

**NATIONAL Assessment Centre Services** (incl. 1.2.2022) **NA2300276**

Date In: <b>11/01/2023 14:24</b>	Job Description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NBA/EG/2300276</b>	E-mail (within 3hrs, A/C 2hrs)		
Veh No: <b>8-32 7704</b>	i-Motor Claim Form		
D.O.A: <b>20/01/2023 18:35</b>	i-Motor W/O (Within: OD 3hrs, 24 hrs)		
OD: <b>(TP) Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **XE 3407E** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N: 0-30%, F: 21-79%, F: 30-100%)

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 repeller.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

**Remarks:** **TP INC Tollfree: 07886010**

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	Action

**NA2300276**

Invoice Preparation Checklist	Amount	Remarks
1) A/R: Accident Reporting (\$30)		
2) D/A: Damage Assessment (\$100)	INC (\$5)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$150	
5) FT: Follow-Through Survey (Resurvey)	\$30	Resurveying system INC Only Avail 18 Jan 2023
6) TR: Rep/Superior	\$7	
7) NI: 150 DAY SMART Survey	\$140	
8) NTUC Additional Services:		
* NI: Courtesy Car / Tot Allowance	\$5	
* NI: Repair Coordination	\$10	
* NI: Post Repair Inspection	\$20	
* NI: DV / Collect Excess Coordination	\$3	
* TP (NI): TP (Non-INC) Total INC	\$10	
* NI: 150 Day Smart	\$140	
* NI: 150 Day Smart	\$140	
* NI: 150 Day Smart	\$140	

Checked by (Engr-In-Charge): \_\_\_\_\_

TP Insurer: \_\_\_\_\_

Date/Time: \_\_\_\_\_

# 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 ..... 27/01/2023 14:24 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/01/2023 18:35 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... BEFORE EXIT CLEMENTI AVENUE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD7770U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BBG ENGINEERING PTE. LTD.  
Company Reg No ..... 2XXXXX721C  
Email Address ..... revathy@bbg.sg  
Mobile Phone No ..... (Phone) +65-93459208  
Alternative Phone No ..... -

### 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 ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG22005504

### DRIVER

Name of Driver ..... KADAR BAKSHA SHEIK UDUMAN  
Passport No/FIN ..... GXXXX783L  
Date Of Birth ..... 22/05/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/02/2019
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93459208
Alt. Phone Number .....	-
Email Address .....	revathy@bbg.sg
Address .....	BLK 40 CIRCUIT ROAD #04-501
Address complement .....	MACPERSON GARDEN
Postcode .....	370040
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 .....	Raining
Road Surface .....	Wet

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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	10
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 .....	-

PASSENGER 1

Name .....	ARUMUGAN HARIHARAN
Gender .....	Male

PASSENGER 2

Name .....	CHINNASAMY VEERAMANI
Gender .....	Male

PASSENGER 3

Name .....	HASNAT ABU
Gender .....	Male

PASSENGER 4

Name .....	AZIZ ABDUL
Gender .....	Male

PASSENGER 5

Name .....	SIVARAMAN SETHUMADHAVAN
Gender .....	Male

PASSENGER 6

Name .....	GURUNATHAN MMAHENTHIRAN
Gender .....	Male

PASSENGER 7

Name .....	SELVARASU JAYAKUMAR
Gender .....	Male

## PASSENGER 8

Name ..... RAJENDRAN VAIRASUNDARAM  
 Gender ..... Male

## PASSENGER 9

Name ..... VEEMARASU RAJKUMAR  
 Gender ..... Male

## DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230126/7157

## 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 ..... XE3407E  
 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 ..... SLS9626T  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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 .....	KADAR BAKSHA SHEIK UDUMAN
Gender .....	Male
Phone No .....	(Phone) +65-93459208
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBD7770U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ARUMUGAN HARIHARAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBD7770U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	CHINNASAMY VEERAMANI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 4

Name of injured person .....	HASNAT ABU
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBD7770U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 5

Name of injured person .....	AZIZ ABDUL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY

Injured person in which vehicle? .....	GBD7770U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 6	
Name of injured person .....	SIVARAMAN SETHUMADHAVAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLIGHT INJURY
Were seat belts worn? .....	GBD7770U
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 7	
Name of injured person .....	GURUNATHAN MMAHENTHIRAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLIGHT INJURY
Were seat belts worn? .....	GBD7770U
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 8	
Name of injured person .....	SELVARASU JAYAKUMAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLIGHT INJURY
Were seat belts worn? .....	GBD7770U
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 9	
Name of injured person .....	RAJENDRAN VAIRASUNDARAM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLIGHT INJURY
Were seat belts worn? .....	GBD7770U
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 10	
Name of injured person .....	VEEMARASU RAJKUMAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLIGHT INJURY
	GBD7770U

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



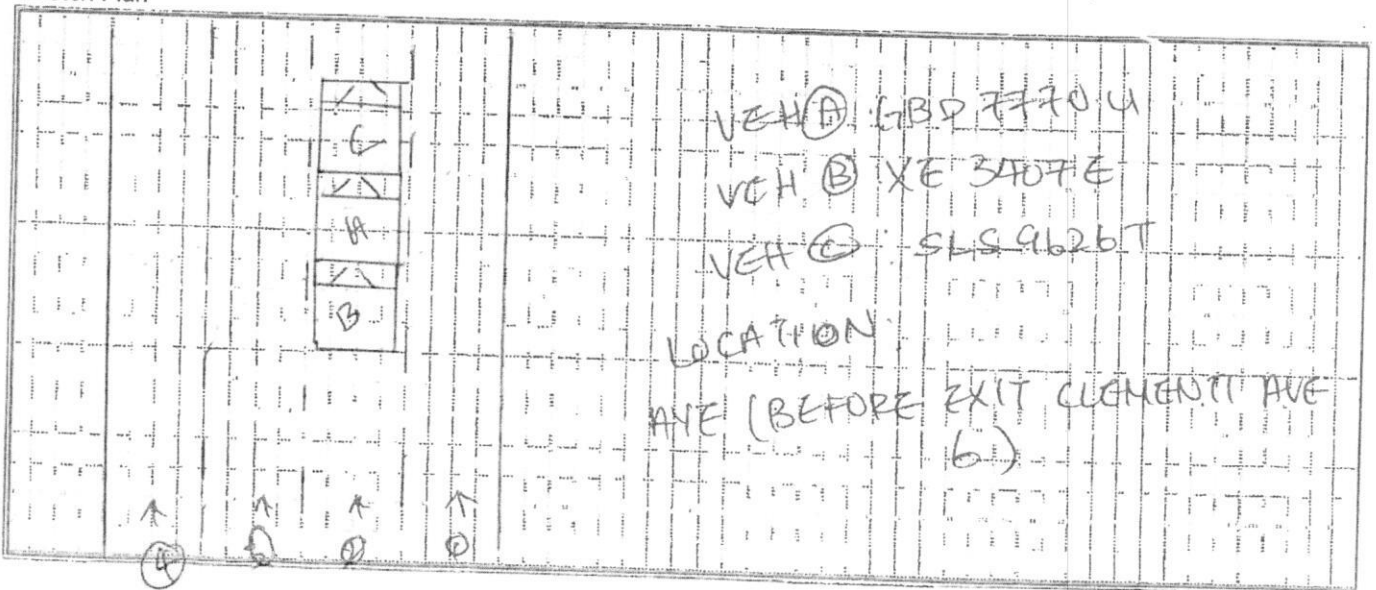
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

27/01/2023

**Sketch Plan**





Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20230126/7157

Declaration

I/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  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230126/7157

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230126/7157

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2023 16:07		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: KADAR BAKSHA SHEIK UDUMAN		Address: APT BLK 40 CIRCUIT ROAD #04-501 MACPHERSON GARDEN SINGAPORE 370040	
ID Type / ID No.: FIN NO / G6178783L		Contact No.: Home/Office:	Mobile: 93459208
Nationality: INDIAN		Email: Mysincerelead@gmail.com	
Sex: Male	Age: 41	Date of Birth: 22/05/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 18:35	Type of Location:
Location: WEST COAST WALK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD7770U	Lorry					9

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



**SINGAPORE  
POLICE FORCE**



T/20230126/7157

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230126/7157

**CONTINUATION OF REPORT**

Driver			
Name	KADAR BAKSHA SHEIK UDUMAN	ID No.	G6178783L
Related Vehicle	GBD7770U (Lorry)	Contact No.	93459208
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my colleagues on board vehicle GBD7770U.

1. Arumugan Hariharan
2. Chinnasamy Veeramani
3. Hasnat Abu
4. Aziz Abdul
5. Sivaraman Sethumadhavan
6. Gurunathan Mmahenthiran
7. Selvarasu Jayakumar
8. Rajendran Vairasundaram
9. Veemarasu Rajkumar

I was driving along AYE towards Tuas.  
The next exit is Clementi Ave 6.

As the vehicle in front stopped, I gradually followed suit.

Suddenly I felt a great impact from behind.

The impact propelled my vehicle forward to hit onto the front vehicle.

I alighted and realised that I was involved in a 3 vehicle chain collision and I am the 2nd vehicle.

Order of the vehicles are as follows:

1. SLS9626T
2. GBD7770U
3. XE3407E

All of us suffered injuries due to the impact.

The next day all of us proceeded to our company clinic, Unihealth 24-Hr Clinic Toa Payoh to seek treatment and all of us received 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230126/7157

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20230126/7157

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20230126/7157

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20230126/7157

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
26/01/2023 16:07

Classification Of Case:

6

ACCIDENT STATEMENT

Date of accident: 20/01/2023 Time: 1835 HRS  
Location of accident: AYE (BEFORE EXIT CLEMENTI AVE 6)

Vehicle Number: GBD 7770 U Make/Model: TOYOTA DYNA  
Insurer: ERGO Eng. cc & Transmission: 3.0 CC  
Policy No: DMCG 22 005504 Policy Type: TPFT/TPO  
Name: BBG ENGINEERING PTE LTD NRIC/FIN no.: 201318721C  
Email: REVATHY@BBG.SG Contact no.: 9345 9208  
Name: KADAR BAKSHA SHEIK UDUMAN NRIC/FIN no.: G6178783L  
Email: REVATHY@BBG.SG Contact no.: 9345 9208  
Occupation: Indoor / Outdoor D.O.B: 22/05/1981  
Address: BLK 66, #03-485, KALANG BAHRU, S(330066)  
Driving pass date: 01/02/2019 Relationship with Policyholder: EMPLOYEE

Weather conditions: Clear / Raining  
Police report: Yes / No  
Prosecution Letter: Yes / No

Road surface: Dry / Wet  
Video Footage: Yes / No  
If Yes against whom:

Passenger (incl. Driver): 10 Please provide ALL passengers details:-

- 3 HASNAT ABU (M)
- 4 AZIZ ABDUL (M)
- 5 SIVARAMAN SETHU MADHAVAN (M)

Name	Gender
ARUNUGHAM HARIPARAN	Male / Female
CHINNASAMY VEERANANI	Male / Female

- 6 GURUNATHAN MAHENTHIRAN (M)

Name	Witness 1	Witness 2

- 7 SELVARASU JAYAKUMAR (M)

Name	Veh No.	Seatbelt	Conveyed to hospital
ARUNUGHAM HARIPARAN	GBD7770U	Yes/No	Yes/No
CHINNASAMY VEERANANI	GBD7770U	Yes/No	Yes/No

- 8 KADAR BAKSHA SHEIK UDUMAN (M)

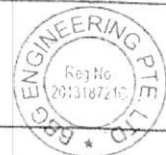
- 9 RAJENDRAN VAIRASUNDARAM (M)

- 10 VEE MARASU RAJKUMAR (M)

Vehicle no.	Vehicle B	Vehicle C
Driver name:	XE 3407E	SLS 9626T
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks:		

Claim Type: Own Damage/ Third Party/ Reporting Only  
Workshop: GARAGE 13 PTE LTD.

Policyholder/  
driver  
Signature:



**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 : DMCG22005504  
 Vehicle Registration Number : GBD7770U  
 Cover Type : Comprehensive  
 Policy Type : Commercial Vehicle (Pte Use)  
 Name of Policyholder/Insured : BBG ENGINEERING PTE. LTD.  
 Commencement Date of Insurance : 15/05/2022  
 Expiry Date of Insurance : 14/05/2023  
 Excess : EXCESS: (SECTION I).....  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).  
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..  
 YOUNG&INEXP DRIVERS(SECTION I)



**24-Hour Helpline: 6100 1620**

S\$	500.00
S\$	300.00
S\$	100.00
S\$	2,500.00

Finance Company/Hire Purchase Owner : ABWIN PTE LTD

\*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

A000019	TH INSURANCE SPECIALIST AGENCY PTE LTD	Contact Number: 63487767
Vehicle Chassis Number : KDY2318017017, Vehicle Engine Number : 1KD2439923		CP1, 14/04/2022 11:19

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09231R0006 Vehicle Registration No: GBD 77704

Name (as shown in NRIC): KADAR LAKSITA SHEILA HAJIMAN NRIC/FIN/Passport No: GXXXX788L

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 93459208

Email Address: \_\_\_\_\_

Date of Accident: 20/07/2023 Time of Accident: 18:35

Place of Accident: AYE BEFORE EXIT DAMAN 1 AVENUE

Insurance Company: ERGO

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ROAD SURFACE TO WET

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature] 20/07/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: