

NTUC Assessment Centre Services

Date In 26/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000765/W	SAS e-filing		
Veh No SMX 3273 D	E-mail (within 8hrs. Aft 2hrs)		
DOA 22/01/2023 21:05	i-Motor Claim 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/Wksp		

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

TP Particulars: Vch No: SHD1558K 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%. F: 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:-	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

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Managed Portion:	3) TF: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Assessors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		

# 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 ..... 26/01/2023 09:52 (SGT)  
 Reported by ..... Both  
 Date of Accident ..... 22/01/2023 21:05 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... CLEMENCEAU AVENUE  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX3273D

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... NAGAPPAN MANIKANDAN  
 NRIC No ..... SXXXX149A  
 Email Address ..... mani.nathi78@gmail.com  
 Mobile Phone No ..... (Phone) +65-94502491  
 Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
 Model ..... Prius  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Private hire  
 Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Private hire  
 Transmission ..... Auto  
 CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
 Policy Number / Cover Note Number ..... DMHCSNA00001012301

### DRIVER

Name of Driver ..... NAGAPPAN MANIKANDAN  
 NRIC No ..... SXXXX149A  
 Date Of Birth ..... 04/06/1978  
 Occupation ..... Indoor

Date Of Driving Pass ..... 19/04/2003  
 Driving experience ..... 19 YEARS AND 9 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-94502491  
 Alt. Phone Number ..... -  
 Email Address ..... mani.nathi78@gmail.com  
 Address ..... APT BLK 61 CIRCUIT ROAD  
 Address complement ..... # 04-217  
 Postcode ..... 370061  
 Is the driver the policyholder? ..... Yes  
 If No, Relationship of the Driver with the Insured ..... -  
 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 ..... Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... Yes  
 Number of vehicles involved in the accident ..... 3  
 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) ..... 3  
 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 ..... -

FOREIGN VEHICLE 1

Vehicle Registration Number ..... WVS9433  
 Vehicle Category ..... Private car

PASSENGER 1

Name ..... GRAB PASSENGER  
 Gender ..... Male

PASSENGER 2

Name ..... GRAB PASSENGER  
 Gender ..... Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... MacPherson Neighbourhood Police Post  
 Police Station Phone No ..... (Phone) +65-18007449999  
 Alt. Police Station Phone No ..... (Fax) +65-65476366  
 Police Station Address ..... Blk 54 Pipit Road #01-82/84 Singapore 370054  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230123/2028

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHD1558K  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Private hire  
 Vehicle Category ..... WILSON PEREIRA  
 Name of Driver ..... SXXXX242E  
 NRIC No ..... (Phone) +65-82340768  
 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 ..... WVS9433  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Private car  
 Vehicle Category ..... ANKAGAPPAN  
 Name of Driver ..... (Phone) +65-90526751  
 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 ..... NAGAPPAN MANIKANDAN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-94502491  
 Address ..... APT BLK 61 CIRCUIT ROAD  
 Address Complement ..... # 04-217  
 Post Code ..... 370061  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK PAIN  
 Injured person in which vehicle? ..... SMX3273D  
 Were seat belts worn? ..... Yes  
 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 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.

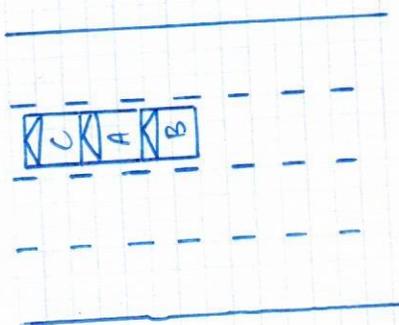
N. Manikandan  
Policyholder's Signature / Date & Time

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

[Signature] 26/1/23  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

CLEMENCEAU AVENUE



A - SMX3273D  
B - SHD1558K  
C - WVS9433

**Describe Circumstances of the Accident**

Refer to police report

**Declaration**

We declare the foregoing particulars are true in every respect.

N. Mani Kandan  
Policyholder's Signature / Date & Time

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

[Signature] 26/1/23  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

1 of 4

Report No. T/20230123/2028

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2023 14:50	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: NAGAPPAN MANIKANDAN		Address: APT BLK 61 CIRCUIT ROAD #04-217 SINGAPORE 370061	
ID Type / ID No.: NRIC NO / S7867149A		Contact No.: Home/Office:	Mobile: 94502491
Nationality: INDIAN		Email:	
Sex: Male	Age: 44	Date of Birth: 04/06/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/01/2023 21:00	Type of Location: X-Junction	
Location: CLEMENCEAU AVENUE				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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 Passenger
SHD1558K	TAXI	HYUNDAI	AE IONIQ HEV FL 1.6 DCT		Slightly Damaged	0
SMX3273D	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Silver	Slightly Damaged	3
WVS9433	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

2 of 4

Report No. T/20230123/2028

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX3273D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00001012301	12/01/2023	11/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NAGAPPAN MANIKANDAN		ID No.	S7867149A
Related Vehicle	NIL		Contact No.	94502491
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 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 22/01/2023 at about 2100hrs I was driving my car bearing the plate number SMX3273D along Clemenceau Ave towards Outram Road. I was at the junction of Clemenceau Ave and River Valley Road when I come to a stop. My car had stopped behind a foreign vehicle bearing the plate number WVS9433 on the third lane.

While waiting for the traffic light to turn green, a Taxi bearing the plate number SHD1558K had rear ended my car. This has caused my car to rear end the foreign vehicle Infront of me. I am a private hirer driver and at the time of accident there was 3 passengers in my car. All 3 was fine and do need any medical attention.

There was no Ambulance conveyance, no damage to government properties and no Traffic Police attended.

Details of the driver as follows.

WVS9433  
Ankagappan  
HP Num: 90526751

SHD1588K  
WILSON PEREIRA  
IC: S1658242E  
HP Num: 82340768

I am lodging this report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

3 of 4

Report No. T/20230123/2028

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20230123/2028

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

Report No. T/20230123/2028

**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 LUQMAN HAKIM BIN SHARIFF
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant:  N. Muhammad
Date/Time: 23/01/2023 14:50
Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	22 Jan 2023 <span style="float: right;">(DD/MM/YY)</span>
Time of accident	2105 <span style="float: right;">(HH:MM)</span>
Exact location of accident	Clemencean Avenue

DETAILS OF VEHICLE	
Vehicle registration number	SMX 3273D
Vehicle make and model	Toyota Prius
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	Chia Taiping
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Nagappan Manikandan <span style="float: right;">Male <input type="checkbox"/>    Female <input type="checkbox"/></span>
NRIC / Fin / Passport number	S7867149A
Contact	9450 2491
Address	Blk 61 Circuit Road #04-217

DRIVER	
SAME AS INSURED ABOVE <input checked="" type="checkbox"/> (SKIP TO D.O.B)	
Name	
NRIC / Fin / Passport number	
Contact	
Address	
Email address	Mani.Nathi78@gmail.com
Date of birth	04 Jun 2023 1978
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	19 Apr 2003

**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	3 (Inclusive of driver)

**PASSENGER 1**

Name	Nagappan Manikandgn
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	Arab Passenger
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	Arab Passenger
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE STATION ACTION**

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Macpherson NPP

**WITNESS 1**

Name	
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**WITNESS 2**

Name	
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**THIRD PARTY VEHICLE 1**

Vehicle registration number	SHD 1F58K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 2**

Vehicle registration number	NV39433
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**INJURED PERSON 1**

Name	Nagappan Manikandan	
Injuries sustained	Neck	
Which vehicle person in?	SMX3273D	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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)

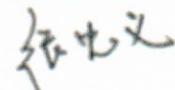
CERTIFICATE No.	DMHCSNA00001012301	Engine No. : 2ZR2H32983 Cha. No. ZVW516154377
1. Index Mark and Registration Number of Vehicle	SMX3273D	AUTOSAFE *****
2. Name of Policy Holder	NAGAPPAN MANIKANDAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/01/2023 (00:00:00)	Excess Sect I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect.II (Outside Singapore) S\$2,500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	11/01/2024	
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below.          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.</p> <p>NAGAPPAN MANIKANDAN</p>	
6. Limitations as to use.*	<p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.          (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover          (1) Use for racing, pace-making, reliability trial or speed-testing.          (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>HIRE PURCHASE CO. : HUI HUA CREDIT PTE LTD          * 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</p>		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

Issued By: \_\_\_\_\_  
 Wang Chong Yu  
 Authorised Officer

\_\_\_\_\_   
 Authorised Signatory