

NATIONAL Assessment Centre Services			
Date In: 28/06/2018 17:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/M86/8011846/4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SL60 254/D	i-Motor Claim Form		
DOA: 27/06/2018 16:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FBD 8375X	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
Q1: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non 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	28/06/2018 17:19
Date Of Accident	27/06/2018 16:00
Exact Location Of Accident	SLIP RD JLN BUKIT MERAH TO CTE/SLE LAMPOST (93S3A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2541D
Insured/Policyholder	
Name Of Registered Owner	LEE LIAN PENG
NRIC No	S1768694A
Email Address	CHOOKANGSIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82185555
Alternative Phone No	OTHERS-81185960
Vehicle Particulars	
Manufacturer	BMW
Model	650I-4.4 ABS D/AB 2WD DSC HID HUD INT/S (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING BOSS SON
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27154205 SMP
Cover Note Number	

Driver

Name of Driver	CHOO KANG SIANG
NRIC No	S0019130B
Date Of Birth	28/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82185555
Fax Number	
Contact Number	OTHERS-81185960
Email Address	CHOOKANGSIANG@YAHOO.COM.SG

Address	BLK 65 COMMONWEALTH DRIVE #05-303
Postcode	140065
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180628/2084

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF8375X
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM CHEE MIN
NRIC/Passport Number	S7048535D
Contact Number	93985868
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LIM CHEE MIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBF8375X

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:

500191308
(Chen) Choo Kang Siang
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN

LP - lamp post



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/06/2018 around 4:00pm I, Choo Kang Siang (50019130B) driving SLW2541D ^{from} Kian Tian to Nanyang Polytechnic via Jln Bt Merah and CTE/SLE. On turning left from Kian Tian Rd to Jln Bt. Merah, I saw a long queue of vehicles on the left side of slip road to CTE/SLE. So I used the the right lane of the slip road. Due to the continuing traffic from the opposite side of Jln Bt. Merah (towards Delta Rd) turning into the slip road towards CTE/SLE. I have to slow down and stop at the given way line (lamp post 9359A) while waiting for the traffic to clear, I heard a bang on my vehicle's left rear side. I turn my head and saw motorcycle FBD 8375X losing control to balance up. Finally the motorcycle collapsed. I went out of my vehicle and saw two persons from other vehicles was helping the FBD 8375X rider. I call 999 to request for ambulance services because the ride was in pain. SS Haidil Osman from Traffic Police arrived around 16:30 hrs and collected my ~~ambulance~~ dash camera SD card Report A/20180627/0078. The ambulance convey the rider to hospital. Traffic condition at the time was moderate, road was dry, weather clear.

POLICE REPORT T/20180628/2084

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

(Choo) 50019130B
Choo Kang Siang
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:



SINGAPORE POLICE FORCE



T/20180628/2084

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20180628/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 13:41		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: CHOO KANG SIANG			Address: APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065		
ID Type / ID No.: NRIC NO / S0019130B			Contact No.: Home/Office: Mobile: 81185960		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 28/06/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			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: 27/06/2018 16:00	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Turning to the slip road				
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 Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8375X	Motorcycle	YAMAHA	SPARK 135 A	Red	Slightly Damaged	0
SLW2541D	Car	BMW	650I AT ABS D/AB 2WD DSC HID HUD	Brown	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180628/2084

2 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180628/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHEE MIN	ID No.	S7048535D
Related Vehicle	FBD8375X (Motorcycle)	Contact No.	93985868
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
Driver			
Name	CHOO KANG SIANG	ID No.	S0019130B
Related Vehicle	SLW2541D (Car)	Contact No.	81185960
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 27/06/18 at about 1600hrs I was driving my Brown BMW Vehicle(SLW2541D) along Jalan Bukit Merah turning to the slip road to CTE/SLE(jalan bukit merah Flyover). At the slip road I brake and stop at the slow down line. To see if there is any in-coming traffic from the right side. I then heard a bang on my rear left side of my bumper and came down to check I saw a Yamaha motorcycle(FBD8375X) hit my vehicle. I then called 999 for an ambulance as he was in pain. The police also came down to the scene. The ambulance came and conveyed the motorcyclist to the hospital. I was then given a report number. (A/20180627/0078). The IO-In charge of this case is IO Mariah Ctt:65476433

My car suffer scratches to the left rear bumper. I have a in-car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180628/2084

3 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180628/2084

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:

E /

Sgt 2 TEE PENG SHENG

Signature Of Interpreter:

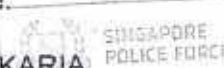
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433



Signature Of Informant:

Date/Time:

28/06/2018 13:41

Classification Of Case:

SIH 069

Authentication Stamp

NP168

SIGNATURE

10 manan
65476433
Lodge Police Report

Accident

J. Bukit Merah CTE (SLE)

Ref: Report No: A/20180627 / 0078

C/P
938305

1. SS HANIL Daman TOA 937

of TP

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One black 16 GB micro SD card (San Disk)

2

3

4

5

6

7

8

9

10

from Choo Kang Siang 500/9130B

(Name, NRIC or Passport No. / Rank and No.)

of B/65 Commonwealth DK # 05-303 S 140065

(Address / Police Station / NPC / NPP)

on 27/6/18

(Date)

at

1630

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)

(Signature)

500/9130B

81185960

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

Signature

SS HANIL

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 06 / 2018 (DD/MM/YYYY), TIME: 16 : 00 (HH:MM)

LOCATION: Slip road Sin Bt Merah to CTE/SLE lamp post no. 9353A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW2541D
b) INSURANCE COMPANY: M81G
c) POLICY NUMBER: B27154205 SMP
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 150i AT ABS, D/AB 2WD DSC MID HWD
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Fetch boss son
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lee Han Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1768694A CONTACT: 82185555
c) ADDRESS: Blk 28 Kim Tian Rd #36-06 Twin Regency

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Choo Kang Siang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S001930B CONTACT: 81185960
c) ADDRESS: Blk 65 Commonwealth Drive #05-303 (142065)

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/03/1977

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NA

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: River Valley NTP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F8D 9375X MODEL: Yamaha Motul
b) DRIVER'S NAME: Lim Chee Min
c) NRIC/FIN/PASSPORT: S7048535D CONTACT: 93985868

9. THIRD PARTY VEHICLE

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

Email = chookangsiang@yahoo.com.sg

Fax = /

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0019130B



Name

CHOO KANG SIANG

81185960

朱江森

Race

CHINESE

Date of birth

28-06-1953

Sex

M

Country/Place of birth

SINGAPORE



5955393



SPIC No. S0019130B



81185960

Address

APT BLK 65 COMMONWEALTH DRIVE
#05-303
SINGAPORE 140065

REPUBLIC OF SINGAPORE DRIVING LICENCE



Vehicle Number: S0019130B

Name

CHOO KANG SIANG

Birth Date: 28 Jun 1953

Issue Date: 10 Feb 2004



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

PASS DATE

Class 3

Motor cars <= 3500 kg with <= 9 passengers, exclusive of the
driver; and motor tractors <= 2500 kg

11 Mar 1977

S0019130B

S / No. 9000280581



NP 428A



Sime Darby Insurance
Brokers (Singapore) Pte Ltd
Tel: 2222 2244
Mon to Fri (excluding PH)
(8.30 am - 5.45 pm)

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.

SIME MOTOR PRIVATE
Comprehensive

Excess : SGD3,000

- SGJ5555.Y

- Lee Lian Peng

- 28/06/2017

- 27/06/2018

- Lee Lian Feng

Poon Seng Fatt

Any other persons

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.

- 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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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