

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA11716908

|                         |  |                       |         |
|-------------------------|--|-----------------------|---------|
| Date In: 26/12/17 12:06 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA11716903/24   | SAS e-filing                             |                       |         |
| Veh No: SKQ 5785R       | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 23/12/17-17:45   | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                         | i-Photo Uploaded                         |                       |         |
| TP Insurer:             | Assessment/Survey Report                 |                       |         |
|                         | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

TP Particulars: Vch No: 6x 2304B INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time Actions

NA11716954

| Invoice Preparation Checklist                   |             | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
| For Bill  | Add Bill    |           |           |
| 1) AR: Accident Reporting (\$30);               |             |           |           |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |           |
| 3) TP: Towing Fee \$40/\$45                     |             |           |           |
| 4) FT: Follow-Through Survey \$120              |             |           |           |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |           |
| For claiming against INC Only (wef 10 Jan 2005) |             |           |           |
| 6) TR: Re-inspection \$75                       |             |           |           |
| 7) N1: Idac DA + SMRT Survey \$160              |             |           |           |
| 8) NTUC Additional Services:-                   |             |           |           |
| QD*   |             |           |           |
| *N5: Courtesy Car / Tpt Allowance \$5           |             |           |           |
| *N6: Repair Co-ordination \$10                  |             |           |           |
| *N7: Post Repair Inspection \$25                |             |           |           |
| *N8: DV / Collect Excess Coordination \$5       |             |           |           |
| TP (N11): TP (Non INC) against INC \$20         |             |           |           |
| 9) N12: Idac Mobile \$0                         |             |           |           |
| Invoice dated                                   | Fee Charged |           |           |
| Invoice dated                                   | Fee Charged |           |           |

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## 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 wilful 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             | 26/12/2017 12:56                               |
| Date Of Accident           | 23/12/2017 17:45                               |
| Exact Location Of Accident | JUNC CHOA CHU KANG AVE 3 & CHOA CHU KANG AVE 5 |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKQ5785R               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | CHARLES ANTONNY MELATI |
| NRIC No                     | S7164758G              |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-96849393   |
| Alternative Phone No        | OFFICE-96849393        |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | TOYOTA                 |
| Model  | COROLLA ALTIS 1.6 AUTO |
| 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                     |
| If No, Please state action to be taken                                       | THIRD PARTY            |
| Vehicle Category   | PRIVATE CAR            |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A28716795QMY                         |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEO ENG SENG          |
| NRIC No              | S0379258G             |
| Date Of Birth        | 02/11/1946            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 09/07/1979            |
| Driving Experience   | 38 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96849393  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96849393       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 297A CHOA CHU KANG AVENUE 2<br>#13-112 |
| Postcode  | 681297                                     |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | FRIEND                                     |
| 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  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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 TO STATEMENT.

#### 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         | GX2304B            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |



## 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 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.

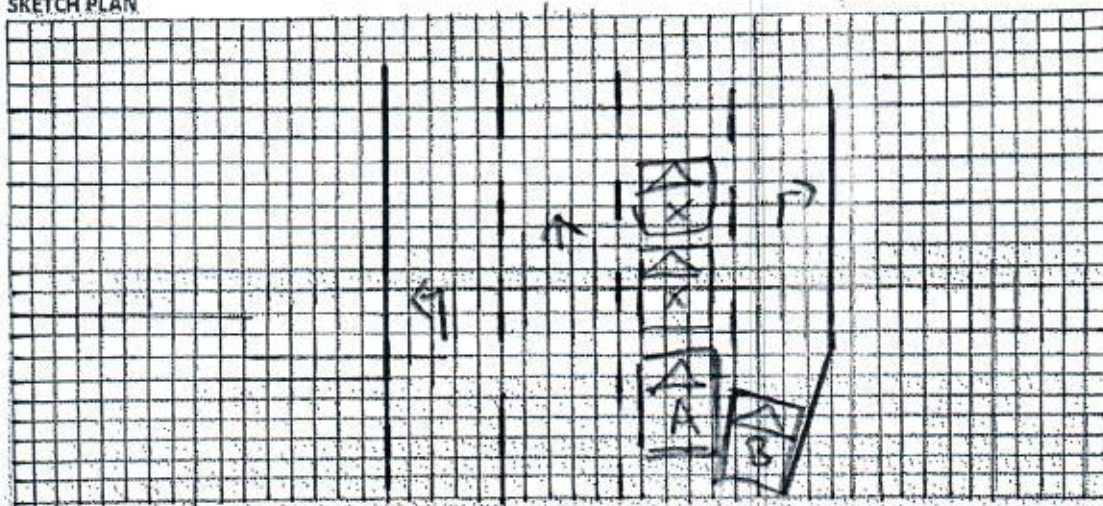
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



Vehicle A → SKQ578

Vehicle B → 6A2304

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary along Choa Chu Kang Avenue 3 towards Avenue 5 on the 2<sup>nd</sup> lanes due to traffic light red. While I was waiting for traffic light to turn green, all of a sudden, vehicle B from behind trying to squeeze through to the 1<sup>st</sup> lane and resulted it hitting onto my vehicle rear right portion.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## 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:

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



# 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 and time of accident  | Date: 23/12/17 (DD/MM/YY) Time: 5:45PM (HH:MM)          |
| Exact location of accident | choa chu kang Ave 3 turning right to choa chukang Ave 5 |

## Details of vehicle

|  |   |   |   |
|--|---|---|---|
| Vehicle registration number                        | SKQ 5785R   |   |   |
| Vehicle make and model                             | Toyota Altis  |   |   |
| 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 checked="" type="checkbox"/>                         | Commercial <input 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 | MSIG  |   |                                  |
| Policy number     | A 28716795 QMY                                    |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## Insured / Policy holder

|                              |                       |  |
|------------------------------|-----------------------|--|
| Name                         | Charles Anthony Melat | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |                       |  |
| Contact                      |                       |  |
| Address                      |                       |  |

## Driver

Same as insured above ☐ (skip to D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | Yeo Eng Seng  | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S0379258G   |  |
| Contact                      | 96849393  |  |
| Address                      | Blk 297A choa chu kang Avenue 2 #13-112 S(681297)                           |  |
| Email address                |   |  |
| Date of birth                | 02/11/1946  |  |
| Occupation                   | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | * pending IC A DL  |
| Driving date pass            | 09/07/1979  |  |

### 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 type="checkbox"/> No <input checked="" type="checkbox"/>                      |                       |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |                       |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |                       |
| No of passenger                                  | 1  | (Inclusive of driver) |

### Passenger 1

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

### Passenger 2

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

### Passenger 3

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

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



### Third party vehicle 1

|                              |         |
|------------------------------|---------|
| Name                         |         |
| Contact number               |         |
| NRIC / Fin / Passport number |         |
| Vehicle registration number  | GX2304B |
| Vehicle make model           |         |

### Third party vehicle 2

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

### Third party vehicle 3

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

### Third party vehicle 4

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

### Third party vehicle 5

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

### Third party vehicle 6

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



### Witness 1

|      |  |
|------|--|
| Name |  |
|------|--|

### Witness 2

|      |  |
|------|--|
| Name |  |
|------|--|

### Injured person 1

|  |  |
|--|--|
| 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 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"/> |



Owner

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7164758G



Name

CHARLES ANTONNY MELATI

Race

CHINESE

Date of birth

25-01-1971

Sex

M

S7164758G

Country of birth

INDONESIA

8784806



NRIC No. S7164758G

Nationality

INDONESIAN

Date of issue

26-06-2006

33 JALAN MUTIARA #22-04

SINGAPORE 249208

NRIC No. S7164758G

Date: 13/01/2012

No: 6909172



Standard Chartered

1087753

Head No. S0379258G

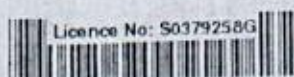
Blood Group: A+ Date of issue: 06-05-1994

APT 3, K 257A CHOA CHUAN AVENUE 2 #12/12  
SINGAPORE 351257

NRIC No: S0379258G Date: 01-12-1998 No: 2568133

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

|  | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles <= 200 cc   | 16 Jan 1980    |
| Class 2A Motorcycles between 201 cc and 400 cc   | 16 Jan 1980    |
| Class 2 Motorcycles > 400 cc   | 16 Jan 1980    |
| Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg | 09 Jul 1979    |



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0379258G

Name: YEO ENG SENG

楊永生

Place: CHINESE

Date of Birth: 02-11-1946 Sex: M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0379258G

Name: YEO ENG SENG

Birth Date: 02 Nov 1946

Issue Date: 25 Jul 2011

001984687E



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax: +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Administered By

**Tan Brothers**

Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 079903

Tel: 62201822 Fax: 62246806

CO. REG. NO. 197500491N

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
 Individual Ownership

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. A 28716795 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKQ5785R

2. Name of Policyholder

Charles Antonny Melati

3. Effective Date of the Commencement of Insurance for the purposes of the Act

22/04/2017

4. Date of Expiry of Insurance

21/04/2018

5. Persons or Classes of Persons entitled to drive\*

Charles Antonny Melati

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

**TAN BROTHERS INSURANCE AGENCIES PTE LTD**

for Chief Executive Officer