

NATIONAL Assessment Centre Services

Date In 16/01/2023

Ref No NA1EG123000520/d4

Veh No YP5825Z

DOA 15/01/2023 10:45

OD/TP Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. Aft 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksr)		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: GBH 569k 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

NA12300163

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Owner/Driver:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Supervisor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*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		



# 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 Actual Driver**
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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 ..... 16/01/2023 18:40 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/01/2023 10:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHANGI SOUTH STREET 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP5825Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMITECH ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX278K  
Email Address ..... phbms@yahoo.com  
Mobile Phone No ..... (Phone) +65-85711684  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG22007959

### DRIVER

Name of Driver ..... HASNAN BIN ABDUL MOIN  
NRIC No ..... SXXXX745I



Date Of Driving Pass .....	22/08/1985
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85711684
Alt. Phone Number .....	-
Email Address .....	phbms@yahoo.com
Address .....	APT BLK 205 PASIR RIS STREET 21
Address complement .....	# 11-386
Postcode .....	510205
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230115/7072

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH569K
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Cabstar

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUBRAMANIYAN DEEPARAJA
Passport No/FIN .....	GXXXX857K
Contact Number .....	(Phone) +65-84376044
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 .....	HASNAN BIN ABDUL MOIN
Gender .....	Male
Phone No .....	(Phone) +65-85711684
Address .....	APT BLK 205 PASIR RIS STREET 21
Address Complement .....	# 11-386
Post Code .....	510205
Approximate Age Years Old .....	-
Injuries Sustained .....	OUTPATIENT SICK LEAVE FOR 5 DAYS
Injured person in which vehicle? .....	YP5825Z
Were seat belts worn? .....	-
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 fruthful 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.



*[Handwritten Signature]*

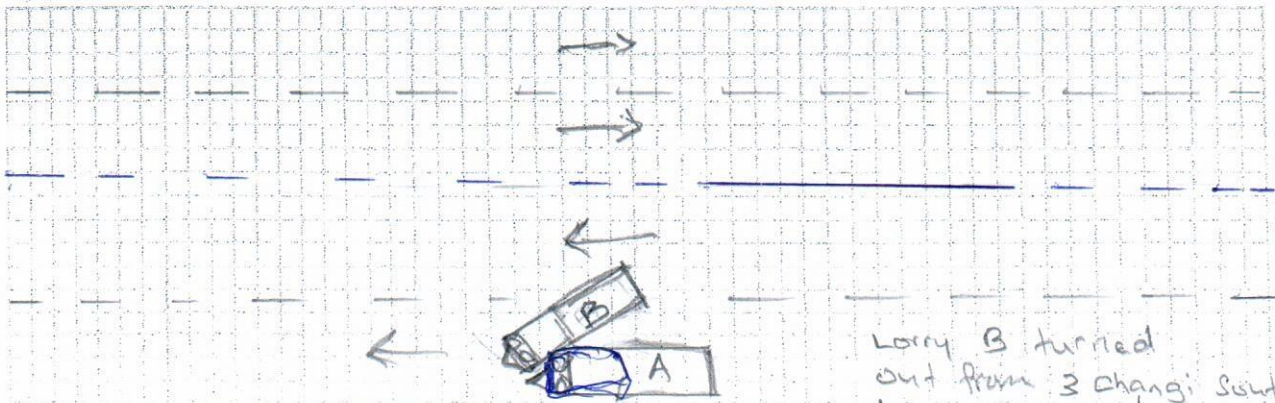
*[Handwritten Signature]* 16/1/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



LORRY A YP 58252

LORRY B GBH 569 K

Lorry B turned out from 3 Changi South St 1

SANTA UNITED INTERNATIONAL HOLDINGS PTE LTD  
3 Changi South ST 1



Describe Circumstances of the Accident

Refer to the police report No: T/20230115/2072

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



**SINGAPORE  
POLICE FORCE**



T/20230115/2072

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

I of 4  
Report No. T/20230115/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2023 21:33	Vide Report No.:	Station Diary No.: 62
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**Informant's Particulars**

Name of Informant: HASNAN BIN ABDUL MOIN		Address: APT BLK 205 PASIR RIS STREET 21 #11-386 SINGAPORE 510205	
ID Type / ID No.: NRIC NO / S1722745I		Contact No.: Home/Office: Mobile: 85711684	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 27/01/1965	Type of Informant: Driver
Race: Indonesian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 15/01/2023 10:45	Type of Location: OUTSIDE SANTA UNITED INTERNATIONA L HOLDINGS
Location: CHANGI SOUTH STREET 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH569K	Lorry				Slightly Damaged	0
YP5825Z	Lorry				Seriously Damaged	0





Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20230115/2072

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SUBRAMANIYAN DEEPARAJA	ID No.	G2442857K
Related Vehicle	GBH569K (Lorry)	Contact No.	84376044
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	HASNAN BIN ABDUL MOIN	ID No.	S1722745I
Related Vehicle	YP5825Z (Lorry)	Contact No.	85711684
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 15/01/2023 at about 1045hrs, I parked my lorry (YP5825Z) along Changi South St 1 to use my phone to update the vehicle refuel book by the company.

Subsequently, there was a lorry (GBH569K) had just turned out from the building (Santa United International Holdings, No. 3 Changi South St 1) and did a left turn and had hit my front right-side lorry causing my lorry front right bumper and right headlight to dislodged. His vehicle suffered dent on his front left bumper.

I then alighted from my lorry from the passenger side as the driver side door was stuck. I then asked the driver was he using his phone when he did the turn which he kept quiet. I then asked him how we are going to settle the matter.

He then contacted his supervisor (Eileen, +65 91258006) and inform her of the matter. I then spoke to the supervisor via WhatsApp, and we agreed to settle the accident via insurance claim. We then exchanged particulars, took picture of the damages, and left the vicinity.

I then went to see a doctor at Mount Alvernia Hospital and was given a 5-day MC (M230000106642) from 15/01/2023 to 19/01/2023 and had also reported the accident to my insurance company.

I wish to state that after the other driver had hit my lorry, he tried to reverse twice. I had to horn at him to





**SINGAPORE  
POLICE FORCE**



T/20230115/2072

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20230115/2072

**CONTINUATION OF REPORT**

stop.

I also wish to state that there are no damages to government property, no traffic police or ambulance attended to our accident.





SINGAPORE  
POLICE FORCE



T/20230115/2072

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20230115/2072

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 MCLEO HO JIANFEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/01/2023 21:33

Officer In Charge Of Case:

TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:





Serve all with Love

# Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M230000106642

This is to certify that HASNAN BIN ABDUL MOIN, S1722745I, is granted Outpatient Sick Leave for 5 day(s) from 15-Jan-2023 to 19-Jan-2023.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ong Swee Seng Raymond  
MCR : 17542J

15/01/2023

Date

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : HASNAN BIN ABDUL MOIN    Receipt No. : 230005527  
ID No. : S1722745I    Date : 15/01/2023  
Account No. : O230701449    Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	4	EA	16.40
OUTPATIENT NURSING SERVICE	1	EA	24.00
RMO CONSULTATION FEE	1	EA	54.00
Total Charges			94.40
GST @ 8%			7.55
			101.95

Paid: NETS BY HASNAN BIN ABDUL MOIN 101.95

Mode of Payment : NETS

Reference No. :

This is a computer generated official receipt, no signature is required.



LKK 461

# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 01 / 2023) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)  
LOCATION: Changi South Street 1

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: YP 5825 Z
  - b) INSURANCE COMPANY: ERGO
  - c) POLICY NUMBER: DMCG 22007959
  - d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: FUSO Auto / Manual
  - f) TYPE: (SALOON / COUPE / MPV / VAN / ~~LORRY~~ / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: working
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - A) NAME: SMITECH ENGINEERING P/L (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 199601278K CONTACT: 85711684
  - c) ADDRESS: 30 UBI CRESENT #01-02, UBI TECHPARK  
S'PORE 408566

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Hasnan Bin Abdul Main (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S172274511 CONTACT: 85711684
  - c) ADDRESS: Blk 205 Pasir Ris Street 21  
#11-386 S10205

- \*d) DATE OF BIRTH: (27 / 01 / 1965) (DD/MM/YYYY)
- e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 10 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ~~NO~~)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)
- b) ROAD SURFACE: (DRY / ~~WET~~ / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO) Hasnan Bin ABDUL MAIN

7. a) REPORTED TO POLICE (YES / ~~NO~~)  
IF YES, PLEASE STATE WHICH POLICE STATION: Pasir Ris

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: GBH 569 K MODEL: NISSAN CABSTAR
  - b) DRIVER'S NAME: SUBRAMANIAM DEEPARAJA
  - c) NRIC/FIN/PASSPORT: Q 2442857K CONTACT: 8437 6044

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: \_\_\_\_\_
  - f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = phbms@yahoo.com

Fax = 67489386

Video = \_\_\_\_\_

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22007959  
 Vehicle Registration Number : YP5825Z  
 Cover Type : Comprehensive  
 Policy Type : Commercial Vehicle (Pte Use)  
 Name of Policyholder/Insured : SMITECH ENGINEERING PTE LTD  
 Commencement Date of Insurance : 08/06/2022  
 Expiry Date of Insurance : 16/09/2023  
 Excess : EXCESS: (SECTION I).....  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).  
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..  
 YOUNG&INEXP DRIVERS(SECTION I)  
 Finance Company/Hire Purchase Owner : MONEYMAX LEASING PTE. LTD.



**24-Hour Helpline: 6100 1620**

EXCESS: (SECTION I).....	S\$	500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. 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.

\* 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 drawing 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 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**  
 Approved Insurer

*Karl-Heinz Jung*

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : FEB21EA21198, Vehicle Engine/Motor Number : 4P10C43876		CP1, 07/06/2022 16:37