

# NATIONAL Assessment Centre Services (NACS) (V11.1 1/2009)

MAH 48032110

Date In: 09/03/2018 15:37	Job description	Date & Time Completed	Done by
Ref No: NPA/MS/10045721	SAS e-Milling		
Veh No: SKM 6643 G	E-mill (within 3hrs, A/C 3hrs)		
D.O.A: 09/03/2018 09:30	1-Motor Claim Form		
OD / TAT Responing Only	1-Motor W/O (within 10 days, TAT 10 days)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: GBF 1133C	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Utility: ( )	% (Note: B/L 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: 1 to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks:	NR box line 5788 0016	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury:	
Date/Time	Action

Human Particulars:	Invoice/Reparation Checklist
Driver/Owner:	1) AR: Accident Reporting (300)
Contact No:	2) DA: Damage Assessment (\$100) INC (210)
Assessed Portion:	3) TP: Towing Fee \$40/140
	4) PT: Follow-Through Survey 1130
	5) PT: Follow-Through Survey (Resurvey) 330
	6) TR: Re-inspection 112
	7) NI: NI/DA + SMRT Survey 210
	8) NTUC: Additional Survey 100
	9) NI: NI/DA + SMRT Survey 210
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## 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 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	09/03/2018 15:37
Date Of Accident	09/03/2018 09:30
Exact Location Of Accident	HOLLAND ROAD BEFORE JUNCTION HOLLAND AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6643G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	GIANT77_2000@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83460935
Alternative Phone No	OFFICE-85337216

### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS-5DR 1.6 (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
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	NO
Policy Number	B 29040710 TMC
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD SALIM BIN KAMSANI
NRIC No	S7726730A
Date Of Birth	18/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83460935
Fax Number	
Contact Number	OTHERS-85337216
EMail Address	GIANT77_2000@YAHOO.COM

Address	BLK 272 BUKIT BATOK AVENUE 4 #05-60
Postcode	650272
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle Involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

#### 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	GBF1133C
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAHIM BIN ISMAIL
NRIC/Passport Number	S8304493D
Contact Number	92985369
Address	BLK 706 #12-367 CLEMENTI WEST STREET 2
Postcode	120706
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	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 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 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

#### Sketch Plan

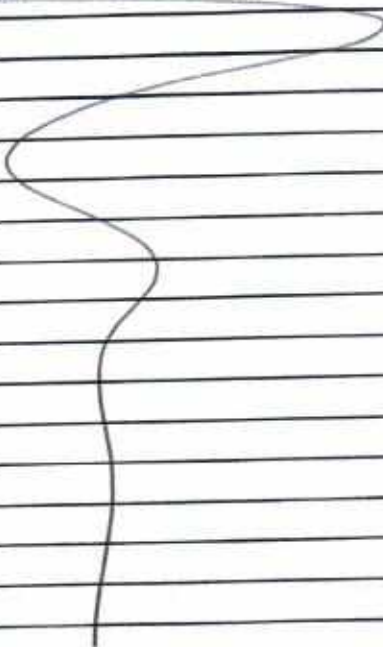


A - SKM 6643 G

B - GBF 1133 C

Describe Circumstances of the Accident

ON 09/03/2018 AT ABOUT 0930 HRS, I WAS RIGHT MOST LANE LINING-UP TO TURN RIGHT ON HOLLAND ROAD JUNCTION OF HOLLAND AVE. I WAS BEHIND A LORRY GPF 1133C. I NOTICED THE GREEN ARROW LIGHTED AND STARTED TO MOVE FORWARD WHEN THE SAID LORRY SUDDEN BRAKE. I DID NOT MANAGE TO BRAKE IN TIME AND HIT THE REAR OF THE LORRY.



NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please State:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting only

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Salem* 09/03/2018  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 09/03/2018  
Witnessed by Reporting Centre Personnel



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Accident	09/03/2018	Time: 0930 HRS	AVE
Exact Location of Accident	ALONG HOLLAND RD BEFORE JUNCTION HOLLAND		

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKM 66439	Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: -	Co. Reg. No. (for Co. Vehicle Only): 197501065W

## Vehicle Particulars

Manufacturer: FORD	Model: FOCUS 1.6 5DOOR
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3 <sup>rd</sup> Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>
Vehicle Category: Private Car	

## Insurance Company

Name of My Insurance Company: msig	
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>	
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:

## Driver

Name of Driver: MD. SALAM B. KAMSANI	NRIC / Passport No. / FIN: S7726730A
Date of Birth: 18/09/1977	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Date of Driving Pass: 27/01/2000	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.: 83460935	Alternative Phone No.: 85337216

Address as stated in NRIC: 272 B. BATOK EAST AVE. 4 #05-60 (Post Code: 650272)

\*Email Address: giant77-2000@yahoo.com

Was driver an employee of the Insured's Company? Yes ☒ No ☐ State relationship of the driver with the insured: OPS ASST\*Does the Driver Own Any Other Vehicle? Yes ☐ No ☒

\*Vehicle Reg. Number of Driver's Own Vehicle (if applicable): -

\*Insurance Company of Driver's Own Vehicle (if applicable): -

## Other Information of the Accident

Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
*Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Foreign Vehicle Registration Number	-
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
*Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

## DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: GBF 1133C	Vehicle Make / Model / Colour:
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Details of Property Damaged in Accident (other than 3<sup>rd</sup>-Party vehicle):

Name of Driver: RAHIM BIN ISMAIL	NRIC/Passport Number: S8304493D
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Contact Number: 92985369	
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Address: 706 CLEMENTI WEST ST. 2 #12-367 (Post Code: 120706)

Insurance Company Name:

Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 01
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Details of Witness - Name: -

Details of Witness - Contact Number: -

Details of Witness - Email Address: -

## DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name:	Approximate Age:
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Address: (Post Code: )

Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
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Were seat belts worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

Type of Accident (Please tick the appropriate type on flipside of this form)

**REPUBLIC OF SINGAPORE DRIVING LICENSE**

License Number: **S7726730A**

Name: **MORAMMAD SALEM BIN KAMSANI**

Birth Date: **18 Sep 1977**

Issue Date: **04 Jan 2003**

Barcode: 000117686H

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7726730A**

Name: **MOHAMMAD SALEM BIN KAMSANI**

Race: **JAVANESE**

Date of birth: **18-09-1977**

Country of birth: **SINGAPORE**

Sex: **M**

**ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Valid Date
Class 2B	Motorcycles < 250 CC	23 Oct 2001
Class 2A	Motorcycles between 251 CC and 400 CC	27 Jun 2004
Class 2	Motorcycles > 400 CC	04 Sep 2007
Class 3	Motor cars < 2000 kg with < 7 passengers, exclusive of the driver, and motor tractor/vehicles < 2500 kg	27 Jun 2001

S/No. 9000059153

NP 428A

NP License No: S7726730A

Barcode

NRIC No: **S7726730A**

Date of issue: **20-09-2007**

APT BLK 272 BUKIT BATOK EAST AVENUE 4 #05-60  
SINGAPORE 650272

NRIC No: **S7726730A** Date: **23/05/2015**



**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

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## 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.2.400  
Car & Hire**MOTOR CAR - COMMERCIAL TP  
Third Party**

Certificate No. B 29040710 TMC

**1. Index Mark and Registration Number of Vehicle**

SKM6643G

**2. Name of Policyholder**

Sime Darby Services Pte Ltd

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

01/10/2017

**4. Date of Expiry of Insurance**

30/09/2018

**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