

NATIONAL Assessment Centre Services

[ref: Jan-103]

32

Date In: 18/07/2018 15:27	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/18013075/K4	SAS e-filing		
Veh No: FBL 5993P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/07/2018 18:30	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:

SLK 3415S

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

Am't (\$)

Am't (\$)

Int. Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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) N1: Idm DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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: Idm 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 18/07/2018 15:27
Date Of Accident 11/07/2018 18:30
Exact Location Of Accident TUAS RD NEAR TO (GUL CIRCLE MRT STATION)
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL5993P
Insured/Policyholder
Name Of Registered Owner SARANGAPANY KUMARAVELU
NRIC No S2653376G
Email Address KUMARAVELU.RCY@GMAIL.COM
Mobile Phone No (LOCAL) +65-90213789
Alternative Phone No OTHERS-90213789

Vehicle Particulars

Manufacturer YAMAHA
Model FZN150
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 COMPREHENSIVE
Fleet Policy NO
Policy Number MSD/VMS/18-381913-CA
Cover Note Number

Driver

Name of Driver SARANGAPANY KUMARAVELU
NRIC No S2653376G
Date Of Birth 05/06/1954
Occupation OUTDOOR
Date Of Driving Pass 23/01/1997
Driving Experience 21 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90213789
Fax Number
Contact Number OTHERS-90213789
EMail Address KUMARAVELU.RCY@GMAIL.COM

Address	BLK 118C JALAN MEMBINA #26-119
Postcode	163118
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	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?	YES
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)	2
Passenger 1	
	NAME: : PRIYANKA D/O KUMARAVELU
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180713/2054

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	SLK3415S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	84902428
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SARANGAPANY KUMARAVELU

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBL5993P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PRIYANKA D/O KUMARAVELU

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBL5993P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

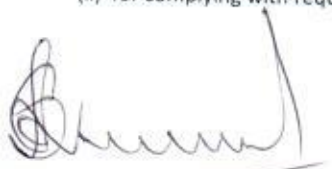
SKETCH PLAN

IMPORTANT NOTICE

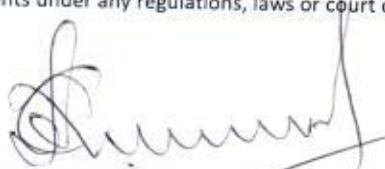
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

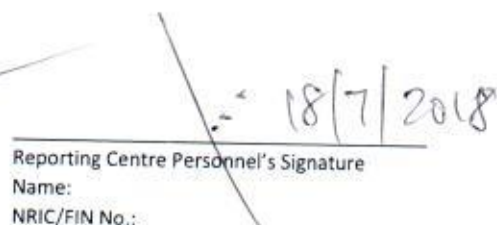
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



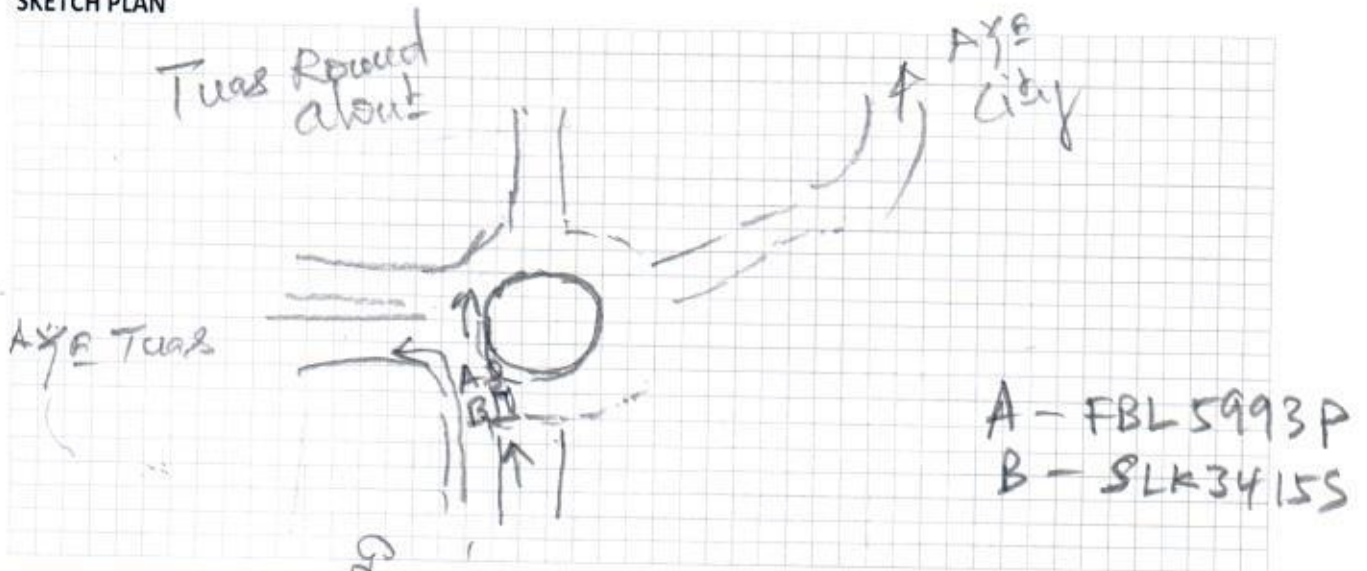
Driver's Signature
(If driver is not the policyholder)
Date & Time:



18/7/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: "pls Refer to the Police Report - T/20180713/2054".

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 18/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

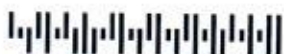
Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 12 Jul 2018

Your Ref :
Our Ref : TP/IP/39349/2018

SARANGAPANY KUMARAVELU
APT BLK 118C JALAN MEMBINA
#26-119
SINGAPORE 163118

000063



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG TUAS ROAD ON 11 JUL 2018 @ 6.29 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer IRMAN BIN MOHAMAD SAID at his / her office number: 65476365 or the supervisor MOHD JAMAL BIN MARZUKI at 65476354 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.



SINGAPORE POLICE FORCE



T/20180713/2054

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180713/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 12:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SARANGAPANY KUMARAVELU			Address: APT BLK 118C JLN MEMBINA #26-119 HDB KG TIONG BAHRU SINGAPORE 163118		
ID Type / ID No.: NRIC NO / S2653376G			Contact No.: Home/Office: Mobile: 90213789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 05/06/1954	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Resident technical officer			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: 11/07/2018 18:30	Type of Location:
Location: Along Road 1 TUAS ROAD NEAR TO GUL CIRCLE MRT STATION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5993P	Motorcycle	YAMAHA	FZN150	Black		1
SLK3415S	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180713/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5993P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18381913	28/04/2018	27/04/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	SARANGAPANY KUMARAVELU	ID No.	S2653376G
Related Vehicle	FBL5993P (Motorcycle)	Contact No.	90213789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018	Date Discharge	12/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Pillion			
Name	PRIYANKA D/O KUMARAVELU	ID No.	S9615606E
Related Vehicle	FBL5993P (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018	Date Discharge	12/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

ON 11/7/2018 AT ABOUT 1833HRS AT TUAS ROAD,

I WAS TRAVELLING NEAR TO GUL CIRCLE MRT TOWARDS A ROUNDABOUT. AT THE ROUNDABOUT, I STOPPED AS THERE WERE SOME VEHICLES. I WANTED TO EXIT TOWARDS AYE(CITY) VIA THE ROUNDABOUT. AS SUCH, WHEN I SAW THAT THERE WERE NO VEHICLES, I STARTED TO MOVE OFF INTO THE ROUNDABOUT. SUDDENLY, I FELT AN IMPACT FROM THE REAR AND BOTH MY PILLION AND I FELL FROM THE BIKE. AFTER THE ACCIDENT, WE WERE BOTH SENT TO NG TENG FONG HOSPITAL. I WAS GIVEN 3 DAYS MC WHILE MY PILLION WAS GIVEN 2 DAYS MC BUT WAS SUBSEQUENTLY REFFERED TO POLYCLINIC FOR FOLLOW UP CHECKS.



**SINGAPORE
POLICE FORCE**



T/20180713/2054

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20180713/2054

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180713/2054

4 of 4

Report No. T/20180713/2054

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/07/2018 12:46

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Reported on 17/7/2018
@ 1610HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (11/7/2018) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: Tuas Rd Near to Gut Circle MRT station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL5993P
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: 90213789
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) 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) slight

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK34155 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 84902428

9. THIRD PARTY VEHICLE

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

email = kumaravelu.rcy@gmail.com ✓

fax = skvel5469@gmail.com ✓

(MS16)
Waiting for Certificate? ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2653376G



Name
SARANGAPANY KUMARAVELU

சாரங்கபாணி குமரவேலு

Race
INDIAN

Date of birth
05-06-1954

Sex
M

Country of birth
INDIA




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2653376G

Name
SARANGAPANY KUMARAVELU

Birth Date 05 Jun 1954

Issue Date 03 Jul 2012



002003233H

3658158



NRIC No. S2653376G



Date of issue
04-01-2005

APT BLK 118C JALAN MEMBINA #26-119
SINGAPORE 163118

NRIC No: S2653376G Date: 18-05-2006 No: 5445192


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

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200 cc	23 Jan 1997
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	23 Jan 1997

NP 428A

Licence No: S2653376G



MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 27/04/2018

AGENCY: A0074-001-10002
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/18-381913-CA

INSURED:

NAME: SARANGAPANY KUMARAVELU
ADDRESS: 118C JALAN MEMBINA
#26-119
SE 163118

NRIC NO: S2653376G
DATE OF BIRTH: 05/06/1954 (63 yrs)
DRIVING EXP: 23/01/1997 (21 yrs)
CONTACT NO: 90213789

BUSINESS OR PROFESSION: CONSULTANT

PERIOD OF INSURANCE FROM: 28/04/2018 12:01AM TO 27/04/2019

REGISTRATION NUMBER: FBL5993P

CUBIC CAPACITY: 149

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2016

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23

EXCESS: S300(FIRE&THEFT) S600(ENDT 2K)

PREMIUM: 184.00

GST @ 7% 12.88

TOTAL: 196.88

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMS/17-357266-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.



Approved Insurers

Call on 07/12/2018 @ 1527 HRS.
If Driver said he got this certificate only?