

NATIONAL Assessment Centre Services

Date In	06/04/2018 16:26	Job description	Date & Time Completed	Done by
Ref No	NA/MSG18006427/K4	SAS e-filing		
Veh No	FBM 2275T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A	05/04/2018 08:30	i-Motor Claim Form		
OD	TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKA9276B	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

Claimant's Particulars :-	NA1802253	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments :-		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:-		
		OD*		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N'n INC) against INC \$20		
		9) N12: Idac Mobile 30		
		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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/04/2018 16:26
Date Of Accident	05/04/2018 08:30
Exact Location Of Accident	TAMPINES AVENUE 1 OUTSIDE TP WEST GATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2275T
Insured/Policyholder	
Name Of Registered Owner	HASSAN BIN MANAP
NRIC No	S1348459G
Email Address	HASSANM862@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81230607
Alternative Phone No	OTHERS-81230607

Vehicle Particulars

Manufacturer	HONDA
Model	FS150F
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-370674-CA
Cover Note Number	

Driver

Name of Driver	HASSAN BIN MANAP
NRIC No	S1348459G
Date Of Birth	28/10/1959
Occupation	INDOOR
Date Of Driving Pass	12/04/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81230607
Fax Number	
Contact Number	OTHERS-81230607
Email Address	HASSANM862@GMAIL.COM

Address	BLK 613 ELIAS ROAD #02-128
Postcode	510613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	YES
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	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/20180405/2165 / DRIVER PROPERTIES DAMAGES ITEMS MOTOR BIKE HELMET - \$100.00/ APPLE /WATCH 3 -\$700.00 /

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	SKA9276B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97202545
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HASSAN BIN MANAP

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBM2275T

Were seat belts worn?

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:

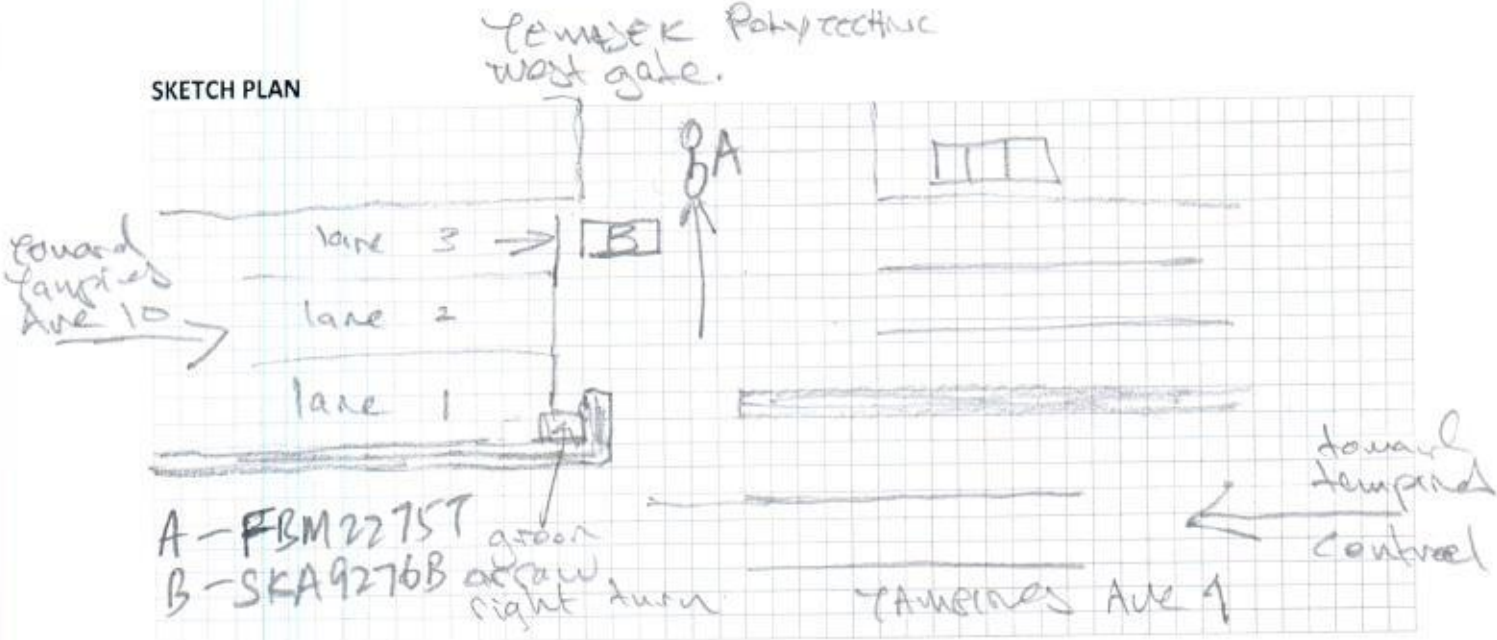
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plz refer to the Police Report
T/20180405/2165

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.:

RS150 Repsol



潘發展私人有限公司
A. S. PHOON PTE LTD
'cos no one else

Head Off : 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263
Ubi : Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250
Toh Guan : Blk 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779
Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

0714630838

Date : 19/8/2017

Vehicle No. : FB1922757

Name : HASSAN BIN MANAP

I/C : 513484596

This is to certify that A.S.Phoon Pte Ltd sell the above-mentioned bike with the following:

***NO HIDDEN COSTS ***

NO AGREEMENT FEES

NO EARLY REPAYMENT PENALTY

Your sincerely,



Sales executive



SINGAPORE POLICE FORCE



T/20180405/2165

1 of 3

Report No. T/20180405/2165

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/04/2018 20:42

Vide Report No.:

Station Diary No.:
143

Informant's Particulars

Name of Informant: HASSAN BIN MANAP			Address: APT BLK 613 ELIAS ROAD #02-128 SINGAPORE 510613		
ID Type / ID No.: NRIC NO / S1348459G			Contact No.: Home/Office: Mobile: 81230607		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 28/10/1959	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL SUPPORT OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/04/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 1 outside TP West Gate				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBM2275T	Motorcycle	HONDA	FS150F	Orange	Slightly Damaged	0
SKA9276B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2275T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72025200	19/08/2017	18/08/2018



**SINGAPORE
POLICE FORCE**



T/20180405/2165

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/20180405/2165

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASSAN BIN MANAP	ID No.	S1348459G
Related Vehicle	FBM2275T (Motorcycle)	Contact No.	81230607
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2018	Date Discharge	05/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CLAIRE	ID No.	NIL
Related Vehicle	NIL	Contact No.	97202545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, time and location, I was riding along the said location on 1st lane of 3 lanes towards Tampines Central. I was wanting to make a right turn and saw that the right turn arrow turned green in my favor. As such, I proceeded to make a right turn. However, while making the right turn, an oncoming car came from my left and collided into the left rear side of my bike. I fell on the left side of my bike. After the accident, the driver came out to assist me. However, I was unconscious. My colleague was at scene as well and helped me to take down her particulars. I was then conveyed and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20180405/2165

3 of 3

Report No. T/20180405/2165

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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 /

Sgt 1 ISAAC LIM JUN CHENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

05/04/2018 20:42

Classification Of Case:

Authentication Stamp

NP168

Text size + -

Enquire Transfer Fee**Vehicle Details**

Vehicle No. : FBM2275T
Vehicle Type : P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 : No Attachment
Vehicle Scheme : Normal
Vehicle Make : HONDA
Vehicle Model : FS150F
Chassis No. : PMKKC27C0HB011837
Propellant: Petrol
Engine No. : KC27E2021642
Engine Capacity : 149 cc
Maximum Power Output : -
Maximum Laden Weight: 284 kg
Unladen Weight: 123 kg
Year Of Manufacture: 2017
Original Registration Date: 17 Aug 2017
Lifespan Expiry Date : -
COE Category : D - Motorcycle
Quota Premium : \$5,701.00
COE Expiry Date : 16 Aug 2027
Road Tax Expiry Date : 16 Feb 2018
Inspection Due Date : 16 Aug 2020
Intended Transfer Date : 19 Aug 2017
CO2 Emission: -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	11.00	-	11.00
Total Amount Payable :			11.00

You may print this page for reference.

OK Print



Reported on 6/4/2018
@ 1635HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 5/4/2018 (DD/MM/YYYY), TIME: 08:30 (HH:MM)

LOCATION: Tampines Avenue 1 outside TP West Gate

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 2275T
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81230607
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA9276B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 97202545

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()


Items Added to the report
- Motor bike helmet - \$100.00
- Apple Watch 3 - \$700.00

Email = hassanm862@gmail.com

fax = hassanm862@gmail.com

Waiting for Motorcycle Photos?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1348459G




Name
HASSAN BIN MANAP

Race
MALAY

Date of Birth
28-10-1959

Sex
M

Citizenship
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Issued: **28 Oct 1999**
 Validity: **22 Apr 2008**

0000079000

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	12 Apr 1985
Class 2A	Motorcycles between 201 CC and 400 CC	10 Jul 2015
Class 2	Motorcycles > 400 CC	06 Feb 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 1500 kg	11 Feb 1999

S / No. 9000238245

S1348459G

NP-428A

License No: S1348459G

0042000



UPIC No: **S1348459G**



Blood Group: **A+** Date of issue: **09-05-1993**

Address: **APT BLK 613 ELIAS ROAD #02-128**
SINGAPORE 510613

UPIC No: **S1348459G** Date: **27-12-2001** No: **85913**



MSIG

AS2011-0887 CA 492320

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 2004122122)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 066807
Tel: +65 6827 7888, Fax: +65 6827 7800
www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1939 (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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMS/17-370874-CA A0074-001/10223

SUM INSURED : PMV
EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

1. In mark and Registration Number of Vehicle FEM2275T
HONDA 149.C.C.
2. Name of Policyholder HASSAN BIN MANAP
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0220PM 13/08/2017
4. Date of Expiry of Insurance 18/08/2018
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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 the Road Transport Act, 1987 (Malaysia).

Rep: CN: 72025200

07/09/2017 (NP)
GACI-08 (p17)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.