

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 04/01/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MSG18000206/13 | SAS e-filing | | |
| Veh No: SJG6076L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 01/01/18 0435 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|------------------|--|---------------|
| Preferred Wksp / INC Assign Wksp / QW: (| E-KARZ | Tel: | Fax: |
| TP Particulars: | Veh No: SLG52430 | INC () / Non-INC () | |
| Owner / Driver: (| | Tel: | |
| Policy No: (| | Period: (| Cover Type: (|
| Confirmed by: (| | Date: | Time: |
| Insured/Driver Liability: (| | % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: (| | Warranty: YES () / NO () | |
| Excess: (\$ | | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

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

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

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

| | | |
|---|-----------------------|---------|
| Remarks:- (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
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| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1800084 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| | | 1st Bill | Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| QC Checked by (Engr-In-Charge): | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idac DA + SMRT Survey \$160 | | |
| Auditors' Comments :- | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 | | |
| Cat. 1: | 9) N12: Idac Mobile 30 | | |
| Cat. 2 / 3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 | 04/01/2018 10:36 |
| Date Of Accident | 01/01/2018 04:35 |
| Exact Location Of Accident | ALONG AYE TWDS ROCHOR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJG6076L |
| Insured/Policyholder | |
| Name Of Registered Owner | E-KARZ RENTAL PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68425988 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | AXIO |
| Exact Purpose for which vehicle was being used at time of accident | LEISURE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | A 28927339 MKF |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | RAJVINDER KAUR |
| NRIC No | S8731002G |
| Date Of Birth | 02/10/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/11/2010 |
| Driving Experience | 7 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91084857 |
| Fax Number | |
| Contact Number | |
| Email Address | RAJVIN_K@HOTMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 203 BEDOK NORTH ST 1 #04-464 |
| Postcode | 460203 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | YES |
| Was any injured conveyed to hospital by ambulance? | 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) | 2 |
| Passenger 1 | NAME: : E DHEEPAN GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180104/2009

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 | SLG5243D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAJVINDER KAUR

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJG6076L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

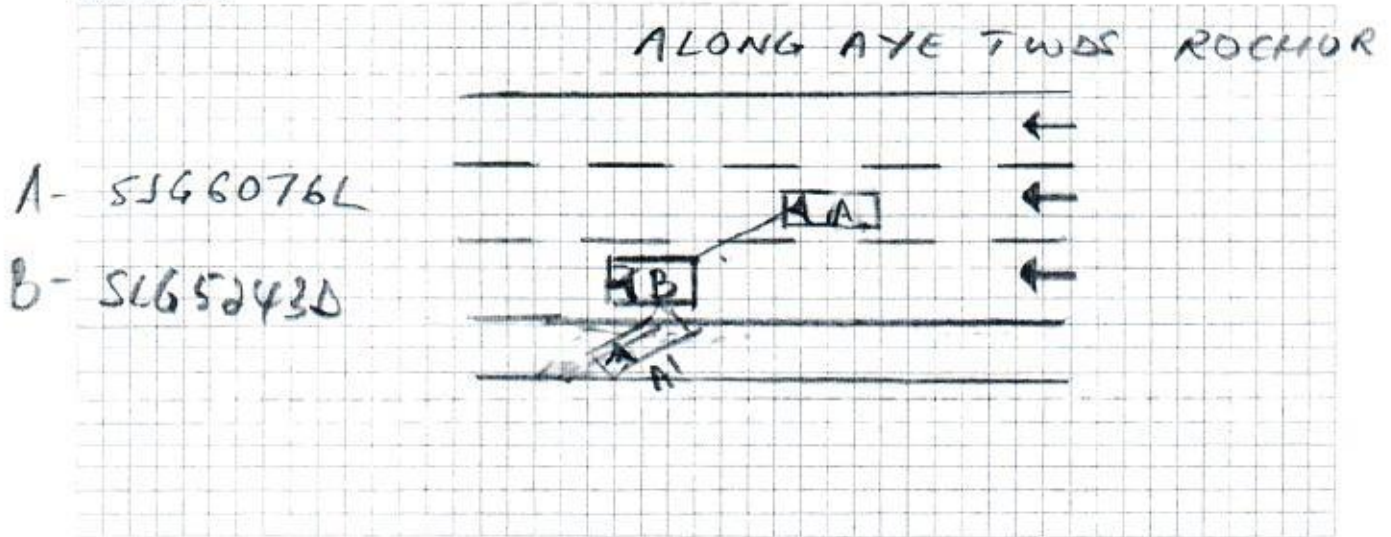


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/18

 04/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

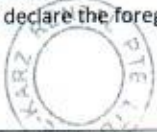


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180104/2009

DECLARATION

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



Policyholder's Signature
Date & Time:

Ppin

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/1/18

Hyun 04/01/18

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



**SINGAPORE
POLICE FORCE**



T/20180104/2009

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180104/2009

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 04/01/2018 08:13 | Vide Report No.: | Station Diary No.: 24 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: RAJVINDER KAUR | | | Address: APT BLK 5 ST. GEORGE'S LANE #03-193 SINGAPORE 320005 | |
| ID Type / ID No.: NRIC NO / S8731002G | | | Contact No.: Home/Office: Mobile: 91084857 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Female | Age: 30 | Date of Birth: 02/10/1987 | Type of Informant: Driver | |
| Race: Sikh | | | Language: | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: 3A Date of Expiry: | |

General Information of the Accident

| General Information of the Accident | | | | |
|--|---------------------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 01/01/2018 04:35 | Type of Location: Straight Road |
| Location: Along Road 1 AYER RAJAH EXPRESSWAY AYER RAJAH EXPRESSWAY TOWARDS ECP BEFORE ALEXANDRA ROAD EXIT | | | | |
| Weather: Heavy rain | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|------------------|-------|----------------------|-----------------|
| SJG6076L | Car | TOYOTA | COROLLA AXIO | Beige | Seriously Damaged | 1 |
| SLG5243D | Car | TOYOTA | COROLLA ALTIS | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
POLICE FORCE**



T/20180104/2009

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180104/2009

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|------------------|--|
| Driver | | | |
| Name | RAJVINDER KAUR | | ID No. S8731002G |
| Related Vehicle | SJG6076L (Car) | | Contact No. 91084857 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | | Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL |
| Date Treatment | 01/01/2018 | | Date Discharge 01/01/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |

Brief Details.

On the 01/01/2018 at about 0435hrs, I was driving my car along AYE towards ECP and I was on the 2nd lane. It was raining heavily at that point of time. While driving, I saw a puddle of water ahead of me and I wanted to swerved to my left to avoid the puddle of water. However my car skidded and grazed onto the other party car. My car then spin a few times before hitting the shoulder road divider. My car airbag was also activated due to the impact.

I was still conscious and managed to get out of the car. I made a checked with the other driver who did not suffer any injuries and only scratches on his car right lower bumper. He informed me that he is fine and subsequently left the scene before police and ambulance arrival. Minutes later, ambulance arrived and conveyed me to the hospital, conscious. I was discharged on the same day and was given two days of MC. There is no built in car camera inside my car.



**SINGAPORE
POLICE FORCE**



T/20180104/2009

3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180104/2009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Staff Sgt MUHAMMAD AZLAN BIN ANEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2018 08:13

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 01 / 2018) (DD/MM/YYYY), TIME: (04 : 35) (HH:MM) ^{AM}

LOCATION: Along AYER RAJAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG 6076 L
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 28927339 MCF
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA AXIO 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: E-KAR 2 RENTAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 68425988
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAJVINDER KAUR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 587310026 CONTACT: 91084857
c) ADDRESS: BK 203, BEDOK NORTH ST 1, #04-464
460203

*d) DATE OF BIRTH: (02 / 10 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 5243D MODEL: TOYOTA ALTIS
b) DRIVER'S NAME: ZAINI BIN ABDULLAH
c) NRIC/FIN/PASSPORT: 517998926 CONTACT: 8823 0374

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

NAME: E DHEEPAN
Gender: MALE

02/01/18
waiting for
police report

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8731002G



Name
RAJVINDER KAUR



Place
SIKH

Date of Birth **02-10-1987** Sex **F**

Country of Birth
SINGAPORE

S8731002G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8731002G**

Holder
RAJVINDER KAUR



Birth Date: **02 Oct 1987**
 Issue Date: **15 Nov 2010**



001911194H

A0243378



NRIC No: **S8731002G**



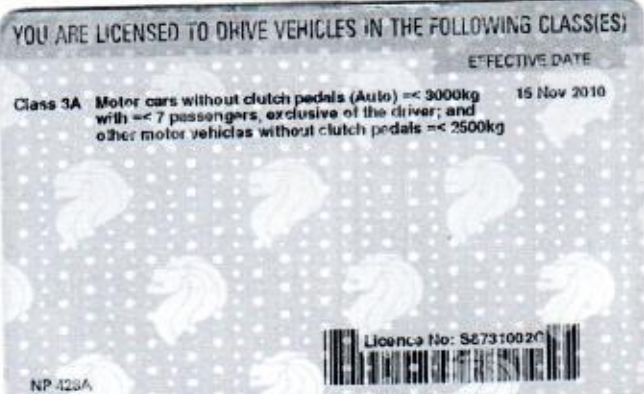
Blood Group - Date of issue
21-10-2002

Address
**APT BLK 5 ST. GEORGE'S LANE
 #03-193
 SINGAPORE 320005**


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

EFFECTIVE DATE
15 Nov 2010

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
 with =< 7 passengers, exclusive of the driver; and
 other motor vehicles without clutch pedals =< 2500kg



Licence No: S8731002G



NP 423A

**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

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.Z.400
 Cars for Hire

COMMERCIAL VEHICLE - FLEET
Third Party

Certificate No. A 28927339 MKF

Excess : SGD1,500

1. Index Mark and Registration Number of Vehicle
 SJG6076L

2. Name of Policyholder
 E-Karz Rental Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 12/12/2017

4. Date of Expiry of Insurance
 03/04/2018

5. Persons or Classes of Persons entitled to drive*

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

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


 for Chief Executive Officer