17:00	Type of Location: Straight Road
Location:  WOODLANDS ROAD  Lamp Post Number: 108				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA612E	Lorry	TOYOTA	DYNA 150 MANUAL		Seriously Damaged	3
GBD2653H	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL			0
YN7157R	Lorry	ISUZU	NPR85UH5A			0



**SINGAPORE  
POLICE FORCE**



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 5

Report No. T/20200907/2043

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	ALAM MOHAMMED MAHBUB	ID No.	G2066904M
Related Vehicle	GBA612E (Lorry)	Contact No.	90770036
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Passenger</b>			
Name	LAKSHMANAN GOPI	ID No.	G8351058M
Related Vehicle	GBA612E (Lorry)	Contact No.	85902378
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	VIJAYAN VASANTHAKUMAR	ID No.	G7900432X
Related Vehicle	GBA612E (Lorry)	Contact No.	98645595
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 02/02/2024
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 5

Report No. T/20200907/2043

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MANOHARAN MANICKAM	ID No.	G2857427X
Related Vehicle	GBA612E (Lorry)	Contact No.	84010056
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	UDDIN ROHIM	ID No.	G8273629N
Related Vehicle	GBD2653H (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	HU JIAWEN	ID No.	G8763489U
Related Vehicle	YN7157R (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 5/9/2020 at about 1700hrs, I was driving a lorry (V2) along Woodlands Road (towards Mandai Road, near LP 108). The traffic volume was heavy and the van (V1) travelling in front of me came to a stop, so I followed suit. After my lorry came to a stop, I felt an impact from the rear. I checked and discovered that another lorry (V3) had collided on to the rear of my lorry. There is no camera installed in my lorry.

V1: GBD2653H  
V2: GBA612E  
V3: YN7157R

One of my passenger, Mr Alam Mohammed Mahbub, is still hospitalised.



**SINGAPORE  
POLICE FORCE**



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

4 of 5

Report No. T/20200907/2043

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20200907/2043

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

5 of 5

Report No. T/20200907/2043

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 3 LOKMAN BIN ABDUL GHANI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/09/2020 12:52

Classification Of Case:

SN 070

SIGNATURE


**LONPAC INSURANCE BHD** (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1950 (REPUBLIC OF SINGAPORE).  
 ROAD TRANSPORT ACT 1987 (MALAYSIA).  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z20VC05004404

Type of Cover : THIRD PARTY FIRE &amp; THEFT

1. Index Mark and Vehicle Registration Number

 TOYOTA DYNA 150 MANUAL  
 - GBA612E

2. Name of Policy Holder

BUILDFORMS CONSTRUCTION PTE LTD

 3. Effective Date of the Commencement of Insurance  
 for the purpose of the Act

02/02/2020

4. Date of Expiry of the Insurance

01/02/2021

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

 CHIEF EXECUTIVE  
 (Singapore Branch)

 User ID: ONGYEELENG  
 Date Issued: 07/01/2020