

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

NA4888463

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 29/06/2018 17:06 | Job description | Date & Time Completed | Done by |
| Ref No: NBR/M8480/1908/14 | SAS e-filing | | |
| Veh No: FBX 6570B | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 29/06/2018 06:00 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: GBF 6527C | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA4888463 | Invoice Preparation Checklist | Amt (\$) Int Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 (N7a INC) against INC \$70 | | |
| | 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 | 29/06/2018 17:01 |
| Date Of Accident | 29/06/2018 06:10 |
| Exact Location Of Accident | CROSS JUNCTION OF GUL AVENUE AND GUL WAY |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | FBF6570B |
| Insured/Policyholder | |
| Name Of Registered Owner | LOKE WENG CHEONG |
| NRIC No | S1671979Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81112597 |
| Alternative Phone No | OTHERS-81112597 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | X-1R-135CC (M) |
| 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 | MSD/VMT/17-370431-CA |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOKE WENG CHEONG |
| NRIC No | S1671979Z |
| Date Of Birth | 31/01/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/05/1986 |
| Driving Experience | 32 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81112597 |
| Fax Number | |
| Contact Number | OTHERS-81112597 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 419 JURONG WEST STREET 42 #02-1005 |
| Postcode | 640419 |
| 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 - CROSS JUNCTION |
| 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) | 2 |
| Passenger 1 | NAME: : HO LAI LING (WIFE) GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180629/2096 (TYPE OF COLLISION IS HEAD TO SIDE)

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 | GBF6527C |
| Vehicle Make/Model/Colour | |
| 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)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

LOKE WENG

SLIGHT INJURY
FBF6570B

NO

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

HO LAI LING

SERIOUS INJURY
FBF6570B

YES

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.

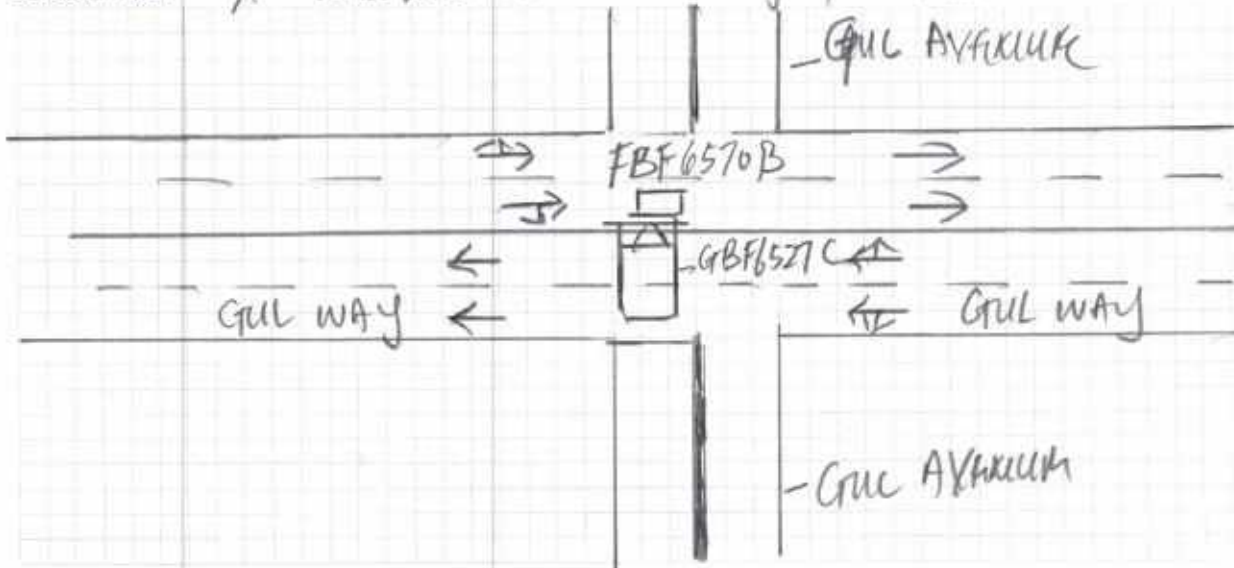
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

X - Junction of Gul Way & Gul Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/20180629/2098

DECLARATION

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

[Signature] 29/6/18

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 29/6/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
29/6/2018



SINGAPORE POLICE FORCE



T/20180629/2098

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180629/2098

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|----------------------------|--|
| Date/Time Report Made: 29/06/2018 14:49 | | Vide Report No.: E/20180629/0035 | | Station Diary No.: 84 | |
| Informant's Particulars | | | | | |
| Name of Informant: LOKE WENG CHEONG | | | Address: APT BLK 419 JURONG WEST STREET 42 #02-1005 SINGAPORE 640419 | | |
| ID Type / ID No.: NRIC NO / S1671979Z | | | Contact No.: Home/Office: Mobile: 81112597 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 54 | Date of Birth: 31/01/1964 | Type of Informant: Rider | | |
| Race: Chinese | | Language: | | Institution / School Name: | |
| Occupation: FORKLIFT DRIVER | | | Driving Licence Information: Class: 2B Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 29/06/2018 06:10 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 GUL WAY | | | | |
| X-Junction Gul Avenue and Gul Way | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|---------------------|-----------------|
| FBF6570B | Motorcycle | YAMAHA | X-1R | Blue | Slightly Damaged | 1 |
| GBF6527C | Lorry | | | | | 10 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|----------------|------------|-------------|
| FBF6570B | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT17370431 | 06/10/2017 | 05/10/2018 |



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LOKE WENG CHEONG | ID No. | S1671979Z |
| Related Vehicle | FBF6570B (Motorcycle) | Contact No. | 81112597 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 29/06/2018 | Date Discharge | 29/06/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |
| Pillion | | | |
| Name | HO LAI LING | ID No. | S1498857B |
| Related Vehicle | FBF6570B (Motorcycle) | Contact No. | 81579435 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 29/06/2018 | Date Discharge | 29/06/2018 |
| No. of Days granted Medical Leave | 16 | Degree of Injury | Serious |

Brief Details.

On 29/06/2018 at about 0630hrs, I was riding my motorcycle FBF6570B on the 1st lane of the 2 lane road along Gul Way. Prior to reaching the X-Junction of Gul Way and Gul Avenue, I notice about 5 car length away there is a white lorry coming from the right side of the road. I continue to ride down the road at the speed of 40-50km/h as I thought the lorry would give way as it was from the minor road. Upon reaching the intersection of the x-junction, the white lorry did not stop instead it accelerated. I performed an emergency brake but was unable to stop in time and the front portion of my motorcycle collided onto the lorry middle portion. My motorcycle fell to it's right together with my wife and myself.

The passenger and the driver of the lorry did not came down to assist me. I then stood up and assisted my wife up to the side of the road to sit down as she felt pain on her back and left leg. I called for 995 and shortly after, ambulance and Traffic Police was at scene. The ambulance provided medical attention to me and conveyed my wife to Ng Teng Fong General Hospital. Traffic police took down the particulars of the driver and took down my facts and instructed me to lodge a police report vide E/20180629/0035 under TP IO Meerah, Tel: 65476236.

I proceeded to Ng Teng Fong General Hospital to seek further medical attention and to find my wife. my wife and myself were discharged on 29/06/2018. I was issued 2 day Outpatient Sick Leave from 29/06/2018 - 30/06/2018. My wife was issued 16 days Hospitalization Leave from 29/06/2018 - 14/07/2018. I did not install any camera on my motorcycle and personal equipment's.



**SINGAPORE
POLICE FORCE**



T/20180629/2098

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20180629/2098

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180629/2098

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180629/2098

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:

J /
Sgt 2 LOW JIAN HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Signature Of Informant:

Date/Time:
29/06/2018 14:49

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 29/06/2018 (DD/MM/YYYY), TIME: 06:10 (HH:MM)

LOCATION: X. Junction of road way / GUL AVE

1. DETAILS OF VEHICLE FRP 6570B
 - a) VEHICLE NUMBER: FRP 6570B
 - b) INSURANCE COMPANY: MLH
 - c) POLICY NUMBER: Y
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Yamaha
 - 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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: LOKE WENG CHONG (MALE / FEMALE) MALE
 - 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) DATE OF DRIVING PASS _____

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

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) YES
IF YES, PLEASE STATE WHICH POLICE STATION: JURONG

8. THIRD PARTY VEHICLE GRF 6527C
 - a) VEHICLE NUMBER: GRF 6527C MODEL: WOLLY
 - 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 =

VIDE-O =

WIFE

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1671979Z



Name
LOKE WENG CHEONG

陸永昌

Race
CHINESE

Date of Birth
31-01-1964

Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Vehicle Number S1671979Z

Name
LOKE WENG CHEONG

Birth Date 31 Jan 1964

Issue Date 23 Jun 2002



1535933



NRIC No. S1671979Z



Health Group: A+ Date of issue: 22-12-1993

APT BLK 419 JURONG WEST STREET 42 #02-1005
SINGAPORE 640419

NRIC No. S1671979Z Date 24/12/2016

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

Class 25 Motorcycles not exceeding 200 cc

PASS DATE
08 May 1996

NP 425A



Licence No: S1671979Z



MSIG

CA 492038

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 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, 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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO

MSD/VMT/17-370431-CA A0074-001/1011L

SUM INSURED

TPL

EXCESS

NIL

1. Index mark and Registration Number of Vehicle FBF65708
2. Name of Policyholder 135 c.c.
YAMAHA
LOKE WENG CHEONG
3. Effective date of the Commencement of Insurance
for the purposes of the Act
4. Date of Expiry of Insurance 1201AM 06/10/2017
05/10/2018
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).

02/09/2017 (CGI)
 CA 492038

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.