

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

2103210

Date In: 28/06/2021 16:02	Job description	Date & Time Completed	Done by
Ref No: N/A/21007092/4	SAS e-filing		
Veh No: GBA 2680	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/06/2021 09:05	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 76210L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

2103210	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q12:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 Submission	28/06/2021 16:02 (SGT)
Date of Accident	25/06/2021 09:05 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG368D
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HYDROTECHS MECHANICAL AND ELECTRICALLY SERVICES PRIVATE LIMITED
Company Reg No	2XXXXX435E
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-82397525
Alternative Phone No	+65-82397525

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070103766
Cover Note Number	-

### DRIVER

Name of Driver	RENGANATHAN POOPATHI
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Passport No/FIN .....	GXXX648M
Date Of Birth .....	09/04/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	18/03/2019
Driving experience .....	2 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82397525
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	190 WOODLANDS INDUSTRIAL PARK E5 #07-12
Address complement .....	WOODLANDS BIZHUB
Postcode .....	757516
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RAHAMAN MIZANOR
Gender .....	Male

#### PASSENGER 2

Name .....	CHINNAIAH GURUCHANDRAN
Gender .....	Male

#### PASSENGER 3

Name .....	RANA MASUM
Gender .....	Male

#### PASSENGER 4

Name .....	VISHWANATHAN MANIKANDAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

## 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 YL6210L  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 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) -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE1861A  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver -  
 Contact Number -  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person RENGANATHAN POOPATHI  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT INJURY  
 Injured person in which vehicle? GBG368D  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

## INJURED 2

Name of injured person RAHAMAN MIZANOR  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHINNAIAH GURUCHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	RANA MASUM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	VISHWANATHAN MANIKANDAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG368D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

## 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 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. 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.

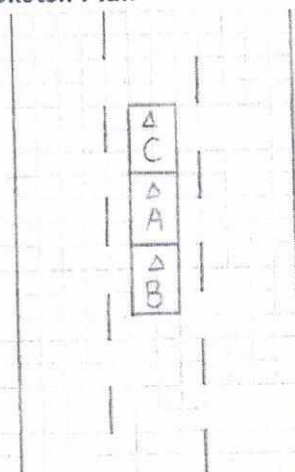


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



BKE TOWARDS PIE (CHANGI)

A: YL 6210L

B: GBG 368D

C: GBE1861A

**Describe Circumstances of the Accident**

On 25.06.2021 at about 09:15am. I was travelling along BKE towards PIE (Changi).  
The front vehicle slowed down and stopped, I follow. Suddenly, vehicle  
B hit my vehicle and my vehicle moved forward to hit front vehicle. I was involved  
in a 3 vehicles chain collision.

POLICE REPORT 7/20210625/2057

**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

Date of Accident : 25.06.2021 Accident Time: 09:05 am (24-HR-Format)  
 Accident Place : BKE towards PIE (Changi)  
 Vehicle. No. (Car Plate No.) : GBG 368D Make/Model: Toyota Dyna 3.0  
 Insurance Company : AIG Policy No: 2070103766  
 Owner or Company Name /IC No. : Hydrotechs Mechanical And Electrically Service Private Limited (200102435E)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Renganathan. Prapathi (G7312648M)  
 DRIVER'S Date Of Birth : 09 Apr 1970 DRIVER'S License Pass Date 18 Mar 2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 190 Woodlands Industrial Park E5 # 07-12 Woodlands Bizhub S (757516)  
 DRIVER'S Contact No./ Alt No. : 1) 8239 7525 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Jasonkcapl@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1 Driver, 4 Passenger  
 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  
 Any Injury (If YES, Pls state): Yes (1 Driver, 4 Passenger)

**Other Party Driver's Particular (if any)**

Vehicle. No: YL6210L (vehicle B)  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

Vehicle. No: GBE 1861A (vehicle C)  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

Male : Rahoman Mizanor  
 Male : Chinnaiah Guruchandran  
 Male : Rana Masum  
 Male : Vishwanathan Manikandan.





**SINGAPORE  
POLICE FORCE**



T/20210625/2057

1 of 4

Report No. T/20210625/2057

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2021 14:27	Vide Report No.: F/20210625/0060	Station Diary No.: 19
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<b>Informant's Particulars</b>		
Name of Informant: RENGANATHAN POOPATHI		Address: APT BLK 47 CIRCUIT ROAD #06-713 SINGAPORE 370047
ID Type / ID No.: FIN NO / G7312648M		Contact No.: Home/Office: Mobile: 82397525
Nationality: INDIAN		Email:
Sex: Male	Age: 51	Date of Birth: 09/04/1970
Type of Informant: Driver		
Race: Indian		Language: Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2021 09:05	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passenger
GBE1861A	Van				Slightly Damaged	0
GBG368D	Lorry				Slightly Damaged	4
YL6210L	Lorry				Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20210625/2057

2 of 4

Report No. T/20210625/2057

**CONTINUATION OF REPORT**

<b>Passenger</b>		<b>ID No.</b>	
Name	RANA MASUM	G2004106X	
Related Vehicle	GBG368D (Lorry)	Contact No.	NIL
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>		<b>ID No.</b>	
Name	RAHAMAN MIZANOR	G8154005K	
Related Vehicle	GBG368D (Lorry)	Contact No.	NIL
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>		<b>ID No.</b>	
Name	RENGANATHAN POOPATHI	G7312648M	
Related Vehicle	GBG368D (Lorry)	Contact No.	82397525
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>		<b>ID No.</b>	
Name	CHINNAIAH GURUCHANDRAN	G6875604P	
Related Vehicle	GBG368D (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20210625/2057

3 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20210625/2057

**CONTINUATION OF REPORT**

Passenger			
Name	VISHWANATHAN MANIK ANDAN	ID No.	G8013116Q
Related Vehicle	GBG368D (Lorry)	Contact No.	NIL
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 25/06/2021, at about 09.05am I was driving my company's lorry bearing plate number GBD368D along BKE towards PIE near to Exit 1 with 4 passengers in the lorry. I was driving at the second lane of the 3 lane expressway as I had to enter towards PIE(TUAS). During the time I was driving the traffic was moving slowly and the vehicle in front of me bearing plate number GBE1861A suddenly applied its brake as such I also applied my brakes and managed to come to a stop. When I was applying the brakes, I felt an impact coming from the rear of the lorry and that is when I realize that there is a vehicle that had collided with the rear of the lorry I was driving. The lorry bearing plate number YL6210L did not managed to stop in time and had collided onto my rear. Due to the impact of the collision, it caused my lorry to surge forward and hit onto the rear of the vehicle in front of me.

The collision had cause the vehicle in front of mine rear windshield to shatter. There are damages to the rear of my lorry and the front left side of the mirror. The vehicle that had hit my lorry on the rear had damages to the front of the vehicle.

The Traffic Police and the Ambulance also came to the location to render medical assistance to us and one of my passengers, Chinnaiah was being conveyed to the hospital. Cinniah was later discharged and given 3 days of medical leave.

The rest of my passengers and myself then went to a clinic to seek medical attention as to ensure that we do not have any serious injuries.

I would like to state that my company's lorry has an in car camera however it is not in use.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20210625/2057

4 of 4

Report No. T/20210625/2057

**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:

G /

Sgt 2 KHAIRUL ILYAS BIN ISHAK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/06/2021 14:27

Classification Of Case:



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder	: HYDROTECHS MECHANICAL AND ELECTRICALLY SE	Vehicle No.	: GBG368D
Period of Insurance	: 17 Jul 2020 To 22 Nov 2021	Policy No.	: 2070103766
Engine No.	: 1KD2654435	Endorsement No.	: 000000000395634
Chassis No.	: KDY2318026964	Issued Date	: 17 May 2021

### ABOUT THE COVER

Make/Model	: TOYOTA DYNA 150 1.7 ton [Lorry]	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1.7 Tonnage	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Insuring with COE/PAFF			: Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use\* :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Hitachi Capital Asia Pacific Pte Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Assure Insurance Agency Pte Ltd