

Duke ID:	Job Description	Date & Time Completed	Done by
20/06/2018 17:07	SAS e-lining		
Ref/No: NA/MSG18011216/KY	Control (within 2hrs, AIO 2hrs)		
Veh No: EBF 767OP	1-Motor Claim Form		
D.O.A: 31/05/2018 15:00	1-Motor VVO (within 2hrs, VV 1hr)		
OD / TP / Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Pax/Hand to Owner/VVWsp		

General Remarks: _____
 () Work-In-Progress | Customer's Information strictly Confidential & Strictly NO Refer of Repairs.
 () Total Loss Case | to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks	UNR Hotline: 678.816.0161	DATE Time Completed	Unit/Donor
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check/ Post Repair Inspection ()			
3) Upload Reserve Photo (Repair Cost > \$3000) ()			

[illegible]

NA1803871		INVOICE/PREPARATION CHECKLIST	
Union/Particulars		1) AR Accident Reporting (3300)	
Driver/Owner		2) DA Damage Assessment (3100)	INC (48)
Police No:		3) TP Towing Fee	22713
Insured Portion: VEH		4) PT Follow Through Survey	110
		5) PT Follow Through Survey (Returner)	110
		6) TRAIL Inspection	110
		7) NIS/DA + SMRT Survey	110
		8) NTUC Additional Survey (Call)	
		9) NIS Survey Call / TP Allowance	110
		10) NIS Repair Coordination	110
		11) NIS Post Repair Inspection	110
		12) NIS / Collision Repair Coordination	110
		13) TP (NIS) / TP (NIS) / TP (NIS) / TP (NIS)	110
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/06/2018 17:07
Date Of Accident	31/05/2018 15:00
Exact Location Of Accident	TAMPINES AVE 3 TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7670P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIRUL RIZAL BIN HANAFI
NRIC No	S9033539A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93790806
Alternative Phone No	OTHERS-93790806

Vehicle Particulars

Manufacturer	MEGELLI
Model	125M MANUAL
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
Fleet Policy	NO
Policy Number	
Cover Note Number	72082920

Driver

Name of Driver	MUHAMMAD FAIRUL RIZAL BIN HANAFI
NRIC No	S9033539A
Date Of Birth	10/09/1990
Occupation	INDOOR
Date Of Driving Pass	15/12/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93790806
Fax Number	
Contact Number	OTHERS-93790806
Email Address	NOEMAIL

Address	BLK 15 MARINE TERRACE #04-28
Postcode	440015
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	OILY

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?	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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180602/2008

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	SFJ9996T
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	

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.:

Tampines Ave 3 towards .

SKETCH PLAN

Tampines Ave 10




A - FBF 7670P
B - SF J9976T

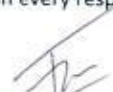
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report -
pls Refer to the Police
1/20180602/2008

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.:

20/6/2018



SINGAPORE POLICE FORCE



T/20180602/2008

1 of 4

Report No. T/20180602/2008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2018 02:54		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: MUHAMMAD FAIRUL RIZAL BIN HANAFI			Address: APT BLK 15 MARINE TERRACE #04-28 SINGAPORE 440015		
ID Type / ID No.: NRIC NO / S9033539A			Contact No.: Home/Office:		Mobile: 93790806
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/09/1990	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FACILITATOR			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 3 Towards Tampines Avenue 10				
Weather: Clear		Road Surface: Oily		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7670P	Motorcycle	MEGELLI	125M MANUAL	White	Seriously Damaged	0
SFJ9996T	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company.	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF7670P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72082920	12/04/2018	11/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD FAIRUL RIZAL BIN HANAFI		ID No.	S9033539A
Related Vehicle	FBF7670P (Motorcycle)		Contact No.	93790806
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SFJ9996T (Car)		Contact No.	NIL
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 31/05/2018 at about 1500hrs, I was riding my motorcycle (FBF7670P) along Tampines Ave 3 (Near Block 940 Tampines Ave 3) towards Tampines Ave 10. I was riding on first lane.

While I was riding, I saw a car (SFJ9996T) from a distance. Suddenly, I saw the car began to stop. I brake my motorcycle. As I was nearing, I felt that the car was getting nearer and started to wobble. I began to jam brake and fall (skidded) on my left.

When I fell on the road, my motorcycle, hit on to the left rear bumper of the car. The driver then alighted and checked on me. When I got up, I saw that there is an oil spill at the lane one where the accident occurred.

The driver take a look of his car damages. I saw that there are small portion of dents on the left rear bumper. My front motorcycle was badly damaged. The driver told me to pay SGD1000/- for private settlement. I disagree as it is too expensive. As my mobile phone battery was running low, I told him to



**SINGAPORE
POLICE FORCE**



T/20180602/2008

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

3 of 4

Report No. T/20180602/2008

CONTINUATION OF REPORT

call for Traffic Police.

Traffic police and ambulance came. At that point of time I am still fine and does not want to be conveyed to the hospital.

On 01/06/2018 at about 0500hrs, when I woke up, I realised that I was unwell. I felt pain on both of my legs, my back and my head.



**SINGAPORE
POLICE FORCE**



T/20180602/2008

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/20180602/2008

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: *[Signature]*
G /
Staff Sgt MUHAMMAD FAISAL BIN HAMZAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp
NP168

Faisal

Signature Of Informant:

[Signature]

Date/Time:
02/06/2018 02:54

Classification Of Case:

Reported on 20/6/2018
@ 1700hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 31/5/2018 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Tampines Ave 3 towards Tampines Ave 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF7670P
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: _____
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: SFJ9996T 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: _____

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9033539A**



Name
**MUHAMMAD FAIRUL RIZAL
BIN HANAFI**

Race
MALAY

Date of birth
10-09-1990

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9033**

Name
**MUHAMMAD FAIRUL RIZAL
BIN HANAFI**

Birth Date: **10 Sep 1990**

Issue Date: **12 Oct 2011**



4310351



NRIC No. **S9033539A**



Date of issue
03-11-2008

Address
**APT BLK 15 MARINE TERRACE
#04-2B
SINGAPORE 440015**

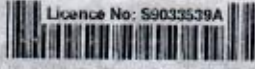
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
15 Dec 2009

Class 2B Motorcycles \leq 200 cc

NP 428A

Licence No: **S9033539A**



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72082920

Agency : A0074-001-10208

Date : 03 Apr 2018

Name : MUHAMMAD FAIRUL RIZAL BIN HANAFI

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 00:01AM on 12 Apr 2018 to midnight on 11 Apr 2019 unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBF7670P	Insured Value	Third Party Liability (TPL)
Engine No.	EH156FMI11000637	C.C.	124
Chassis No.	LWGPCJL06B0001096		
Year Manufactured	2011	Year of Registration	2011
Make & Model	MEGELLI [125M MANUAL]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person