

CS3/MSG 17017574 / WTD-1

FG/110

minimen

Wilson

ASSIGNMENT (Office)

Christina Wong

MS16

08.11.2017.

① WS/FRS/ORDS/EX/INV/MS/...

FBH 691E

Insured G2 69275

Ong Motor Trading

Tel 6743 0629

No. 464 Macpherson Road, 368182

228984538MKC

529137

Make of Veh  
at Heat's Record

DOA 6/9/17

CA / REV / REP / REV 24 HRS

wp'

12/1/17 10:17am

Mr. Ong

HOD/Inspector

① OUT

Actual Distance (X) Estimate

DO NOT Finalize

FBH 691E - X

G2 69275 - X

Dismantle Part: 1509 2017

After repair: 1809 2017

13.10.17 4:22pm Email to Christina Wong thru Muzmen

Lump Sum \$5000/- Cred: 1400: 21% 6 days.

8/12. File pass to typist

RECEIVED 08 DEC 2017

PR2  
Wilson

REF

ASSIGNMENT

Estimated Cost

OD  TP  WS / TP RES / OD RES / EVA / INV / MV

Inspected vehicle No. **FBH 651 E**

Inspected by **ONG Motor Trading**  
**No. 464, Macpherson Rd**  
**3 (368182)**

Policy No.

Claim No.

Sum Insured

Excess

Client's Report

Name of Ver

**FBH 651 E**      **25/2/2013**

Type M/Car / Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make **Yamaha**      CC **124**

Color **Red.**      Insured / Std / Nil / NA

CC Ref No. **38969.**      Insured / Std / Nil / NA

Engine

CN No. **LBPKE 1782 D0009143**

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod. Nil / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection

	<del>X</del>	<del>X</del>
	NS	OS

Est. of Market Value **6k.**

D/O Accident Report      Consistent? Yes or No

D/O PP. See      Consistent? Yes or No

Est. Repair      days      Res      Yes or No

Lump Sum      %      3 Val      Yes or No

Tyre Size **F 2.75 18 m/c**  
**R 3.00 18 m/c**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PR / SUMI / TOYO / YOKO or

Front      Rear

R/Bs **2**      --      R/Bs **2**

L/Bs **1**      --      L/Bs **1**

D/O A      **12/9/2017** @ 1753p

Survey held at **No 464, Macpherson Rd.**

Des. of Damages FR / Rear / OS / NS / U/C / Rooftop or

CA / REV / REP. / 24 HRS

\*, Vehicle, IN / OUT

Date      Person Contacted

The U/C / Chassis frame / Body Structure affected due to collision

Date Time      Action / Instruction

**Range**  
**→ \$5500 - \$6000 RECEIVED 27 OCT 2017**

**Wilson,** PLS work out repair margin & see me

**→ Netto's value → \$4650**

**Sumat 2/5 5000**

**25/10**

Copy Time For Pass:  Prel. Report      Days Of Repair:

**27-10-2017**       Final Report      Resurvey No. of Trip:

Copy Time For Return:

Report Format: **PR3**

Lump Sum / I.B. / (S)

Add Fee:  Est. Insp. \$  
 Inter. Insp. \$  
 Tech. Insp. \$  
 Night. Insp. \$

Signature: **[Signature]**



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS3/MSG17017574/Wtb-1

16 RAFFLES QUAY  
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 08-11-2017



Code : MSG

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 6927S	Veh. Inspected	FBH 651E
Policy No.	A28984538MKC	Coverage (\$)	0.00
Claim No.	529137	Excess (\$)	0.00
Assign From	MERIMEN (CHRISTINA WONG)	Assign Date	08/11/2017

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

--

## 5. General Information

Accident Date	06/09/2017	Inspection Date	08/11/2017
Survey held at	MOTO 51 - 2 KAKI BUKIT AVE 2 #01-18		
Repairer	ONG MOTOR TRADING		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

**...CLAIM SUBFOLDER...(Pending for Survey Report)**

Paper Survey

**CLAIM SUBFOLDER TRACKING**

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	06 Sep 2017		11 Sep 2017 17:40 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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**CLAIM SUBFOLDER DETAILS** [\[Created by insurer\]](#)

<b>Insured:</b>	YSE GLOBAL PTE LTD, Co. Reg. No.: 199900728K		
<b>Main Claimant:</b>	LUCKY JOINT CONSTRUCTION PTE LTD, Co. Reg. No.: 198200882E		
<b>Vehicle Reg. No.:</b>	FBH651E	<b>Date of Loss:</b>	06/09/2017 07:00 - :59
<b>Claim Type:</b>	TP / 529137	<b>Policy/Cover Note No.:</b>	A28984538MKC (TP, Fire & Theft) Coverage: 29/07/2017 - 28/07/2018
<b>Vehicle Reg. No. (Insured):</b>	GZ6927S	<b>Policy No. (Claimant):</b>	
		<b>Excess:</b>	
<b>Repairer:</b>	Ong Motor Trading (MACPHERSON RD) No. 464 Macpherson Road, 368182 Macpherson - Tel:		
<b>Handling Insurer:</b>	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
<b>Adjuster:</b>	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... <b>[Final Rpt due 09/11/2017]</b>		
<b>Driver/Custodian (Insured):</b>	RENKAR RANGANATHAN (), NRIC: G7769000Q, Tel: +6582214149		

**ASSOCIATED MAIL RECEIVED** [View All](#) [Compose Case Mail](#)

- MSIG\_SG (07/11/2017): Report Send Back Alerts - FBH651E (TP)

**ALL ASSOCIATED TASKS** [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

CHIA S ARUL LLC  
ADVOCATES & SOLICITORS  
UEN201330709H

529137  
(file not in cabinet)

ARULCHELVAN S

Our ref: AS.172083.wk

Your ref: To be advised

31 October 2017

YSE Global Pte Ltd  
10 Bukit Batok Crescent  
#07-05 The Spire  
Singapore 658079

Has  
① pls send M1/M2  
② pls upload in W  
③ Pass to LK for paper survey  
Find fld when this is done  
BY CERTIFICATE OF POSTING

ll  
3/11/17

MSIG Insurance (S) Pte Ltd  
No. 4 Shenton Way  
#23-01 SGX Centre 2  
Singapore 068807

BY PDX

Catherine Chia (0649)  
Supt Executive  
Claims Services  
CW/CT  
05 JULY 2017

Dear Sirs,

**ACCIDENT INVOLVING FBH 651E & GZ 6927S ALONG WOODLANDS ROAD ON 6 SEPTEMBER 2017**

We refer to the above matter.

We act for Lucky Joint Construction Pte Ltd, the owner of motor cycle FBH 651E involved in the captioned accident.

We are instructed by our client, to claim damages, on his behalf, in connection with a road traffic accident on 6 September 2017 along Woodlands Road involving motor cycle FBH 651E and motor vehicle GZ 6927S, driven by you / your servant and/or agent at the material time.

We are instructed that the accident was caused by your / your servant and/or agent's negligence and/or contributory negligence in driving and management of motor vehicle GZ 6927S. As a result of the accident, our client has been put to loss and expense.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

a)	Costs of Repair	S\$ 6,400.00
b)	Loss of Use (10 days [including waiting for third party surveyor, weekends] x S\$30.00)	S\$ 300.00
c)	Towing Fee	S\$ 90.00
d)	Costs	S\$ 1,500.00

151 CHIN SWEE ROAD • #03-09  
MANHATTAN HOUSE • SINGAPORE 169876  
TEL : (65) 6733 4647 • FAX : (65) 6733 8183 (not for Service of Court documents)  
EMAIL : info@chisarul.com

e)	Survey Report Fee		S\$ 677.00
f)	GIA Report Fee		S\$ 29.00
g)	LTA Search		S\$ 5.35
	Total		S\$ 9,001.35

We, also, in compliance with paragraph 3.1 of the NIMA Protocol, forward copies of the following documents for your perusal and considerations:-

- a) Our client's GIA report;
- b) Your insured's GIA report;
- c) LTA search;
- d) Repair tax invoice;
- e) Towing invoice; and
- f) Automobile inspection report, invoice and photographs.

In compliance with paragraph 3.4 of the NIMA Protocol, we wish to remind you to pass this letter of claim and the attached documents to your insurer immediately if you wish to claim under your insurance policy.

If your insurer wishes to conduct a post repair inspection of our client's vehicle not conducted previously, your insurer is required to make the request to us within **seven (7) days** of receipt of this letter of claim.

We also take this opportunity to remind you that you are required to comply with paragraph 4.3 and 4.4 of the NIMA Protocol, within **fourteen (14) days** from the date hereof, to send an acknowledgement letter to us, failing which we may commence proceedings without sanction by the Court.

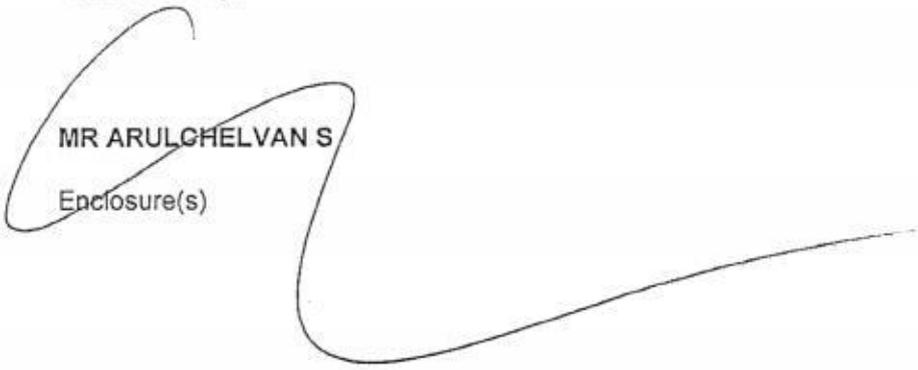
In addition, under paragraph 4.5 of the NIMA Protocol, within **eight (8) weeks** from date of receipt of this letter of claim or within **fourteen (14) days** after inspecting the vehicle, whichever is later, you must reply to your position on the claim as to both liability and quantum. If the claim is not admitted in full you must:-

- a) Give reasons and provide us with a list setting out all the relevant documents;
- b) Include in your reply a copy of all relevant supporting documents;
- c) Confirm/state the identity of the person driving your vehicle at the time of the accident and provide the driver's identification number and address if this is not already stated in the Singapore Accident Statement;
- d) Enclose full and complete Singapore Accident Statements showing the names, identification numbers and addresses of all other persons involved in the accident and typewritten transcripts of their factual accounts of the accident;
- e) Enclose any pre-repair and/or post repair survey/inspection report(s);
- f) Specify the particular scenario in the Motor Accident Guide that is applicable to your account of the accident, enclose with your reply a copy of the relevant page of the Motor Accident Guide, and, except where the claim is denied, make an offer on liability.

- g) If your insurer is the party replying to us, the reply shall also state the name(s), telephone number(s) and fax number(s) of the insurance officer(s) handling the matter and the insurer's file reference number(s), to facilitate correspondence.

Please also treat this letter as a NOTICE to you and your insurers pursuant to Section 9(3)(a) of the Motor Vehicles (Third Party Risks and Compensation) Act that our client will commence legal proceedings against you / your servant and/or agent.

Yours faithfully,



MR ARULCHELVAN S

Enclosure(s)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	06/09/2017 12:07
Date Of Accident	06/09/2017 07:45
Exact Location Of Accident	WOODLANDS ROAD OPPOSITE ESSO PETROL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH651E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUCKY JOINT CONSTRUCTION PTE LTD
Co Reg No	198200882E
Email Address	KANG@LUCKYJOINT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97716789

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0085202-VMF-R006
Cover Note Number	30/05/2017 TO 29/05/2019

### Driver

Name of Driver	SELVRAJ SHAJI
NRIC No	G6525629R
Date Of Birth	10/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86576477
Fax Number	
Contact Number	
Email Address	SAMUDI@LUCKYJOINT.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

refer with attach.

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ6927S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver PENKAR RANGANATHAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

### DETAILS OF INJURED PERSON 1

Name SELVRAJ SHAJI / G6525629R

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBH651E

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

**Accident Sketch Plan Pg. 1**

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:

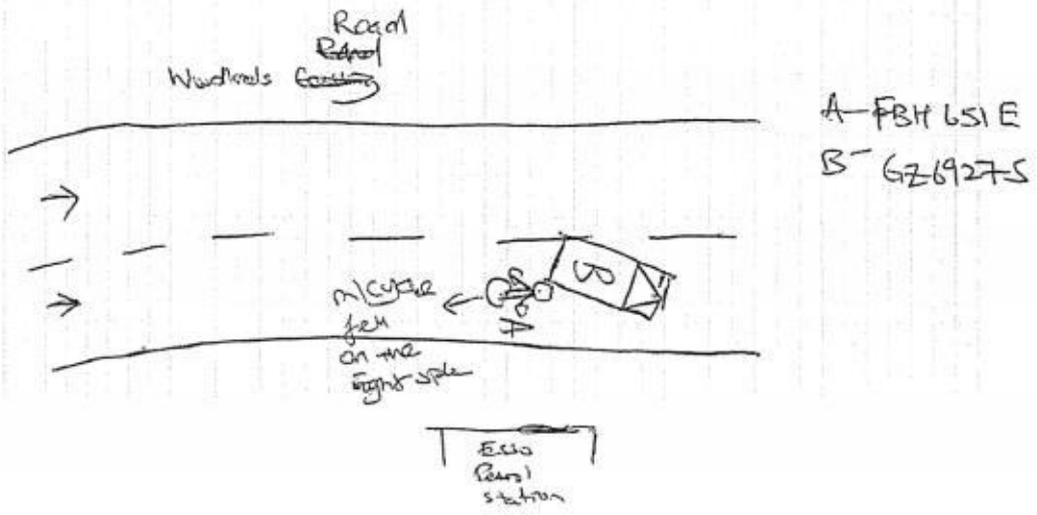
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel 6/9/2017

**Sketch Plan**



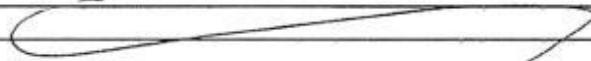
Accident Sketch Plan Pg. 1

Describe Circumstances of the Accident

Personal

I was riding straight along Woodlands ~~avenue~~ on the right lane of a 2-lane road. Signature opposite ECU Station, Ven (S) that was doing a lane change from the left lane, suddenly drifted to the right without signalling thus causing the car right path to hit into the front portion of my motorcycle. Upon the impact, I fell to the right and my motorcycle landed onto the right side. As a result of the accident, I suffered slight bruises and scratches over my legs and hand.

A - FBH 651E  
B - GE 6927C



Insurance Co.	Great Eastern General Ins.
Vehicle No.	FBH 651E
Date of Accident	6/9/2019
<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Own Damage Claim
<input checked="" type="checkbox"/>	Third Party Claim
<input type="checkbox"/>	Other Workshop

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

driver's work permit & license Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G6525629R**

Name: **SELVARAJ SHAJI**

Birth Date: **10 May 1987**

Valid From: **04 Jan 2015**

Valid Till: **04/01/2021**

002515112C



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **LUCKY JOINT CONSTRUCTION PTE. LTD.**

Card No: **CONSTRUCTION**

Name: **SELVRAJ SHAJI**

Occupation: **CONSTRUCTION WORKER**

Work Permit No: **034719950**

Date of Application: **22-04-2013**

Date of Issue: **26-09-2016**

Date of Expiry: **20-10-2018**

L7237712



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

EFFECTIVE DATE

C Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	01 Jun 2011
C Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	01 Jun 2011

C

S / No. 9000234525

64126210

NP 428A

License No: G6525629R



**VISIT PASS**  
Immigration Regulations

Name: **SELVRAJ SHAJI**

Date of Birth	Sex	Nationality
10-05-1987	M	INDIAN
File	Date of Issue	Date of Expiry
G6525629R	26-09-2016	20-10-2018

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU**





For Customer Service please visit  
 1 Pickering Street  
 #01-01 Great Eastern Centre  
 Tel: (65) 6248 2888 Fax: (65) 6327 3080

Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)  
 The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)  
 The Motor Vehicles (Third-Party Risks and Compensation) Act, (Cap.162 of the Revised Edition) (Republic of Singapore)  
 The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM MV100

Policy No. : 2017-V0085202-VNF-R006 Risk# : 0012  
 Policy Type : Motor Cycle Fleet Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : FBH651E  
 Vehicle Make & Model : YAMAHA YBR 125 MANUAL

Name of Insured : LUCKY JOINT CONSTRUCTION PTE LTD

Period of Insurance : 30-05-2017 (0000HRS ) to 29-05-2019

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person provided he is in the Insured's employment and is riding on their order or with their 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

Use only for the Insured's business or profession.  
 Use for social, domestic and pleasure purposes.  
 The policy does not cover:-  
 Use for the carriage of passengers for hire or reward, racing, pace-making, reliability trial or speed-testing.

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) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Corporation

Authorized Signature

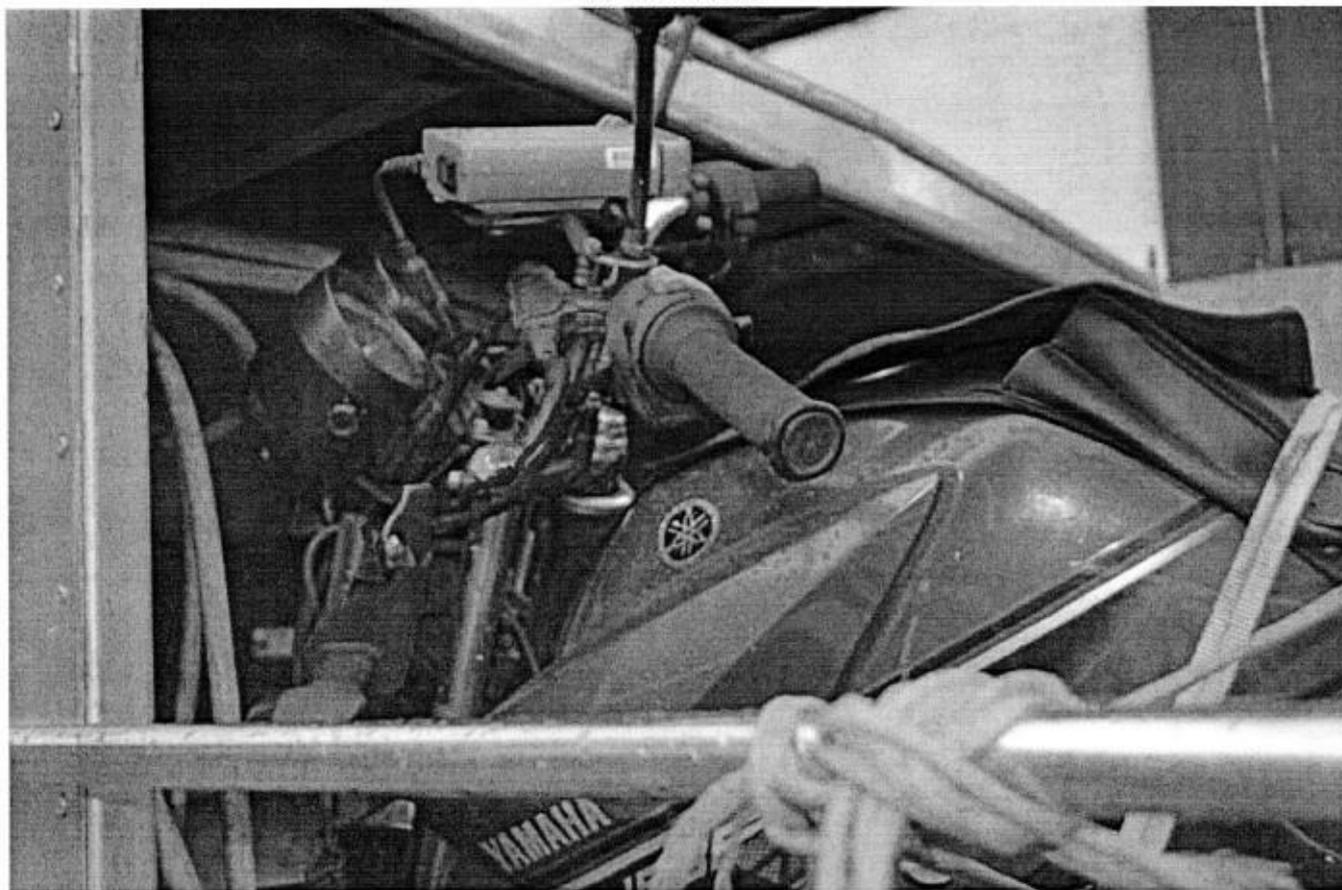
CPGICSS

24-05-2017

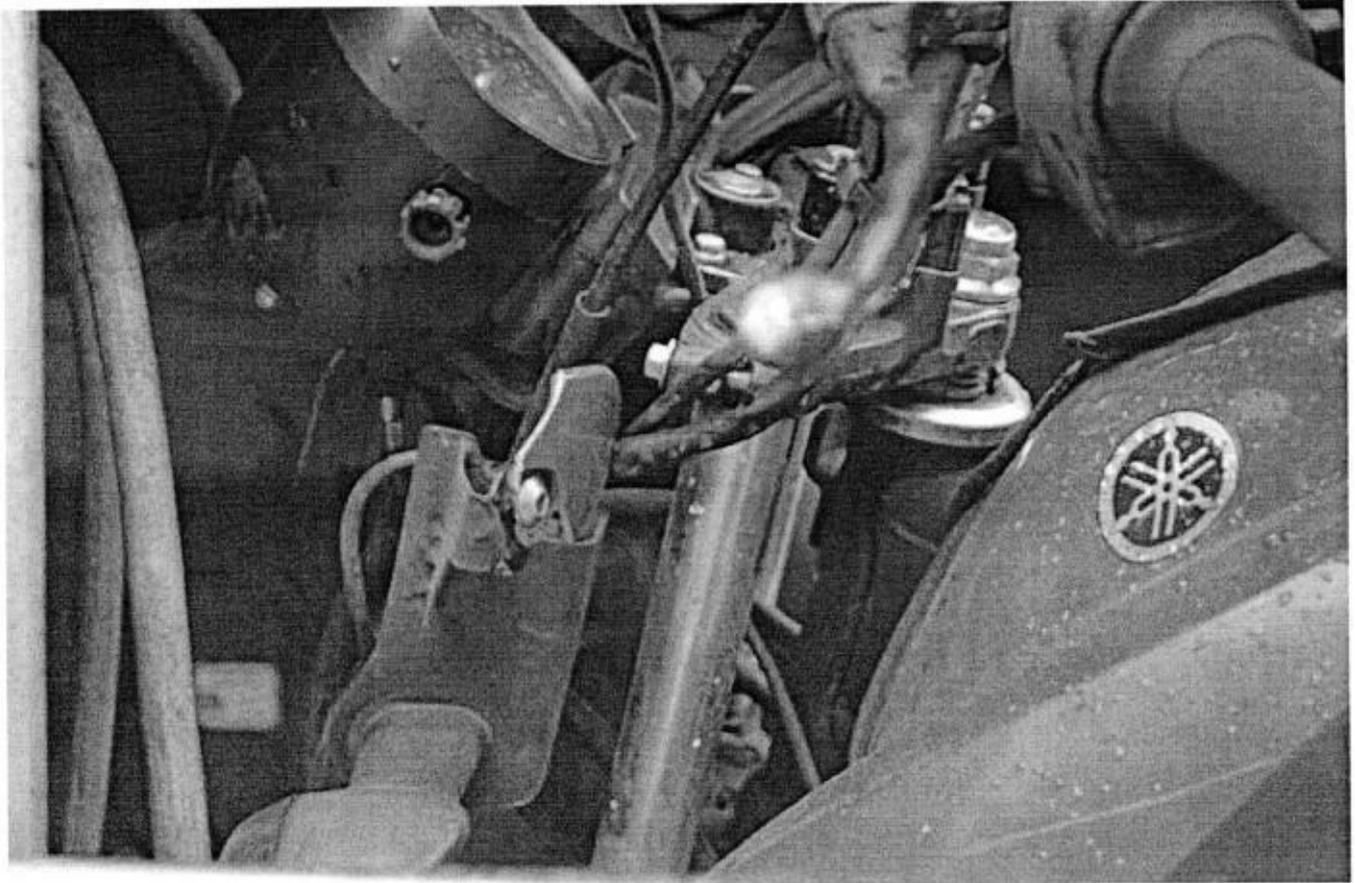
Accident Photo



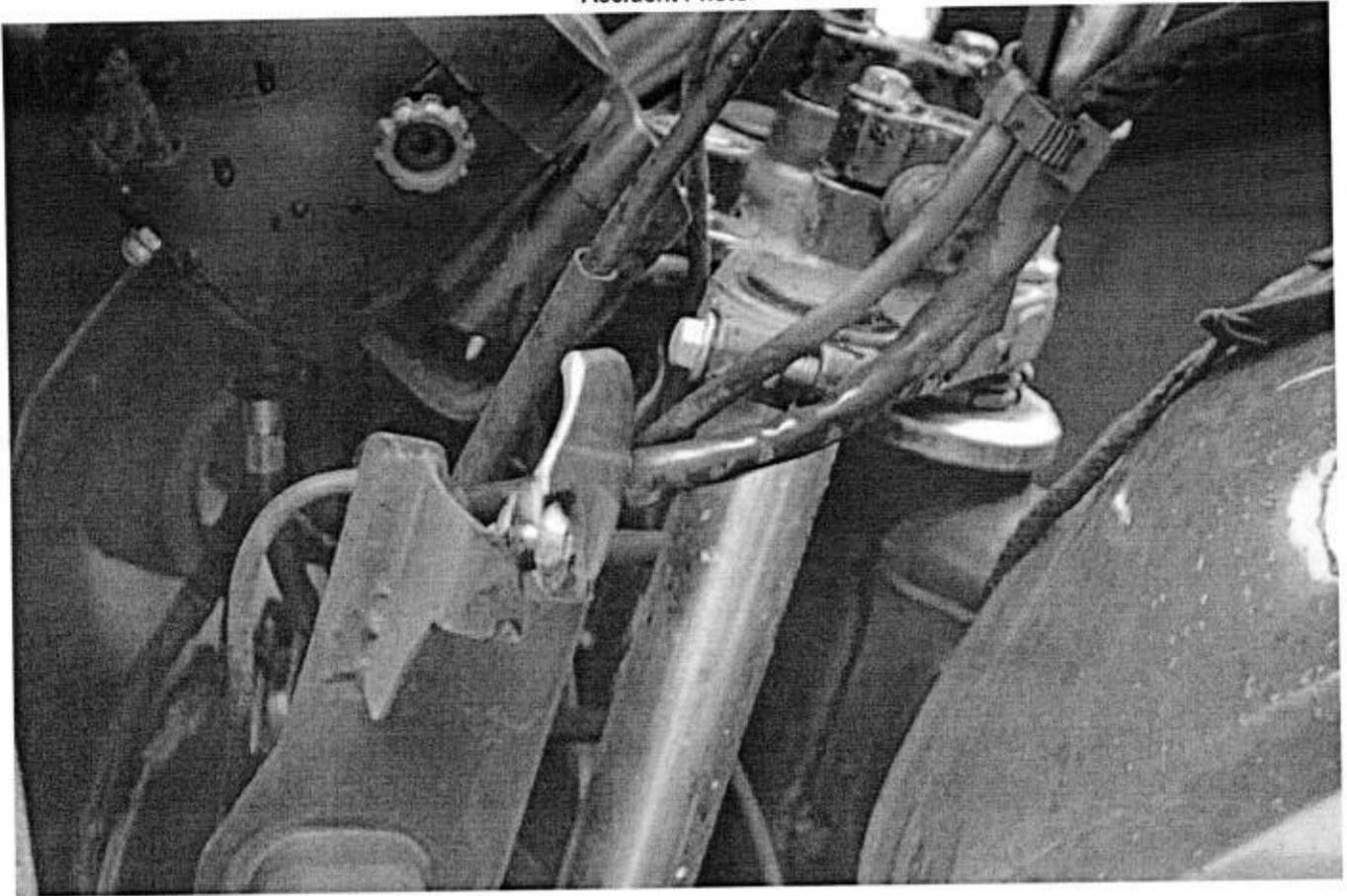
Accident Photo



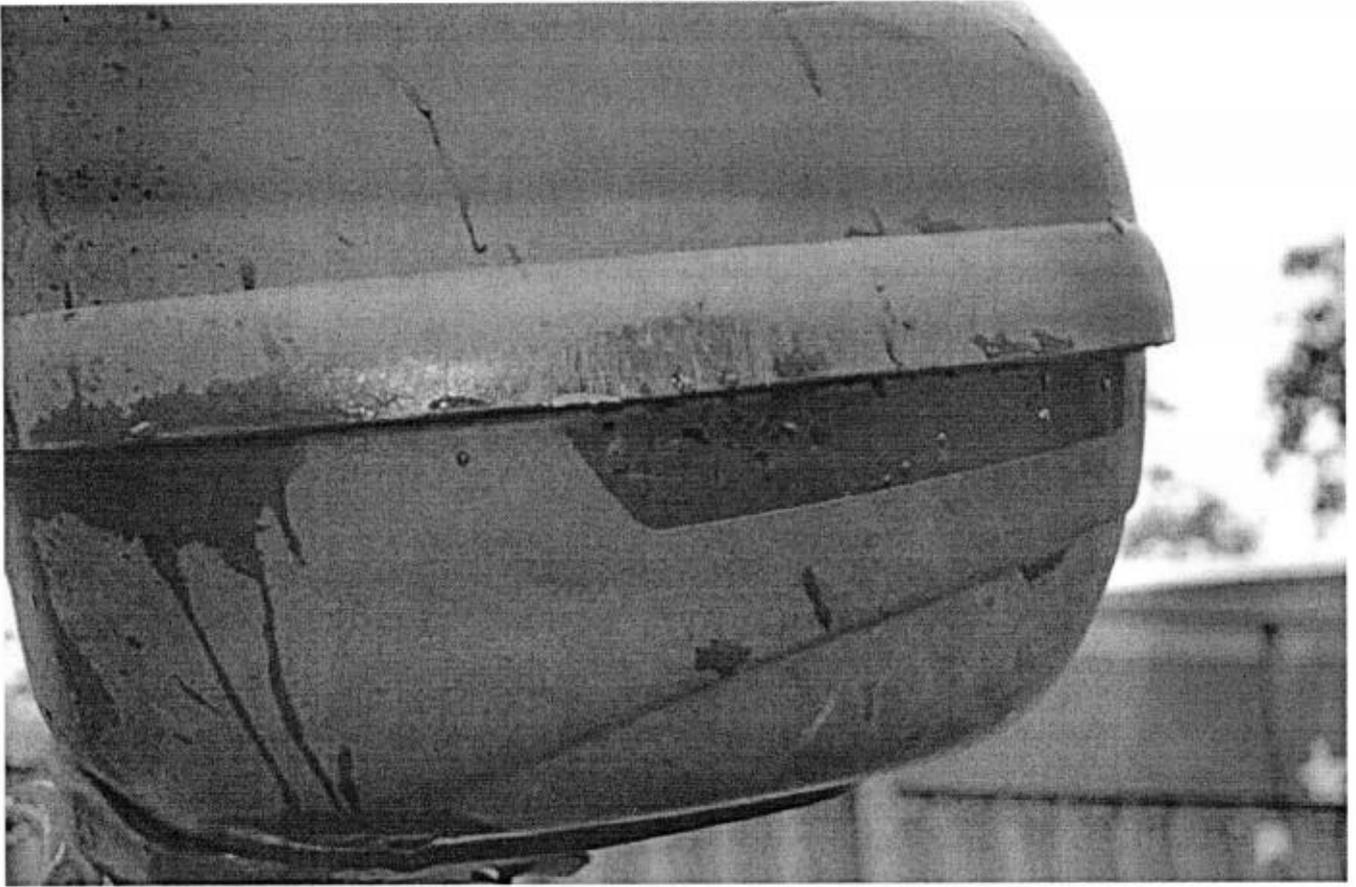
Accident Photo



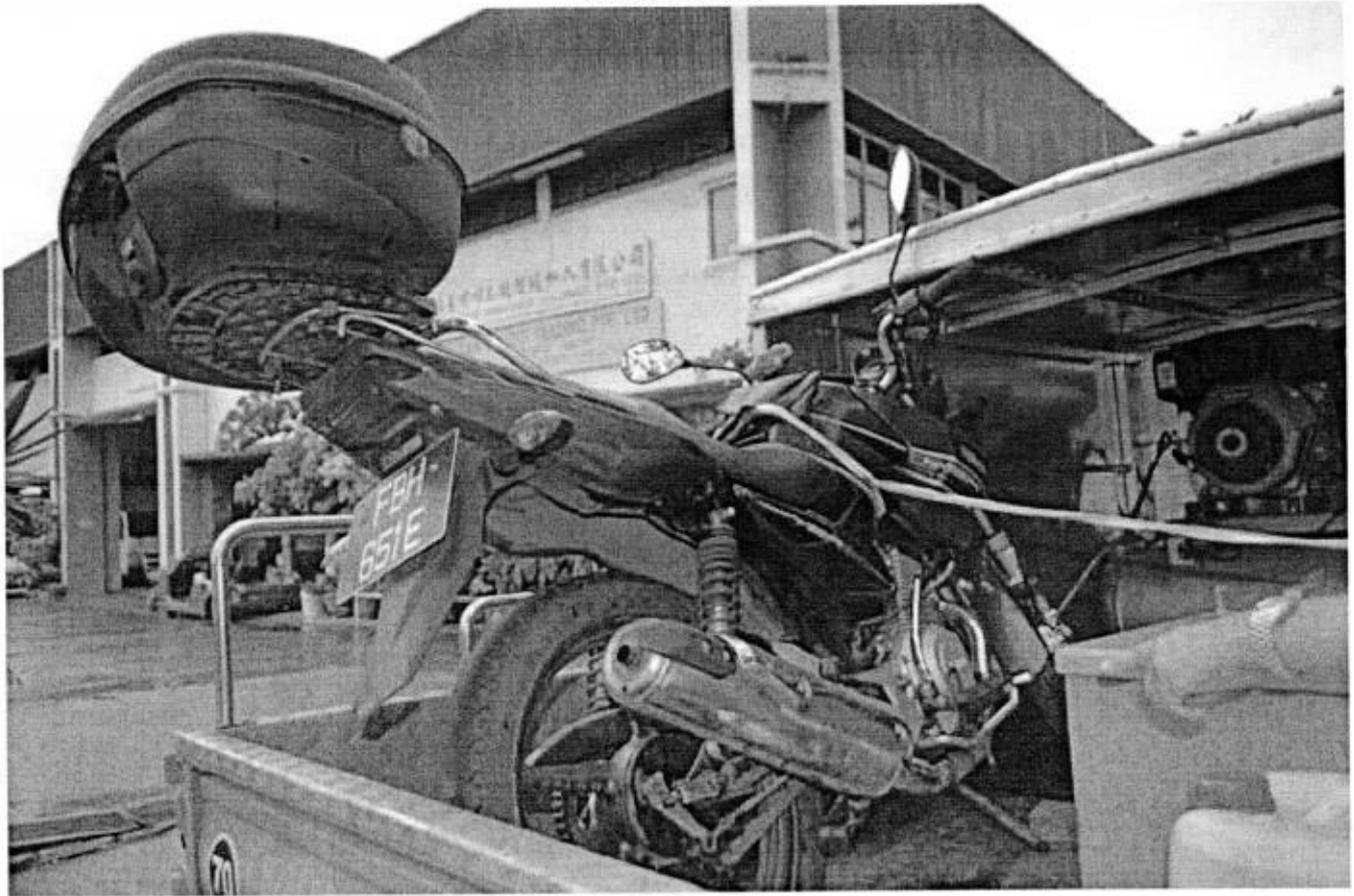
Accident Photo



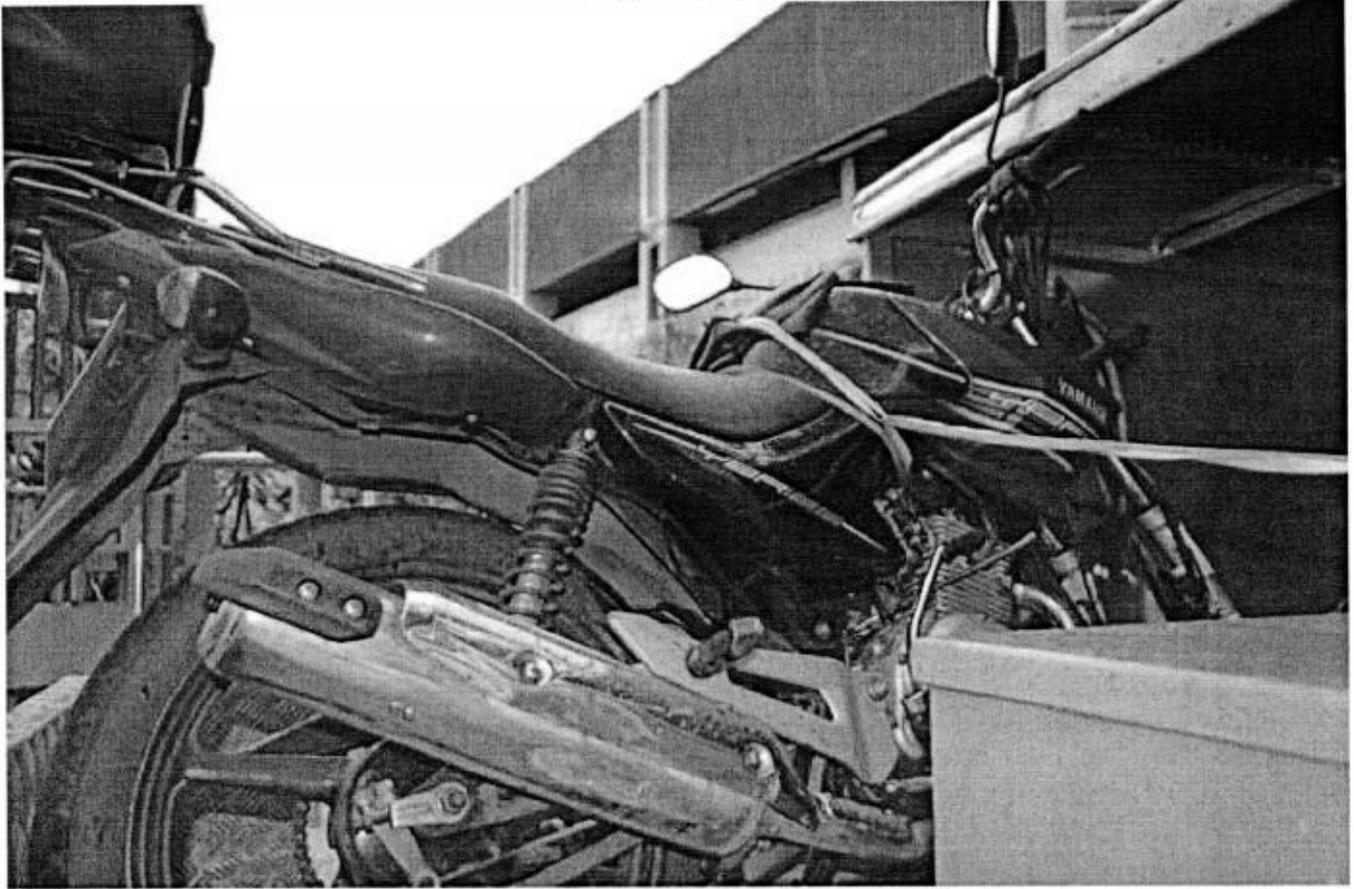
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

