

## 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 .....	06/02/2023 16:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/02/2023 16:55 (SGT)
Exact Location of Accident .....	Serangoon Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJP2597D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DURAIMANICKAM RAMADAS
NRIC No .....	SXXXX838A
Email Address .....	DURAIRAMADAS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90087424
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Stream
Variant .....	STREAM 1.8L A
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1799

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/00773572/02

#### DRIVER

Name of Driver .....	DURAIMANICKAM RAMADAS
NRIC No .....	SXXXX838A
Date Of Birth .....	22/05/1975
Occupation .....	Indoor

Date Of Driving Pass .....	10/07/2017
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90087424
Alt. Phone Number .....	-
Email Address .....	DURAIRAMADAS@GMAIL.COM
Address .....	527 HOUGANG AVE 6
Address complement .....	#10-213
Postcode .....	530527
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### 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 .....	GBD3244Z
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 .....	SMV1022K
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 .....	DURAIMANICKAM RAMADAS
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, CHEST PAIN
Injured person in which vehicle? .....	SJP2597D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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 lodgment 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:

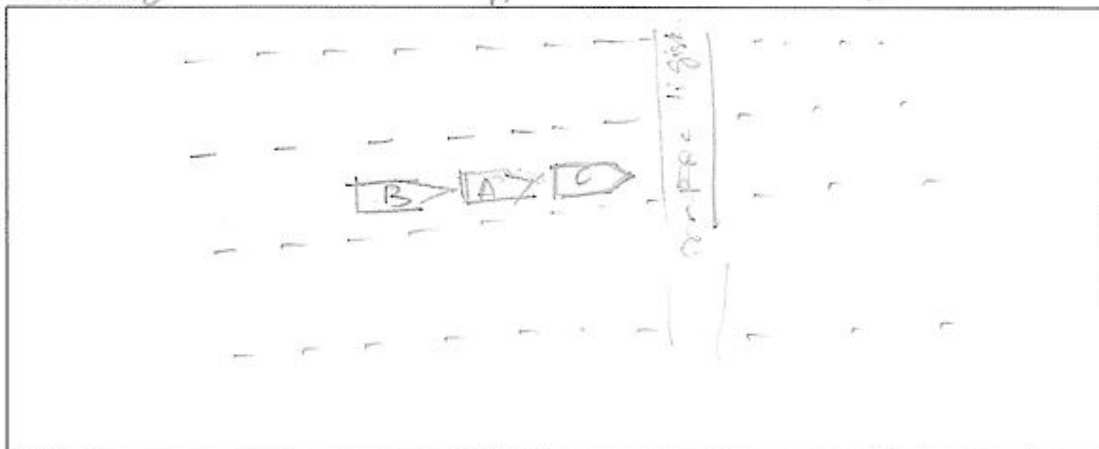
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Ah L... Company  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

[illegible]

Email address :

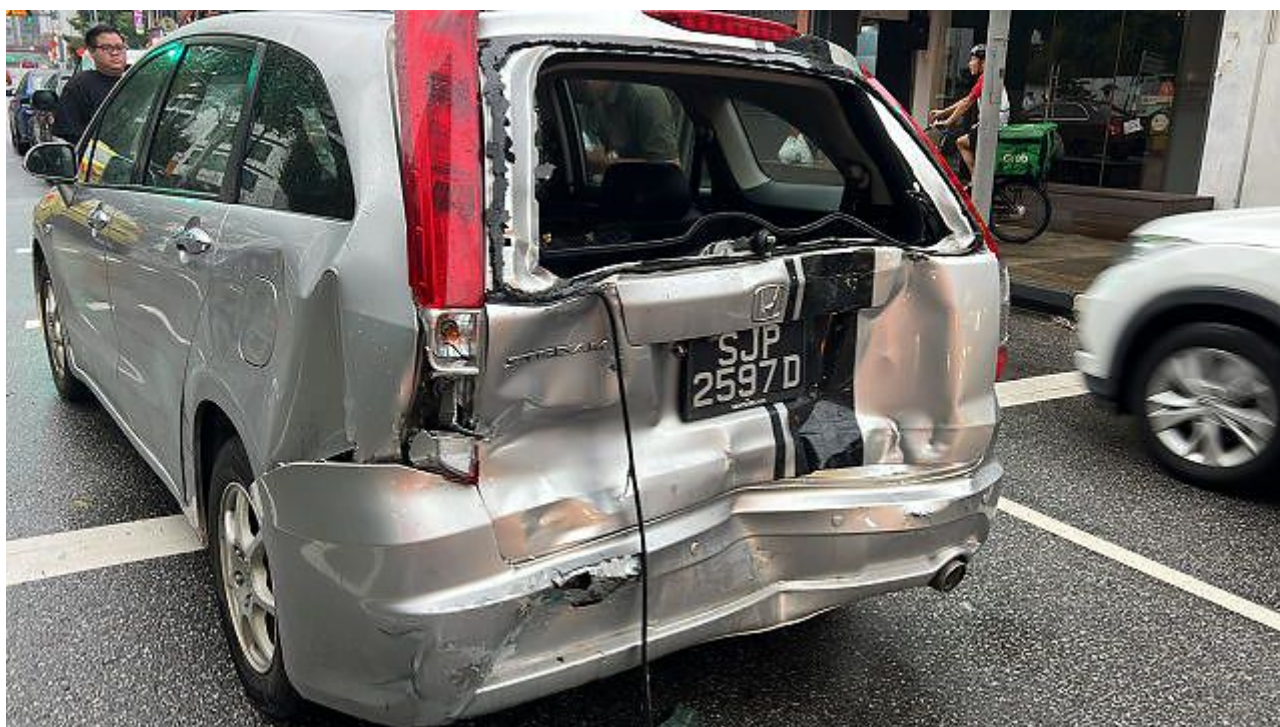
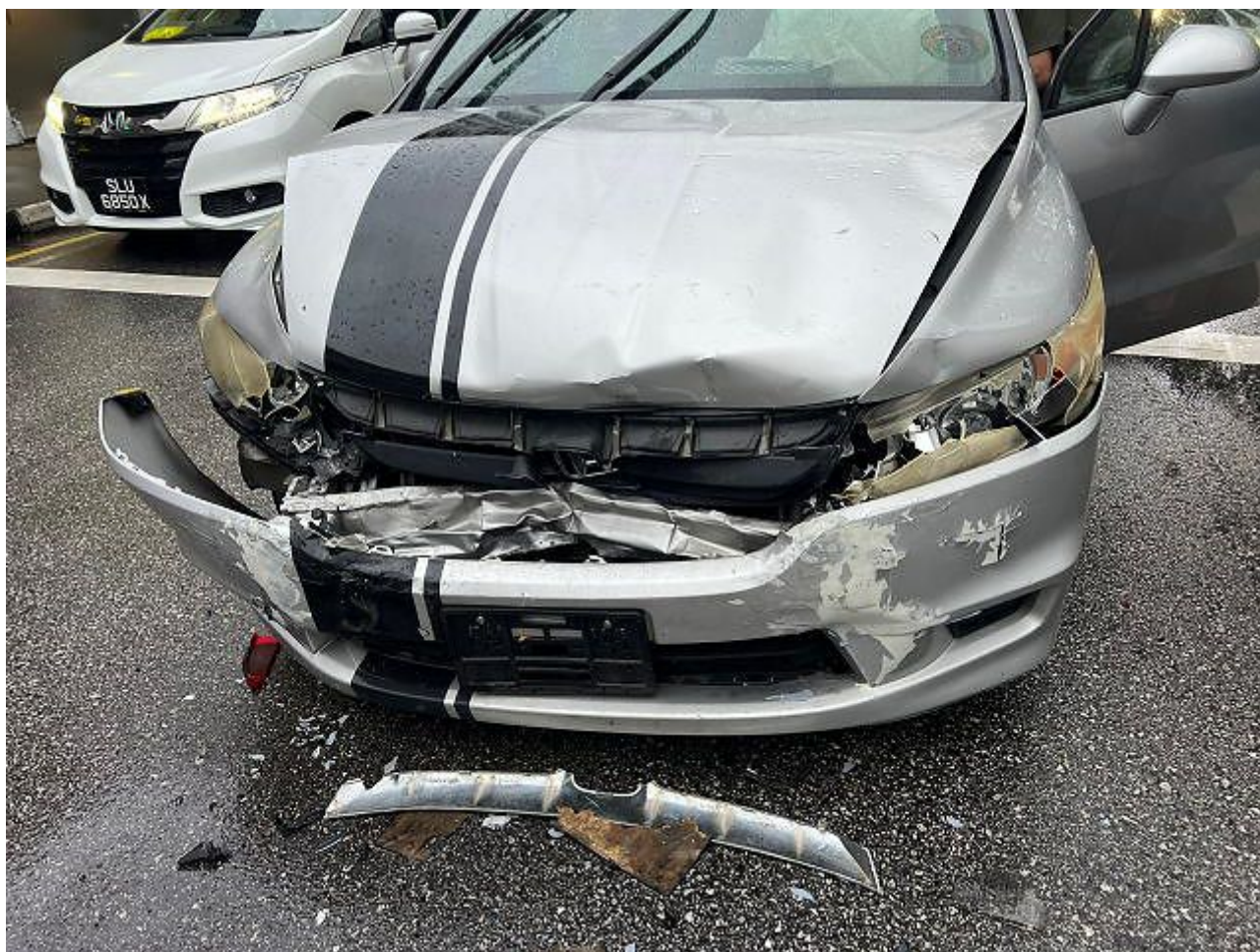
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

**Zila**  
**Ah Lim Motor Company**  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ALLIUM MOTOR COMPANY









**SINGAPORE  
POLICE FORCE**

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



T/20230205/2075

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Report No. T/20230205/2075

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /  
SGT 1 TAN YONG BIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/02/2023 23:29

Officer In Charge Of Case:

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

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20230205/2075

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

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Report No. T/20230205/2075

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/02/2023 at 1655hrs I was driving (SJP2597D) along serangoon rd near to saint Michael Rd towards PIE. My vehicle came to a stationery position as it was a red traffic light in front of me there's a vehicle (Honda, SMV1022K, S1187983G, Muthiah Swaamedharan, 84783609). Suddenly one van (GBD3244Z, G7874583K, Kaliyamoorthy Balamurugan, 89347093) at the back could not stop in time and hit into my vehicle and therefore collision was incurred where my vehicle hit onto the first vehicle too. At that point of time no one was injured. I wish to state that after the incident I felt pain in my chest and neck, some breathing difficulties and bruises left forearm, and I might be seeking medical assistance.




**SINGAPORE  
POLICE FORCE**


T/20230205/2075

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

1 of 4

Report No. T/20230205/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/02/2023 23:29	Video Report No.:	Station Diary No.: 101
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**Informant's Particulars**

Name of Informant: DURAIMANICKAM RAMADAS			Address: APT BLK 527 HOUGANG AVENUE 6 #10-213 SINGAPORE 530527	
ID Type / ID No.: NRIC NO / S7560838A			Contact No.:	Mobile: 90087424
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 47	Date of Birth: 22/05/1975	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Physiotherapist			Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/02/2023 16:55	Type of Location: Straight Road
Location:  SERANGOON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBD3244Z	Van				Slightly Damaged	6
SJP2597D	Car	HONDA	STREAM 1.8L A	Silver	Seriously Damaged	0
SMV1022K	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230205/2075

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

2 of 4  
Report No. T/20230205/2075

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2597D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00773572/02	04/04/2020	03/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Kaliyamoorthy Balamurugan	ID No.	G7874583K
Related Vehicle	GBD3244Z (Van)	Contact No.	89347093
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	DURAIMANICKAM RAMADAS	ID No.	S7560838A
Related Vehicle	SJP2597D (Car)	Contact No.	90087424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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	Muthiah Swaamedharan	ID No.	S1187983G
Related Vehicle	SMV1022K (Car)	Contact No.	84783609
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



On Sunday 050223 at about 1655hrs near St Michael Road as I was at the traffic light red I stop at crossing my vehicle (near the shop 110H Serayan Rd. The behind car Honda Stream vehicle No SJP 25970. Driver name Duraimanickam Ramadas (Indo- Apt Bldg 527 Hungey Ave 6 # 10-213 (S30527)) hit # my front car. The hp No 90087424. the third lorry driver Kaliyamoorthy Balamurugan driving licence No G7874583K hp-89347934. work permit No- 033529376 from YL Integrated Pte Ltd.

The accident happens the third lorry driver hit the 2nd vehicle front (SJP 25970) the cause the 2nd vehicle to hit the first vehicle SMV 1022K. The first vehicle is Honda Vezel. The driver name is Mathan Sivaamedharan NAIC No 1187583/G staying in Bldg 927 Hungey St 91 # 02-77 (S30527).

Note:  
The driver from the third vehicle Kaliyamoorthy Balamurugan the witness for the driver is Natesan Thiruppathy work permit No 034675597 from YL Integrated Pte Ltd.

Witness

Natesan Thiruppathy  
w/no - 034675597

*[Signature]*

Driver

Kaliyamoorthy Balamurugan  
w/no - 033529376

*[Signature]*

Time 1820hrs



Time 1820hrs












On Sunday 050223 at about 1655hrs near St Michael Road as I was at the traffic light red I stop at crossing my vehicle near the shop 110H Serayan Rd. The behind car Honda Stream vehicle No SJP 2597D. Driver name Duraimanickam Ramadas (Indo-Art Bldk 527 Humpsey Ave 6 #10-213 (S30527)) hit # my front car. The hp No 90087424. The third lorry driver Kaliyamoorthy Balamurugan driving licence No G7874583K hp 89347934. work permit No 033529376 from YL Integrated Pte Ltd.

The accident happens the third lorry driver hit the 2nd vehicle front (SJP 2597D) the cause the 2nd vehicle to hit the first vehicle SMV 022K. The first vehicle is Honda Vezel. The driver name is Muthiah Sivaamedhason NRIC No 1187983/G staying at Bldk 927 Humpsey St 91 #02-77 (S30527).

Note:

The driver from the third vehicle Kaliyamoorthy Balamurugan the witness for the driver is Natesan Thiruppathy work permit No 034675597 from YL Integrated Pte Ltd.

Witness  
Natesan Thiruppathy  
w/no. 034675597  


Driver  
Kaliyamoorthy Balamurugan  
w/no. 033529376  


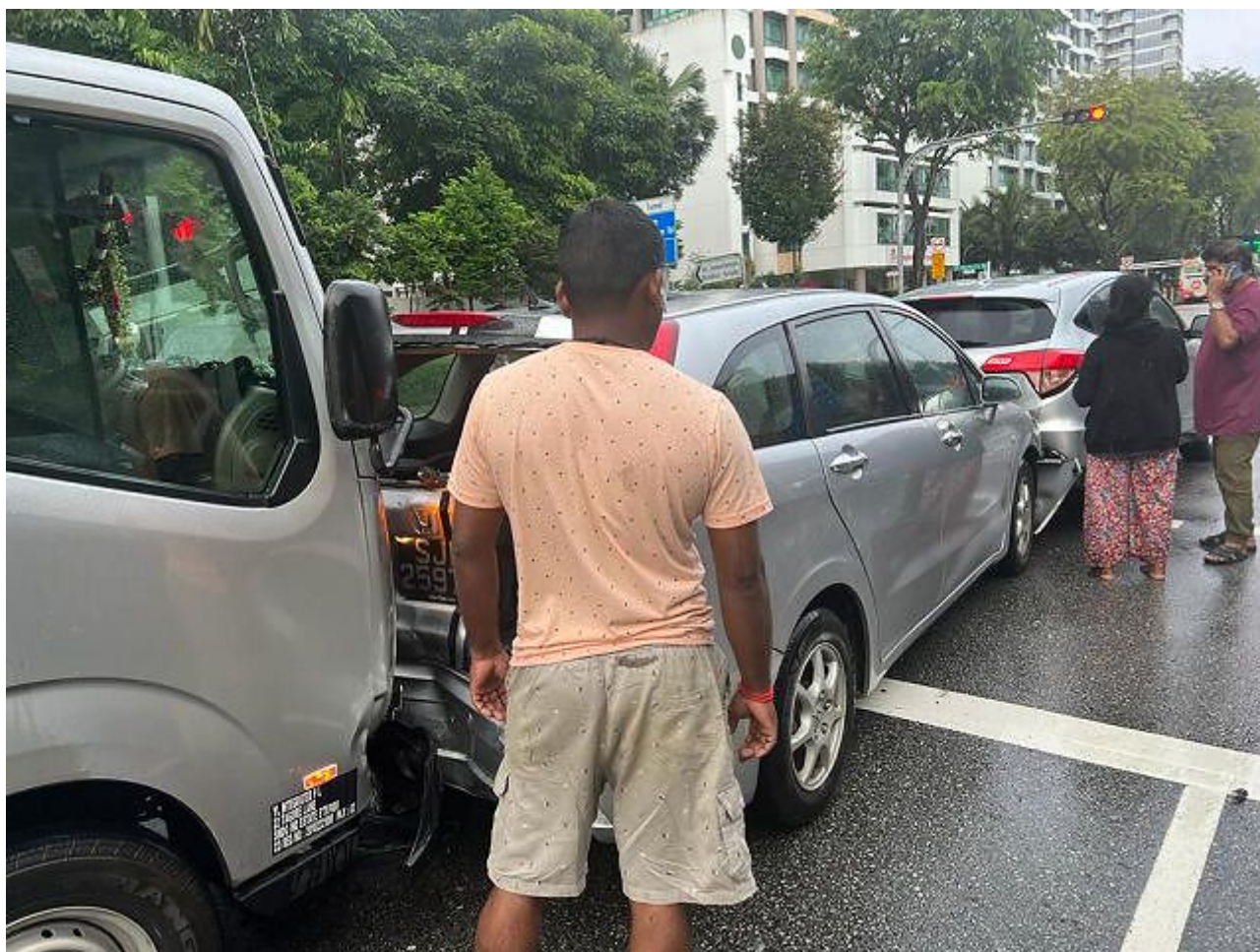
Time 1820hrs



Time 1820hrs






















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



T/20230205/2075

1 of 4

Report No. T/20230205/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/02/2023 23:29		Vide Report No.:		Station Diary No.: 101
<b>Informant's Particulars</b>				
Name of Informant: DURAIMANICKAM RAMADAS		Address: APT BLK 527 HOUGANG AVENUE 6 #10-213 SINGAPORE 530527		
ID Type / ID No.: NRIC NO / S7560838A		Contact No.: Home/Office: Mobile: 90087424		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 22/05/1975	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Physiotherapist		Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/02/2023 16:55	Type of Location: Straight Road
Location:  SERANGOON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBD3244Z	Van				Slightly Damaged	6
SJP2597D	Car	HONDA	STREAM 1.8L A	Silver	Seriously Damaged	0
SMV1022K	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230205/2075

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4690999

2 of 4  
Report No. T/20230205/2075

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJP2597D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00773572/02	04/04/2020	03/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Kaliyamoorthy Balamurugan	ID No.	G7874583K
Related Vehicle	GBD3244Z (Van)	Contact No.	89347093
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
Driver			
Name	DURAIMANICKAM RAMADAS	ID No.	S7560838A
Related Vehicle	SJP2597D (Car)	Contact No.	90087424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Muthiah Swamedharan	ID No.	S1187983G
Related Vehicle	SMV1022K (Car)	Contact No.	84783609
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

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



T/20230205/2075

4 of 4

Report No. T/20230205/2075

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
F /  
SGT 1 TAN YONG BIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/02/2023 23:29

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168



**Contact us at**  
 Hotline: (65) 6665 5555  
 E-mail: customerservice@directasia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00773572/02
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SJP2597D
<b>Chassis No.</b>	: JHMRN68609S200348
<b>2) Name of Policy Holder</b>	: RAMADAS, DURAIMANICKAM
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 04/04/2022 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 03/04/2023 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) Any named person under the policy who is driving on the Policyholder's permission.	
(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 0.00
<b>Windscreen Excess</b>	: S\$ 100.00
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: RAMADAS, DURAIMANICKAM
<b>Named driver</b>	: None
<b>Important Note:</b> This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 02/03/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

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Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd  
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