

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

MC/MC 3324/2019)

Between

HWA SENG BUILDER PTE LTD
(Singapore UEN No. 199200384Z)

... Plaintiff

And

SAVANANDI KARUPATHIVAN
(NRIC No. S0207763I)

... Defendant

DEFENDANT'S AFFIDAVIT OF EVIDENCE-IN-CHIEF

I, **SAVANANDI KARUPATHIVAN** (NRIC No. S0207763I), of 614 Hougang Avenue 8 #08-420, Singapore 530614, do solemnly affirm / make oath and say as follows: -

1. I am the Defendant in this action.
2. Unless expressly stated, the facts deposed to herein are within my personal knowledge and insofar as they are within my personal knowledge, they are true. Where the facts are not within my personal knowledge, they are true to the best of my knowledge, information and belief.
3. Copies of the documents referred to in my affidavit are annexed herein and collectively marked as "SK-1".

4. On 4 August 2016, I was involved in an accident involving motor vehicle number XB 7908R (the “Plaintiff’s vehicle”) and motor vehicle number YK 2937E (“my vehicle”) along the Pan Island Expressway before the exit of Dunearn Road.
5. At the material time, I was the driver of my vehicle and I understand that the Plaintiff’s servant or agent, one Mr Nachan Manickraraj, was the driver of the Plaintiff’s vehicle (**“the Plaintiff’s Driver”**). I was driving my vehicle at about 40km/hr to 50km/hr.
6. Prior to the collision, I was driving along the 4th lane of the expressway. Suddenly, I noticed, when I was about three (3) car lengths away, that there was a road safety lorry, which was the Plaintiff’s vehicle, parked stationery along the 4th lane. There were no safety cones placed or visible lights or hazard lights from the Plaintiff’s vehicle at the material time. Although I tried to swerve my vehicle to the left to avoid the Plaintiff’s vehicle and braked the moment I noticed that the Plaintiff’s vehicle was parked on the same lane ahead of me, the front of my vehicle still collided into the rear of the Plaintiff’s vehicle.
7. I have also seen the Plaintiff’s accident statement as well as the Statement of Claim.
8. I wish to emphasise that contrary to the Plaintiff’s Driver’s accident statement and the Plaintiff’s pleadings, the Plaintiff’s Driver had not placed any safety cones or switched on any visible lights on the Plaintiff’s vehicle to warn other road users. The Plaintiff’s Driver had only switched on the vehicle’s lights after the collision had occurred. The Plaintiff ought to know that it is dangerous to remain stationery along the expressway

without any visual warning or indication. The lampposts along PIE are also far apart such that the Plaintiff's vehicle would be hard to spot if no lights were switched on.

9. I subsequently made an accident report a day after the accident.

10. A copy of my accident statement and the Plaintiff's accident statement both dated 5 August 2016 are annexed herein at "SK-1".


11. I dispute and deny the Plaintiff's version of events. The collision occurred in the manner which I stated in the paragraphs above.

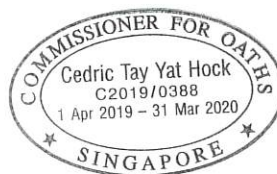
12. In the premises, I pray that the Plaintiff's claim against me be dismissed with costs.

AFFIRMED/SWORN by the abovenamed)
SAVANANDI KARUPATHIVAN)
in Singapore this 28th day of February 2020)



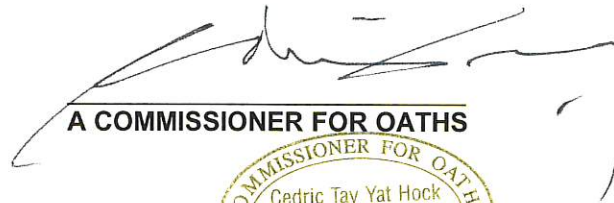

Before me,


A COMMISSIONER FOR OATHS
This Affidavit is filed on behalf of the Defendant.



THIS IS THE EXHIBIT MARKED AS "SK-1" REFERRED TO IN THE AFFIDAVIT OF
SAVANANDI KARUPATHIVAN SWORN / AFFIRMED BEFORE ME ON THIS 28th OF
FEBRUARY 2020

BEFORE ME


A COMMISSIONER FOR OATHS


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 ability.
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 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	05/08/2016 13:00
Date Of Accident	04/08/2016 23:30
Exact Location Of Accident	PIE(TUAS) BEFORE EXIT DUNEARN LAMPOST NO 1307
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK2937E
Insured/Policyholder	
Name Of Registered Owner	SAVANANDI KARUPATHIVAN
NRIC No	S0207763I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82585807
Alternative Phone No	Others-82585807

Vehicle Particulars

Manufacturer	NISSAN
Model	MKB210NHRH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5054470053-04
Cover Note Number	

Driver

Name of Driver	SAVANANDI KARUPATHIVAN
NRIC No	S0207763I
Date Of Birth	07/10/1949
Occupation	Outdoor
Date Of Driving Pass	10/03/1978
Driving Experience	38 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-82585807
Fax Number	
Contact Number	Others-82585807
Email Address	NOEMAIL

Address	BLK 614 HOUGANG AVE 8 #08-420 SINGAPORE
Postcode	530614
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Address	ROAD: 60 Hougang Ave 9 , POSTCODE: 538775 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB7908R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NACHAN MANICKARAJ
NRIC/Passport Number	F7759108R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

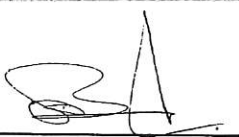
Details of Witness

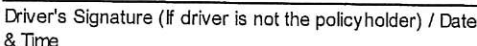
Name	
Phone Number	
Email Address	

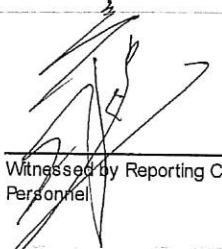
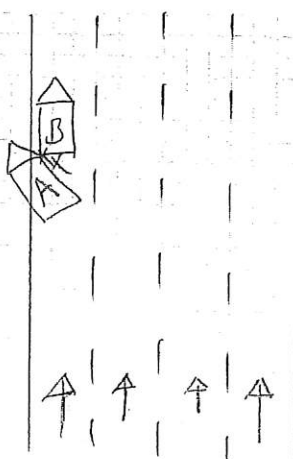
Sketch Plan Pg.1

SKETCH PLANIMPORTANT 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel
Sketch Plan

A: YK2937E
B: XB7908R

Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

"Refer Police Report"

(T/20160805/2019)

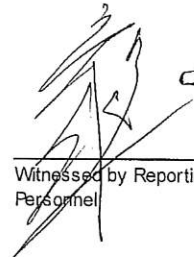
Declaration

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



Witnessed by Reporting Centre Personnel

Common Statement Pg.1



SINGAPORE
POLICE FORCE



T/20160805/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20160805/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2016 08:09		Vide Report No.: D/20160804/0149		Station Diary No.: 28
Informant's Particulars				
Name of Informant: SAVANANDI KARUPATHIVAN		Address: APT BLK 614 HOUGANG AVENUE 8 #08-420 SINGAPORE 530614		
ID Type / ID No.: NRIC NO / S02077631		Contact No.: Home/Office: Mobile: 82585807		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 07/10/1949	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class: 2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2016 23:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE(TUAS) Lamp Post Number: 1307				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
XB7908R	Lorry					0
YK2937E	Lorry	NISSAN	MKB210NH RH	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Common Statement Pg.1



SINGAPORE
POLICE FORCE



T/20160805/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20160805/2019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
YK2937E	NTUC Income Insurance Co-Operative Limited	5054470053-04	25/06/2016	24/06/2017

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SAVANANDI KARUPATHIVAN		ID No.	S0207763I
Related Vehicle	NIL		Contact No.	82585807
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name				
	NACHAN MANICKARAJ		ID No.	F7759108R
Related Vehicle	NIL		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 the 04/08/2016 at about 2320hrs, I was driving my lorry (YK2937E) along PIE(TUAS) before the exit Dunearn Rd on the 4th lane of the expressway. As I was driving, I suddenly realized a that there was a road safety lorry (XB7908R) that was parked on the same lane. There were no safety cones or visible lights on the vehicle. I tried to swerve my vehicle to the left however when I realized the vehicle was there, it was already too late. The front right side of my lorry had collided into the rear of the road safety lorry. There were no injuries.

Common Statement Pg.1



SINGAPORE
POLICE FORCE



T/20160805/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20160805/2019

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:
F /
Sgt MUHAMAD DANISH HAIKAL DONNY
BUDIARTO INDARTO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368



Authentication Stamp

SN 085

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
05/08/2016 08:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of 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	05/08/2016 16:09
Date Of Accident	04/08/2016 23:30
Exact Location Of Accident	PIE-BUKIT TIMAH BRIDGE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB7908R
Insured/Policyholder	
Name Of Registered Owner	HWA SENG BUILDER PTE LTD
Co Reg No	199200384Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81531667
Alternative Phone No	Office-81531667

Vehicle Particulars

Manufacturer	UD Trucks
Model	CONDOR PK-7.0 D (M)
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?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	
Cover Note Number	

Driver

Name of Driver	NACHAN MANICKARAJ
NRIC No	F7759108R
Date Of Birth	15/04/1969
Occupation	Outdoor
Date Of Driving Pass	31/08/2015
Driving Experience	0 Year And 11 Month
Gender	Male
Mobile Number	(Local) +65-81531667
Fax Number	(Local) +65-81531667
Contact Number	
EMail Address	NOEMAIL

Address
 Postcode
 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 Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YK2937E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver BALU
 NRIC/Passport Number
 Contact Number 82585807
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

PCV Accident Report

(For Reporting only)



☐ Brunei ☐ Sarawak ☐ Sabah ☐ Perlis ☒ Lumpur ☐ Ulu

Section A - To Be Completed By Driver Who Is Involved In The Accident

Time & Date of Accident		Date	04/06/16	Time	3.30 PM
Date & Time of Reporting		Date	05/06/16	Time	15.00 MYT
Place of Accident		PIE - Bukit Jambu, Kelantan, TUAL, Direction			
Vehicle Reg. No.		XB7908R			
Purpose of Use at Time of Accident: Goods transportation / private usage / others		Private usage			
Name		NAOHAN MANICKARAJ			
Address		76, 760 KOON CIRCLE, Singapore			
Postcode		629076			
Phone		6560 8698			
Email		naohan@manickaraj.com			
Occupation		Management / Sales / Referee / Housewife / Technical / Education / Others			
Type of Claim		Third Party / Own Damage (Reporting Only)			
Driver Status		Owner / Registered / Years of Driving Experience			
If you are not the owner, the owner's name & NRIC		HWA SENA BUNDER, NRIC 42D			
Owner's Address		76, 760 KOON CIRCLE, Singapore			
Relationship with Owner		EMPLOYEE			
Vehicle Insured to?		Yes / No			
Police Reported?		Yes / No			
Company's Vehicle?		Yes / No			
Do you have witness?		Yes / No			
If Yes, Witness Name & Contact No.					
Weather Condition		Clear / Cloudy / Light Rain / Heavy Rain			
Road Condition		Dry / Wet			
Other vehicle or property damaged?		Yes / No			
Describe How Accident Happened: Please use SKETCH PLAN for accident description & sketch of accident scene					
Third Party's Details (Use Annex 2 for Chain Collision as attachment)					
Vehicle Make / Model		Vehicle Reg. No.			
Name of Driver		APIC No.			
Insurance Company		Headphone			
Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.					
Signature		Date			
N. Manickaraj		5.6.16			

Sketch Plan

Sketch Plan #2

Describe Circumstances of the Accident


On 4th Aug 2016 - 23.50 hrs
 P1E BUILT TRUCK BRIDGE, TOWARDS DIRECTION LANE 4 TMA
 PROCEEDED TO ROAD JOINT INSPECTION. THE TRUCK TMA BEHIND
 OPEN KERRY LIGHT AIR ON BEHIND. THE TRUCK LANE 4 - 23.37 F
 HAD COLLIDED WITH THE TMA.

Declaration

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


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

N. Mawley
 Driver's Signature (if driver is not the police officer) / Date & Time


 Witnessed by Reporting Officer / Date & Time

Sketch Plan #3

IMPORTANT NOTICE


SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be submitted by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts above insurance companies to renderable 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 Data reported 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 submission 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 if requested.


B. 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 have 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 who have insured vehicles involved in this accident (all insurers) and disclose and transfer such personal information to all insurers collectively referred to as the "insurers". The insurers may resell my firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 envelope/postal package); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law practice firm, may have 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 practice firm), which may be used outside of Singapore, for one or more of the above purposes.

 N. Manikav
Accident Report Date &
Time

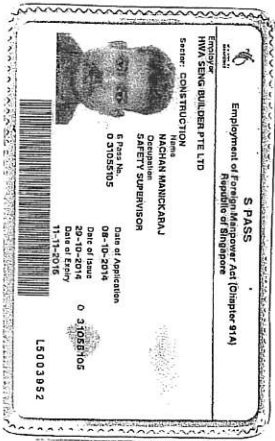
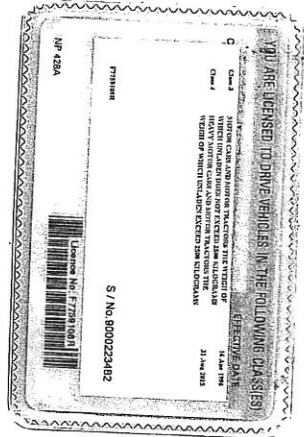
 N. Manikav
Driver's Signature (if driver is not the policyholder) / Date
& Time

 J. Manikav
Witnessed By Reporting Centre
Personnel

Sketch Plan

Location	TIME	→ 4
		→ 3
		→ 2
		→ 1

Sketch Plan #4 Pg.1



COMMERCIAL VEHICLE (PRIVATE USE)

ERGOCPL
R. SB
A000496
Cov. Type: F**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.**

DNC7158023540

1) Index Mark and Registration No. of Vehicle:

XB7908R ✓

2) Name of Policyholder:

BMA SENG BUILDERS PTE LTD

3) Commencement Date of Insurance:

27 March 2016

ADD XS:YNG&INKEP DRV SGD2,500.00

4) Expiry Date of Insurance:

26 March 2017 ✓

5) Persons or Classes of Persons entitled to drive

1) Any person who is driving on the Policyholder's order or permission

6) 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7) Limitations as to Use

1) Use in connection with the Policyholder's business.

2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social domestic and pleasure purposes.

This policy does not cover:

1) Use for hire or reward racing pace-making reliability trial or speed-testing.

2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 35 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (for Items 6 & 7)

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)

Legend
Cov. Type:
C - Comprehensive
F - Third Party, Fire & Theft
T - Third PartyFor and on behalf of ERGO Insurance Pte. Ltd.
Approved Insurer

Authorized Signature

ERGO Insurance Pte. Ltd. Co. Reg. No. 19930211H GST Reg. No. M2-0159305
5 Temasek Boulevard #04-01, Suntec Tower One Singapore 038853 Tel: +65 6823 3139 Fax: +65 6823 3248 www.ergo.com.sg

Accident Photo



Accident Photo



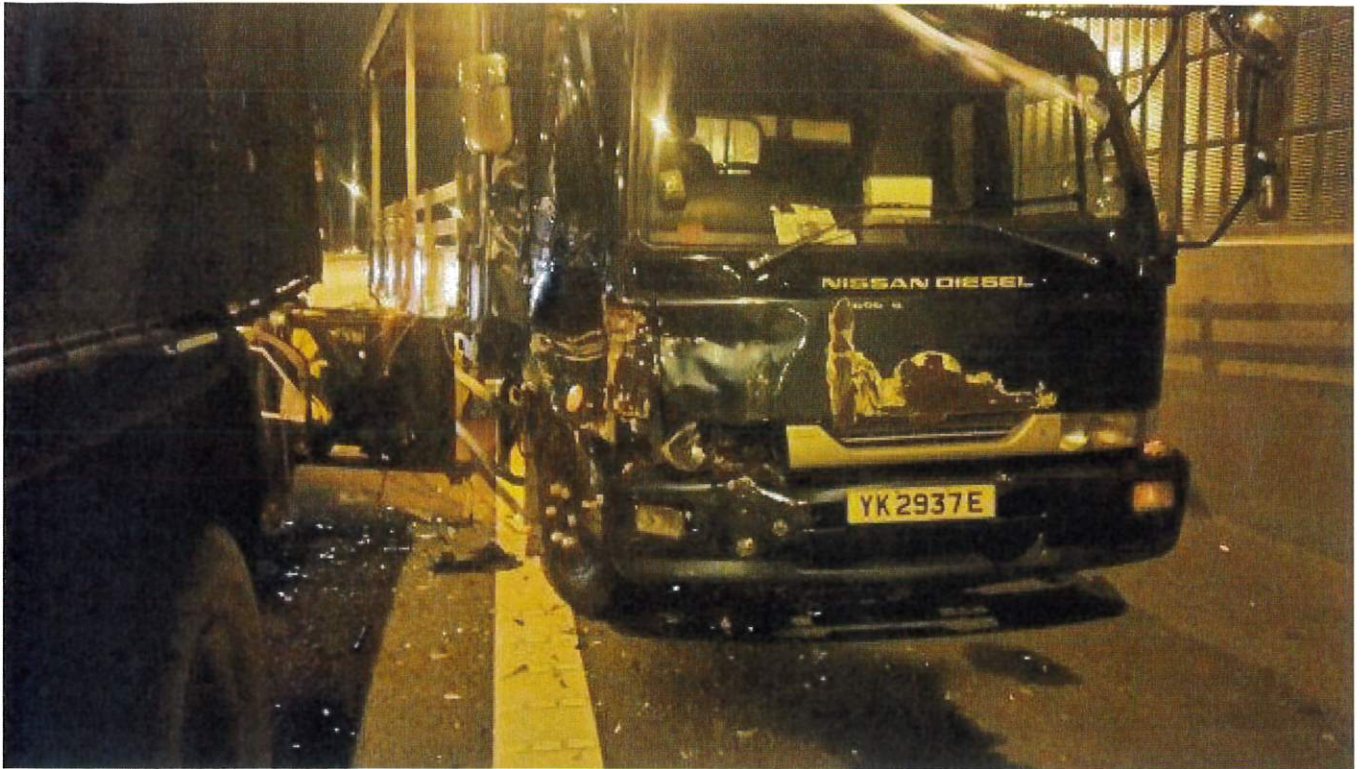
Accident Photo



Accident Photo



Accident Photo





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ELECTRONIC POLICE CENTRE

CERTIFIED
TRUE COPY OF
POLICE
REPORT (CTC)

CorpPass ID: S8234021A

STEP 1:
APPLICANT

STEP 2: INCIDENT

STEP 3: CLIENTS

STEP 4: OTHER
PARTIES

STEP 5: OTHER
INFO

STEP 6:
SUMMARY

Please confirm the details of your application. If you wish to make further amendment, please click on the relevant tabs above.

DRAFT

Date of Application 30/01/2020

Applicant Particulars

Title : Ms
NRIC : S8234021A
Full Name : SHEENA NG
Contact No : 65382687
Email Address : sheena@tanchinohoe.com.sg
Name of Company : TAN CHIN HOE & CO
Company Type : Law Firm
Company Internal Reference No : RT/2/2020/sn
Registered Company Address :
Block No : 24
Unit No : # 24 - 01
Building Name : CLIFFORD CENTRE
Street Name : RAFFLES PLACE
Postal Code : 048621
Preferred Correspondence Address :
Block No : 24
Unit No : # 24 - 01
Building Name : CLIFFORD CENTRE
Street Name : RAFFLES PLACE
Postal Code : 048621

Incident Details

Brief Facts of Case :
Date of Violation/Accident : 15/11/2019
Place of Accident/Violation :

Clients Particulars

Clients Particulars: 1

Name : CHUA HWA MENG
ID Type : FIN Holders
Nationality : Singapore
NRIC/FIN/Passport No : G2698424L
Accident Report No :
Vehicle No : JSG4381

S/No.	Types of Report/Document	Document Fee Per Copy(\$S)	No. of Copies Applying	Sub-Total
1	Vehicle Damage Report (VDR) (concluded cases ONLY)	16.0	1	16.0
2	Outcome of Investigation	0.0	1	0.0
3	Sketch Plan	95.0	1	95.0

Other PartyOther Party

Other Party - Record: 1

Accident Report No :
Vehicle No : JSS4267

S/No.	Types of Report/Document	Document Fee Per Copy(\$S)	No. of Copies Applying	Sub-Total
1	Report of a Traffic Accident (NP168)	16.0	1	16.0
2	Vehicle Damage Report (VDR) (concluded cases ONLY)	16.0	1	16.0
3	Outcome of Investigation	0.0	1	0.0
4	Sketch Plan	95.0	1	95.0

Other Info

Reason of Application : FOR INSURANCE CLAIMS
 Name of Investigating Officer :
 Date of Mention/Hearing :
 Remarks :

Estimated Cost of Application

Search Fee : (Mandatory) S\$ 14
 Estimated Total of Document Fees : S\$ 238

Please note that total document fees depends on the reports/documents available and approved for release.

Click on the buttons or links once only

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ELECTRONIC POLICE CENTRE

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COPY OF
POLICE
REPORT
(CTC)

CorpPass ID: S8234021A

Your Transaction Reference No. is **TP000129768**. Please take note of this reference no for future correspondence with the Police on this application.

To complete the application, you are required to make a document fee payment of S\$ 14/-.

Please take note of the following information:

1. Payment will be made via e-NETs, an online payment platform provided by NETS Singapore.
2. Please read through all advisories in the following web pages.
3. Should you encounter any issues (e.g. no acknowledgement notice, no e-receipt issued), please do not make another application. You are advised to use "Enquire and Pay" function to check on payment status.

If you wish to continue, please click the "Make Payment" button below.

If you wish to make payment later, you may access the "Enquire and Pay" function to do so. In the meantime, you may close the browser to end this session.

Click on the buttons or links once only

Do not use the Back or Forward button on your browser as this may end your transaction.

If you encounter problems with this e-Service, you may submit an online feedback form to SPF.
You may also give us your comment at ePoll

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