

Date In: 30/5/18 14:47	Job description	Date & Time Completed	Done by
Ref No: NA/MSG180097361/h4	SAS e-filing		
Veh No: E2811E	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 29/5/18 13:45	i-Motor Claim Form		
QD / TP / Resurvey Only	i-Motor W/O (within 48hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: Cyclist. 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 repair.

() 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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QH*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI) - TP (Non INC) against INC \$20		
	9) NI2: Idac Mobile \$0		
	Invoice date:	Fee Charged	
	Invoice date:	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	30/05/2018 14:47
Date Of Accident	29/05/2018 13:45
Exact Location Of Accident	JUNC OF XILIN AVE & UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ811E
Insured/Policyholder	
Name Of Registered Owner	TAN JUI KWANG DENNIS
NRIC No	S0150081C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96189882
Alternative Phone No	OFFICE-96189882

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28696141 QMY
Cover Note Number	-

Driver

Name of Driver	MRS TAN GEOK CHOO NEE LAW
NRIC No	S0085038A
Date Of Birth	01/10/1950
Occupation	INDOOR
Date Of Driving Pass	29/04/1976
Driving Experience	42 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96802662
Fax Number	
Contact Number	
Email Address	CHERRYGCTAN@GMAIL.COM

Address	14 JALAN PARI KIKIS
Postcode	488540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 BICYCLIST
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : LAW CHWEE NEO
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	JORDAN TAY JIN JIE
NRIC/Passport Number	S9501600F
Contact Number	93291126
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

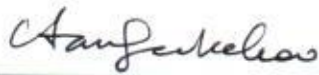
IMPORTANT NOTICE

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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 5 / 18) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: Junc of Xilin Ave & Upp Changi Rd East.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: E2 811E
b) INSURANCE COMPANY: MSIG.
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: Private Use
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: Tan Jui Kwang Dennis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 0150081 C CONTACT: 96189982.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mrs Tan Geok Choo Nee Law (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9680 2662.
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)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: Marine Parade MPC

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

Camera: No.

warning CI by today.

Email = cherrygetan@gmail.com
jabwocky2@gmail.com

fax =

AK



SINGAPORE POLICE FORCE



T/20180530/2014

1 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180530/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 10:07	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: MRS TAN GEOK CHOO NEE LAW			Address: 14 JALAN PARI KIKIS SINGAPORE 488540		
ID Type / ID No.: NRIC NO / S0085038A			Contact No.: Home/Office: Mobile: 96802662		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 67	Date of Birth: 01/10/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 29/05/2018 13:45	Type of Location: X-Junction
Location: Along Road 1 XILIN AVENUE UPPER CHANGI ROAD EAST Junction of Xilin Ave and Upper Changi Road East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ811E	Car	MAZDA	5	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EZ811E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A28696141QMY	01/03/2018	29/01/2019



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180530/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MRS TAN GEOK CHOO NEE LAW	ID No.	S0085038A
Related Vehicle	EZ811E (Car)	Contact No.	96802662
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
Cyclist			
Name	JORDAN TAY JIN JIE	ID No.	S9501600F
Related Vehicle	NIL	Contact No.	93291126
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 29/05/2018 at about 1345hrs, I was driving my husband's car along Upper Changi Road East. My sister was in the car with me as a passenger. At the junction of Xilin Ave, I was slowly turning left from Upper Changi Road East into Xilin Ave. It was natural to slow down at any bend especially as there was a pedestrian crossing ahead. I slowed down, carefully approached and when almost into the crossing proper, I stopped when I saw a cyclist riding fast from the right at my driver's side of the car.

Unexpectedly, the cyclist headed straight towards the right side of my car. He may have tried to avoid my stationary car but he just clipped (hit) the front number plate of the car. There was a small glancing collision.

There was no damage to the bicycle but the front car number plate was slightly bent with a broken piece at the bottom right hand corner (driver's side) where the bicycle hit it. The name strip showing the car dealership (Eurokars Group) below my number plate broke off.

There was no injury to the cyclist as I asked the cyclist after I got out of my car. He picked himself up and walked normally to his bicycle to pick it up. He told me he was alright although having fallen off the bicycle, a side of his buttock hurt a little. He added he had an old injury on the same side of his buttock during his National Service days. There were no bruises or lacerations.

As a responsible, concerned driver and mother, I wanted to be completely safe and sure. I took him as a



**SINGAPORE
POLICE FORCE**



T/20180530/2014

3 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180530/2014

CONTINUATION OF REPORT

passenger and carried his bicycle in my car boot to Changi General A&E for his medical check-up. In fact whilst in my car, he apologized for all the trouble and inconvenience he caused. He later told me at the A&E that the nurse there gave him a Panadol when he said his buttock hurt. This was whilst waiting for a doctor. He subsequently told me there was no pain after taking the Panadol and will wait to see the doctor.

I left him when his mother came and they both took photos of my car and his bicycle which was returned



**SINGAPORE
POLICE FORCE**



T/20180530/2014

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

4 of 4

Report No. T/20180530/2014

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 SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Chang Hui Loo

Date/Time:
30/05/2018 10:07

Classification Of Case:

SIGNATURE

Statement of Driver of Vehicle EZ 811 E

Date: Tuesday 29 May 2018

Time: on or about 1.45pm

Location: Xilin Ave just after junction with Upper Changi Road East

Road conditions and Weather: good and dry, visibility good and normal

Vehicles: Mazda 5 car no. EZ811E and blue Raleigh bicycle

Driver: Tan Geok Choo nee Law

Front passenger: Law Chwee Neo

Cyclist: Jordan Tay Jin Jie NRIC S9501600F. (Jordan)

Facts

On the above stated date, time and place I was slowly turning left from Upper Changi Road East into Xilin Ave. It was natural to slow down at any bend. Especially, when there was a pedestrian crossing ahead. I slowed down, carefully approached, and when almost into, the crossing proper, I stopped when I saw a cyclist riding fast from the right at my driver's side of the car.

Collison

Unexpectedly the cyclist headed straight towards the right side of my car. He may have tried to avoid my stationary car. But he just clipped (hit) the front number plate of the car. There was a small glancing collision.

Damage

There was no damage to the bicycle (see Picture 1 taken at Changi General Hospital). My front car number plate was slightly bent, with a broken piece at the bottom right hand corner (driver's side) where the bicycle hit it. (See Picture 2- taken outside my house) The name strip showing the car dealership (Eurokars Group) below my number plate broke off.

Injury

There was no injury to the cyclist. This was confirmed when I got out of my car and asked after the cyclist: Jordan. He picked himself up and walked normally to his bike to pick it. He told me he was alright although having fallen off the bicycle a side of his buttock hurt a little. He added he had an old injury on the same side of his buttock during his National Service days. There were no bruises or lacerations.

As a responsible, concerned driver and mother, I wanted to be completely safe and sure. I took him as a passenger, and carried his bicycle in my car boot, to Changi General A&E for his medical check-up. In fact whilst in my car, he apologized for all the trouble and inconvenience he had caused. He later told me at the A&E that the nurse there gave him a Panadol when he said his buttock hurt. This was whilst waiting for a doctor. He subsequently told me there was no pain after taking the Panadol and will wait to see the doctor.

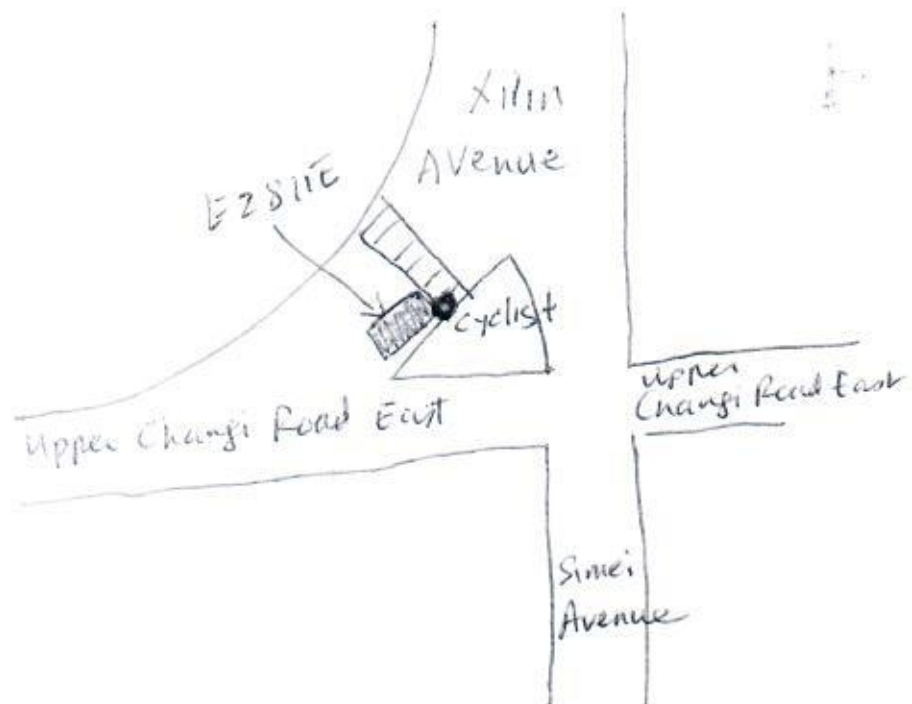
I left him when his mother came and they both took photos of my car and his bicycle which was returned to him.

Observations

- My car was stationary.
 - The bicycle had fallen at the right front of the car. (Pic 1) There was no damage to the bicycle. If the car had hit the bicycle, it would have been, at least, twisted and bent with the forward momentum of the collision. But was no damage to the bicycle.
 - The cyclist got up and walked. It would not have been so if the car had hit the bicycle and him at his left side. There were no bruises or lacerations

- The cyclist hit my car.
 - The right bottom corner of my number plate broke. The name strip at the bottom of the number plate showing the car dealership was also ripped off (driver's side). The bicycle had clipped my car from the right side.
 - The cyclist admitted he was in a rush being late for an appointment.
 - He fell off his bicycle, there were no bruises or lacerations

- There was no injury to the cyclist.
 - He was got up talking and walking normally. No bruises or lacerations.





Picture 1
- Raleigh
Bicycle



Picture 2

EZ 811E
with broken
piece
at bottom
right hand
corner
and name
still showing
Car
dealership
(Eurobas
Group)
below
number
plate
broken
off.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S0085038A**

Name: **MRS TAN GEOK CHOO NEE LAW**

Birth Date: **01 Oct 1950**

Issue Date: **10 Jun 2003**

000557143K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0085038A**

Name: **MRS TAN GEOK CHOO NEE LAW**

陈玉珠

Race: **CHINESE**

Date of Birth: **01-10-1950**

Sex: **F**

Country of Birth: **SINGAPORE**



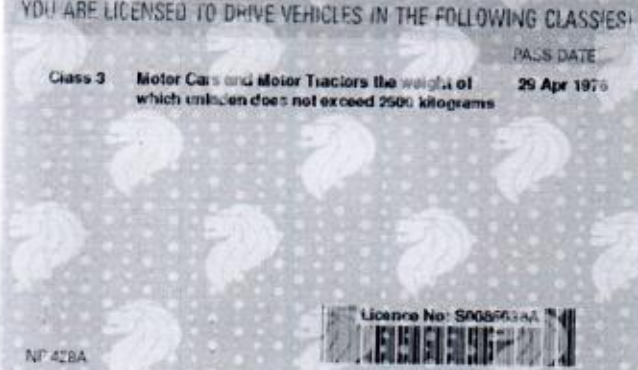

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES:

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **29 Apr 1976**

NP 428A

License No: **S0085038A**



0114096

NRIC No. **S0085038A**

Blood Group: **O+**

Date of Issue: **03-10-1991**

14 JALAN PARI KIKIS
SINGAPORE 486540

NRIC No: **S0085038A**

Date: **19/02/1999 (R)**




**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.X.1
 Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 28696141 QMY

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 EZ811E

2. Name of Policyholder
 Tan Jui Kwang Dennis

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 01/03/2018

4. Date of Expiry of Insurance
 29/01/2019

5. Persons or Classes of Persons entitled to drive*

Tan Jui Kwang Dennis

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 only for social domestic and pleasure purposes and for the Policyholder's business.
 The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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