1770NAL Asyevsinient Cen	Priva Canadans	1	1114/11/67	7/120		
ule Insulay 2018 17	100 100, describilion	1 1 /2/100]	Date & Timo Co	24127	. Done	)\'
E(NO: NBALINGATRODYTOTI	114 4441100000	10 1 1	Date to tillio Co	111111110		
elilivo: SCG UVIVX	1 450 4.111119					1-
on poloidoold M'e	E-in oil (white ther				1	
7 / P Melening Only	I-Piloto Uploade	YILBERTOO SHALLY	! (hri): )	,		112 1 1
Insurci:	AssissmenVSurve	ch gehold				
	Ass'l Report by E	Pax/Hand (0	Dwner/Wksp	-		
OILOQ MX ED I MC VE EIDU MKED 1 OM! (	The state of the s		Tel:	f	ex!	
Politicultur Yell Moi W	C1586 G.	, INC ( ,	)/ Mon·MC	( ) "	1 1	
ivner / Dilver: (			Teli		)	
licy No:(	Perlod: (	')	Cover Type) (			,,
Confirmed by 1 1		Dalei	Tling	1	)	
nsured/Oriver Clabillity: ( %	) [Note BIL Stant (WC	D)1 H10.300	4: P: 21.79%	P: 30-	(NON)	
cer of Registration: ( )	Warminty: YES(	)/40( )	11			
xous: (5 ) Looding 1 S	1,000 ( )/\$2,000 (	)			1	
CALTURE CACCAGE CALCALA		a a granavi	NASA MARAAN	A. S. E. B.	San Bar	- 1
			the second second second second second		A Children	
) Wolk-in Cholomar I Customers	information strictly Confi	ideniial & SW	HIY NO 13181 O	( lebellet		-
) Walk-in Chalomar   Customers ) Total Luis Case   1 to e-mail In		ideniisi & SW	AIN NO USIEL O	( le peller	.,	
) Total Luis Case   to e-mail In	Information strictly Confi sured URGENTLY, of ofeet YES ( ) 1 NC	1	Wing Col (	(   6 pe   / 6 r		)
) Total Luss Case   to e-mail in (Ive-in ( )/Totved-la ( )   Iny	surer URGENTLY, i oice: YES( )   NC	1	Wing Col(		1	) e hy
) Totallus Case   to e-mail in lvc-in( )/Towed-in( )   inv macks welling bottline //67881661	surer URGENTLY, i oles: YES ( )   NC	1			1	) ejby -
) Totallus Case   to e-mail in  Live-in( )/Totvell-in( )   inv  Hoelis : : : : : : : : : : : : : : : : : : :	surer URGENTLY, i oice: YES( )   NC	1	Wing Col(		1	) e/by :
) Totalluss Case   to e-mail in Lyc-in ( ) / Totall-in ( )   Iny Hacks   Septiminal Allowance ( QC Check / Post Repty Inspection	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(		1	) 8,6y :
) Totallus Case   to e-mail in Lyc-in ( ) / Total-in ( )   iny marks as all in a section of the section Apply for Transpar Allowance ( QC Check / Post Repty Inspection	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(		1	) Ejby :
) Total Luss ("sie   to e-mail In  Lve-in ( ) / Toved-in ( )   inv  Horis	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(		1	leby :
) Total Luss ("sie   to e-mail In  Lve-in ( ) / Toved-in ( )   inv  Horis	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	1	***************************************
) Total Luss ("ase   to e-mail In  Lve-in ( ) / Tovell-in ( )   inv  Horis :	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	Way A Mile Con	*******
) Total Luss ("sie   to e-mail In  Lve-in ( ) / Toved-in ( )   inv  Horis	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	Way A Mile Con	*******
) Total Luis Case   to e-mail In  Lve-in ( ) / Totvell-in ( )   inv  Horis	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	Way A Mile Con	*******
) Total Luss ("sie   to e-mail In  Lve-in ( ) / Toved-in ( )   inv  Horis	5 U T O T D R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	Way A Mile Con	***************************************
Total Luis Case   Lo e-mail [n lve-ln ( ) / Tovell-la ( ) / Inv lve-ln ( )	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	1	Wing Col(	(Mp) 200	Way A Mile Con	
Total Luis Case   to e-mail In  Lve-In ( ) / Tovell-In ( )   Inv  Horis	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	1	wing Col(	Spp play you	Way A Mile Con	
Total Luis Case   to e-mail In  Lve-in ( ) / Tovvell-in ( )   Inv  Horis	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	To Anti-	wing Col (	(Miss	Don.	
Total Luis Case   to e-mail (n  Lve-in ( ) / Tovvell-in ( )   Inv  Horis	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Invelte Pro	Wing Cot ( DANGE FOR COT (  DANGE FOR COT (  DATE OF COT (   DATE OF COT (  DATE OF COT (   DATE OF COT (  DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (   DATE OF COT (    D	(Miss	(H8)	
Total Luis Case   to e-mail In  Lve-In ( ) / Tovell-In ( )   Inv  Horis : ::::::::::::::::::::::::::::::::::	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Inverte Pine  Inverte Pine  I) ARI Assiden  I) TP   Taving  O) FT   Jalle we	PARTITIONS  Data Von Gir.  Reservas (3100)  Alkumick (3100)	KUSU INC	(HO)   (H	
Total Luss Case   to e-mail In  Ive-in( )/Toved-in( )/Iny  Horis : Sulling Boiling SETS BIGGS  Apply for Transpara Allowance (  QC Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost  Injury 1  Cotton Action 18  Lotton 18  Lot	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Invelte Pro	PARATITION (STATE OF COLUMN TO THE COLUMN TO THE COLUMN	KUSU INC	(13) 110/10 110/10 110/10 110/10 110/10	
Total Luis Case   to e-mail In  Ive-in ( ) / Towell-in ( )   Iny  manis sulling Boiling 6788 1004  Apply for Transport Allowance (  QC Check / Post Repair Inspection  Uplood Resurvey Photo (Repair Cost  Injury 1  CTUMO Actions  Junani E Remeding  Vot/Owners  Mact Not	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Inverted for the land of the l	POTAL DING (STO)  AIR DING SULLY  FILL INC OUT (STO)  AIR DING SULLY  FILL INC OUT (STO)	KUSU INC	(HO)   (H	
Total Luis Case   to e-mail In  Ive-in ( ) / Towell-in ( )   Iny  manis sulling Boiling 6788 1004  Apply for Transport Allowance (  QC Check / Post Repair Inspection  Uplood Resurvey Photo (Repair Cost  Injury 1  CTUMO Actions  Junani E Remeding  Vot/Owners  Mact Not	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Inverted for the land of the l	PARATITION (STATE OF COLUMN TO THE COLUMN TO THE COLUMN	KUSU INC	(Harrison (Harri	
Total Luis Case   to e-mail In  Ive-in ( ) / Towell-in ( )   Iny  nation of the second	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	DAID	WINE COI ( DANS AND DOC  DANS AND DOC  DOTES OF THE COINT (  RESORT SUIVIY  PROVING SUIVIY	X (	(Harrison (Harri	
Total Luis Case   to e-mail In  Ive-in ( ) / Towell-in ( )   Iny  Horis   In Pibol   In Pibol   Bill On    Apply for Transport Allowance (  QC Check / Post Repair Inspection  Uplood Resurvey Pholo (Repair Cost  II/U/// I  CTUMA   Action   Billion    January I  CTUMA   Action   Billion    Ver/Owner  Italian   Mail Case   Italian    Mail Cost   Mail Case   Italian	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (		Wing Col ( DANS APROCE  DANS APROCE  I VIOLENTIA COLOR  I VIOLENTIA  I V	X (	(HO) 1231	
Total Luis Case   to e-mail In  Ive-in ( ) / Towell-in ( )   Iny  Horis   In Pibol   In Pibol   Bill On    Apply for Transport Allowance (  QC Check / Post Repair Inspection  Uplood Resurvey Pholo (Repair Cost  II/U/// I  CTUMA   Action   Billion    January I  CTUMA   Action   Billion    Ver/Owner  Italian   Mail Case   Italian    Mail Cost   Mail Case   Italian	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Investor Pine In	Wing Co! ( DANS JUNCO!  DANS JUNCO!  DATE OF CO!  DATE OF	(K) 180	(H)	
Total Luis Case   to e-mail In  (Ive-in ( ) / Towed-Ib ( )   Iny  mortis signific Reciping of Table Con  Apply for Transpara Allowabor (  QC Check / Post Reph' I bapood on  Upload Resurvey Photo (Repair Cost  II/Ury /  INTERIOR OF TABLE COST  II/Ury /  Interior Cost  Interior	5 U T O T U R G E N T L Y , I , I O   C O   Y E S (	Investor Pine In	Wing Co! ( DANS JUNCO!  DANS JUNCO!  DATE OF CO!  DATE OF	(K) 180	(HO) (HO) (HO) (HO) (HO) (HO) (HO) (HO)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Luss Case   to e-mail In  (Ive-in ( ) / Towell-Ib ( )   Iny  mortis and In Report   post Report   post Resurvey Photo   Repair Cost  Injury :  Interpolation   Action    Interpolation   Action    Interpolation   Action    Interpolation   Action    Interpolation    Interpol	SUPOR URGENTLY, OCCUPY ( ) / NO ( ) / COUTCUTY COT	Investor Pine In	Wing Co! ( District C	(K) 180	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	******

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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

foresaid.	ACCIDENT STATEMENT
Date Of Report	24/04/2018 17:10
Date Of Accident	20/04/2018 17:55
Exact Location Of Accident	MERGING LANE ON IRRAWADDY RD TOWARDS THOMSON RD
Country/State of Loss	SINGAPORE
Country/state of coss	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG4414X
Insured/Policyholder	
CONTROL OF THE PROPERTY OF THE PARTY OF THE	SIME DARBY SERVICES PTE LTD
Name Of Registered Owner	197501065W
Co Reg No	SIEW.LECK.HUNG@SIMEDARBY.COM.SG
Email Address	(LOCAL) +65-96396329
Mobile Phone No Alternative Phone No	OFFICE-96396329
Vehicle Particulars	511162 4444
1808/FF80E3D003800W5386F-D4/5	VOLKSWAGEN
Manufacturer	GOLF MATCH TSI-1.4 (A)
Model	
Exact Purpose for which vehicle was being u time of accident	
Are you claiming under your own insurance part for repair to your vehicle?	1170
If No, Please state action to be taken	THIRD PARTY
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	B 29040710 TMC
Cover Note Number	
Driver	
Name of Driver	SIEW LECK HUNG
NRIC No	\$8936626G
Date Of Birth	19/10/1989
Occupation	INDOOR
Date Of Driving Pass	31/07/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96396329
Fax Number	
T GA TAGITIES	

OTHERS-96396329

SIEW.LECK.HUNG@SIMEDARBY.COM.SG

Address

BLK 325 YISHUN CENTRAL

#08-371

Postcode

760325

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

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

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?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

WC1586G

Vehicle Make/Model/Colour

BLUE LORRY

**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)

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 ma 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.
- 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)

l 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' law yers/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 law yers/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 Road (homen

Witnessed by Reporting Centre Personnel

Sketch Plan

scribe C	ircumstar	nces of th	ne Accide	nt			b dest.						
	2 - 6	L Day'	17.53 4	114	1 mar	to	elling	Noven	Israto	ly Rod	l in	Sk 6	1414X .
		h April			-	Tune	neor	も	the	PH PH	116		on Road
Me I		1		7	giry	odenky	Fert	60	impa		My	lott	frus.
115	- In	LUT	dring	1 1	-	_	64	hed	hit		10	164	1805
side.	£ (	erlied		) force			Nu	ECK					ohead.
2195		immedia		miled	(w	MATA		Fretk	dair	(me	dom		-it T
ord	furthe		ryry	The other	(M	PAKEhi			Jetails.	Sint		ha	
	ressure		ten vik		HeA)		to?		photog	Call	left.		ou(d
	leas of	h	acolin	7	well was		11 owny		Din	lare			ų
llha		entrate	that		himself		the		91-4		hilmen	(00	
	rele dies	e/ 149	179407	rcity	"WHELT	1.10	W		71.9	-10	1//		1
04	1 for	MY	Cor.	_									
											755F		
									_				
													_
										7011	4554		
											VI [20]		
								11 -2-	5-597				
								_					
								_				25-1-1	
	E 200 ZE25											_	
						1000							
							11111					-	
OTE:	PLEASE 1	NOTE TI	HAT YOU	JR INS	URER	MAY	HAVE	14 DA	YS TIM	E FRAM	ME FO	R YO	U TO
UBMI	TANOW	N DAM	AGE CLA	IM UN	NDER '	YOUR	OWN F	POLIC	Y. PLEA	ASE CH	ECK Y	OUR	POLI
	ORE INFO												
lanca S	tate.			30				States					
) Cla	im Own P	olicy ()	Claim 7	Third Pa	arty (	) Clair	n OD/T	P at ot	her worl	kshop (	) Rej	portin	g only

#### Declaration

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

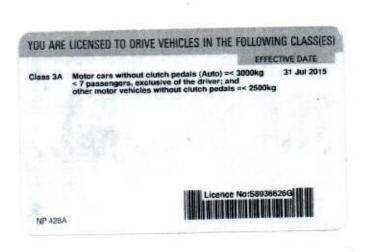
Witnessed by Reporting Centre Personnel

Detect Applicant	20/04//8   Time: /7:53
300 0171000011	20101110
Exact Location of Accident	nerging lane on Irrawaldy Koad exiting into Thomson Koud.
	os a de la seculia de la capacida d
Vehicles Registration Number: SKG 4411	Name of Registered Owner: SIME DARRY SERVICE:
NRIC / Passport No. / FIN:	Co. Reg. No.(for Co. Vehicle Only): 197501065W
Zemole Particulars	With Control of Contro
Manufacturer: VW	Model: GOLF MATCH 1.4
Exact purpose of vehicle being used at time of accid	
Are you claiming your own insurance policy for repair	ir to your venicier tes a Claiming Against 3 Party a Por Reporting Only a
Vehicle Category: Private Car	
arancaide Gompany	
Name of My Insurance Company: m519	-19-4-D
	rd Party-El
Reet Policy (Multiple vehicles coverage): Yes D	No □ Policy / Cover Note Number:
university of the second secon	NRIC / Passport No. / FIN: 5943[ (266)
Name of Driver: SZEW LECK HUNG	
Date of Birth: 19/10/1939	
Date of Driving Pass: 31/0+12015	
107 107 -	native Phone No.:
Address as stated in NRIC: BIX 715, # 0	- 14
	simedariy con. sg
Was driver an employee of the Insured's Company?	
*Does the Driver Own Any Other Vehicle?	Yes O No E
*Vehicle Reg. Number of Driver's Own Vehicle (if ap	
* Insurance Company of Driver's Own Vehicle (if app	plicable):
Other Intormation of the Accident	A SECTION OF THE SECT
Weather Conditions	Clear ☐ Raining ☐ Others ☐ (please state condition):
Road Surface	Wet ☐ Dry ☐ Others ☐ (please state condition):
Was anybody injured in the accident?	No □ Yes □
Was any foreign vehicle involved in this accident?	No D Yes □
Foreign Vehicle Registration Number	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxl/Bus Others □ *Please indicate
Was any other vehicle or property involved?	No □ Yes E
Was there any video captured by Car Camera?	No □ Yes-已
Was the accident reported to the Police?	No ☑ Yes ☐ If Yes, which Police Station?
Was notice of Intended Prosecution given?	No.□* Yes □ If Yes, against whom?
have been approached by unknown person(s)	No.₽ Yes □
soliciting / offering accident claims assistance.	
Vehicles Registration No.: W = 1586 G	HICLE (Please complete Arinex A Form if more vehicles involved)
	Vehicle Make / Model / Colour: BLUE LORRY
Details of Property Damaged in Accident (other than	The state of the s
lame of Driver:	NRIC/Passport Number:
contact Number:	In at Cada
ddress:	(Post Code:
surance Company Name:	
ature of Damage: Front  Rear Left	Right □ No. of Passengers (Including Driver):
etails of Witness - Name:	
etails of Witness - Contact Number:	
etails of Witness - Email Address:	
	PERSON (Please complete Annex A Form if more person injured)
ame:	Approximate Age:
ddress:	(Post Code:
lurles Sustained:	Injured person in which vehicle (vehicle reg. no.);
ere seat belts worn? No □ Yes □	Were injured conveyed to hospital by ambulance? No ☐ Yes ☐
pe of Accident (Please tick the appropriate type on	flipside of this form)

<sup>\*</sup> Compulsory information required by GIARMC Accident Reporting System for accidents occurring from 15 January 2013 onwards.











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

MOTOR CAR - COMMERCIAL TP

Third Party

Certificate No.

B 29040710 TMC

Index Mark and Registration Number of Vehicle

SKG4414X

2. Name of Policyholder

Sime Darby Services Pte Ltd

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

 Use for racing pace-making reliability trial or speed-testing.
 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