

NATIONAL Assessment Centre Services

(011 1 21000)

118035903

Date In: 16/08/2018 09:49
Ref No: NBA/FCI/800 4986/y
Veh No: PC 5767 H
D.O.A: 22/02/2018 11:30
OD / TP / Insuring Only

TP Insured:

Preferred Wksp / INC Assgn Wksp / QW1

TP Particulars: Yell No: 8KN 22704

INC () / Non-INC ()

Owner / Driver:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

(%) (Note: Est. Status (WO): N: 0.20%; P: 21.79%; F: 30.100%)

Year of Registration:

Warranty: YES () / NO ()

Excess: (\$)

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

General Remarks:

() Walk-In Customer: Customers Information strictly Confidential & strictly NO refer of repeller.

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

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

Remarks: INC Updline: 6758 001

Date: Time: Done by:

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Action:

NA/801692

Insured's Particulars:

Driver/Owner:

Policy No:

Insured Portion:

C. Checked by (Bug-In-Charge):

Invoice Preparation Checklist:

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$30)
- 3) TP: Towing Fee \$10/12
- 4) FT: Follow-Through Survey \$10
- 5) PT: Follow-Through Survey (Recovery) \$10
- 6) TR: Assessment \$10
- 7) NT: DA + SMRT Survey \$10
- 8) NTUC: Additional Survey \$10
- 9) NT: Courtesy Car / Trip Allowance \$10
- 10) NT: Repair Coordination \$10
- 11) NT: Post Repair Inspection \$10
- 12) NT: DV / Collision / Insurance Coordination \$10
- 13) NT: DV / TP (INC / INC) / Repair INC \$10
- 14) NT: Repair Details \$10

Invoice dated
Prepared by:

Not Charged
Not Charged

NA/801692

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 | 16/03/2018 09:40 |
| Date Of Accident | 22/02/2018 11:30 |
| Exact Location Of Accident | BASEMENT CARPARK OF 2 FUSIONPOLIS WAY(TOWER A) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | PC5767H |
| Insured/Policyholder | |
| Name Of Registered Owner | MEDIACORP PTE LTD |
| Co Reg No | 199201312E |
| Email Address | SAZALIB@MEDIACORP.COM.SG |
| Mobile Phone No | (LOCAL) +65-91277735 |
| Alternative Phone No | OFFICE-91277735 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D-17087490MFBP/8 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | MOHD ISMAIL BIN BADER DEEN |
| NRIC No | S0218534B |
| Date Of Birth | 02/04/1949 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/09/1985 |
| Driving Experience | 32 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91277735 |
| Fax Number | |
| Contact Number | OTHERS-91277735 |
| Email Address | MOHDISMAIL@MEDIACORP.COM.SG |

| | |
|---|-----------------------------------|
| Address | 21 SENGKANG EAST AVENUE #01-26 |
| Postcode | 544809 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2419999 - FAX NO: 64431687 |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20180312/2142

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 | SKN2270U |
| 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 | |

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.:

ATGTHCHMKAU

Diagram A

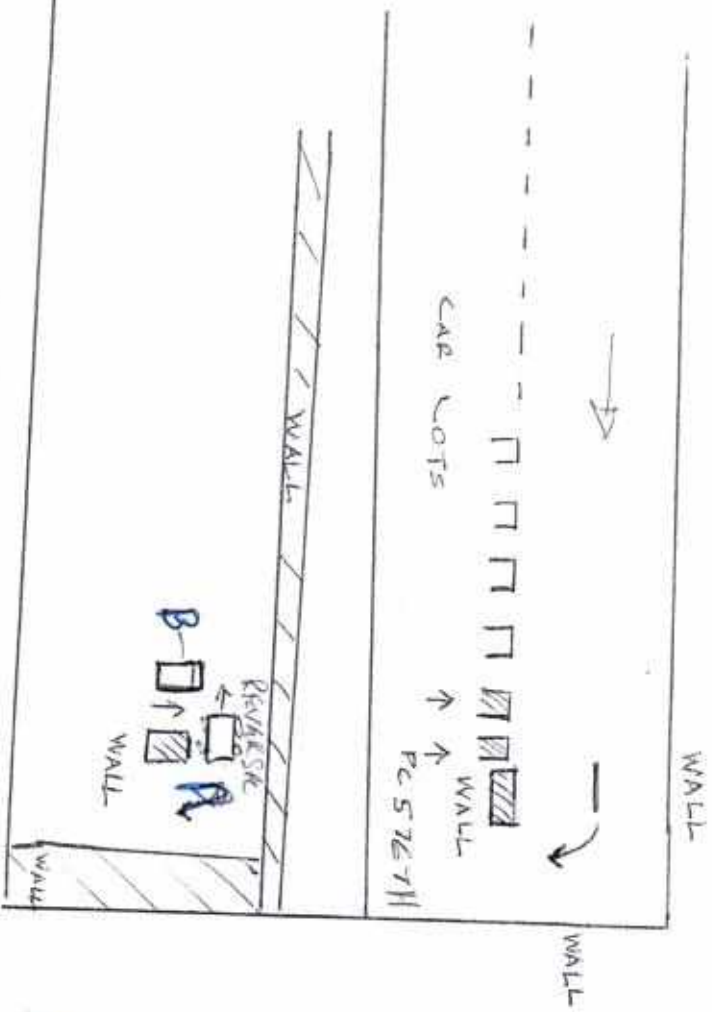


Diagram B

A) PC 5767H

B) SKN 22704

and
16/03/2018
Post 11 works

SKETCH PLAN

REFER TO ATTACHED MAP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20080312/2142

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:

16/03/2018

0920 am

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

16/03/2018
Rofli 110003



**SINGAPORE
POLICE FORCE**



T/20180312/2142

1 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20180312/2142

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 12/03/2018 19:33 | | Vide Report No.: | | Station Diary No.: 62 | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHD ISMAIL BIN BADER DEEN | | | Address: 21 SENGKANG EAST AVENUE #01-26 SINGAPORE 544809 | | |
| ID Type / ID No.: NRIC NO / S0218534B | | | Contact No.: Home/Office: Mobile: 91277735 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 68 | Date of Birth: 02/04/1949 | Type of Informant: Driver | | |
| Race: Pakistani | | | Language: English | | Institution / School Name: |
| Occupation: CAMERA MEN | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 22/02/2018 11:30 | Type of Location: Car Park |
| Location: Along Road 1 FUSIONOPOLIS WAY Basement carpark of 2 Fusionopolis Way (Tower A) | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| PC5767H | Van | | | | No Damage | 0 |
| SKN2270U | Car | | | | Slightly Damaged | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20180312/2142

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

2 of 3

Report No. T/20180312/2142

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------------------|--|---------------------------------|
| Name | MOHD ISMAIL BIN BADER DEEN | ID No. | S0218534B |
| Related Vehicle | PC5767H (Van) | Contact No. | 91277735 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 22/02/2018 I was driving Mediacorp vehicle PC5767H. After covering a news assignment at the building, I went to the carpark to leave for office.

As my car was parked at the end lot closest to the wall, I have to move out and reversed the van to get more space to make the turn. Unfortunately my judgement was not accurate as a result the back of my van collided with the front bumper of SKN2270U causing some damages.

As my company was nearby and I need to rush the video footage to my Mediacorp, I left the spot with intention to come back to settle the matter.

Unfortunately at the office I was given another errand to do and I totally forget to return to the scene.

I admit that it was my mistake and take full responsibility. My apology to all concerned including the traffic police and will compensate for the damaged caused to SKN2770U.



**SINGAPORE
POLICE FORCE**



T/20180312/2142

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

3 of 3

Report No. T/20180312/2142

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 MOHAMED NOR BIN MOHAMED ALI
JINNAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2018 19:33

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/14013/2018
Date : 05 March 2018

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6079
Fax +65 6547 4883
www.police.gov.sg

**MEDIACORP PTE LTD
1, STARS AVENUE
MEDIACORP CAMPUS
SINGAPORE 138507**

URGENT

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SKN2270U AND PC5767H AT BASEMENT CARPARK (TOWER A) OF 2 FUSIONPOLIS WAY ON 22/02/2018 @ 1130 - 1200 HOURS

Our investigations showed that you are the registered owner / driver **PC5767H**, which is alleged to have been involved in a **hit and run accident**.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment

3 In addition, **please inform the driver to lodge an online Police Report of a Traffic Accident (NP168)** using SingPass via the SPF Electronic Police Centre¹ (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email **Abdul_KAREEM@spf.gov.sg**. If the file size is too big, you can make arrangements with the IO at his DID: 65476079 for a convenient method of retrieval.

Yours faithfully,

**PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of PC5767H on 22/02/2018 @ 1710 hours:-

| | | |
|--------------|---------------------|-----------|
| Name : | NRIC / FIN / PP No. | Address : |
| Contact No : | | |

I affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner

Signature of Registered vehicle owner

Date

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ For the purpose of lodging this report, please select 'Yes' for "Is this a Hit and Run accident?" under "Step 2: Accident Info", even if the driver is not aware of any accident".

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 02 / 2018 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: PASARAN CARPARK OF 2 FUSION POLIS WAY (TOWER A)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 5767H
 b) INSURANCE COMPANY: FCT
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HILUX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: MEDIACORP PTA LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 199201312E CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(1)

- DRIVER
 a) NAME: MOHD TAMIL BIN BADAR DRPM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91277735
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: _____ (YES / NO)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: BERDOR

8. THIRD PARTY VEHICLE

No of passengers
(Including driver)
()

- a) VEHICLE NUMBER: SKM 22204 MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passengers
(Including driver)
()

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

(A) sagalib@mediacorp.com.sg

(B) Email: Mohdi@mail@mediacorp.com.sg

Fax: _____

Video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0218534B



Name

MOHD ISMAIL BIN BADER DEEN

Race

PAKISTANI

Date of birth

02-04-1949

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0218534B

Name
MOHD ISMAIL BIN BADER DEEN

Birth Date 02 Apr 1949

Issue Date 25 Feb 2011

001839709A

5595379



NRIC No. S0218534B



Date of issue

05-05-2016

Address

21 SENGKANG EAST AVENUE
#01-26
SINGAPORE 544809

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 17 Sep 1985



14P 423A

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

CERTIFICATE OF INSURANCE

ORIGINAL

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

Type of Policy : BUSES - FLEET
Type of Cover : Comprehensive
Certificate No : D-17087490MFBP/8
Vehicle No / Chassis No : PC5767H / JTFJT02P300005979
Name of Insured : MEDIACORP PTE. LTD.
Period Of Insurance : 01.04.2017 To 31.03.2018
Insured Estimated Value : Market Value At Time Of Loss

Excess :

NIL

SGD3,500.00 SECTION I AND II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any Person provided he is in the Insured's employ and is driving 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.

Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule).

The Policy does not cover:-

- (1) Use for racing, pacemaking, 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.

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)

First Capital Insurance Limited
(Approved Insurers)

JORDINE/B0048/MZ601

Issued at Singapore on 30.03.2017


Authorised Signature