

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 26/07/2018 10:29	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18013583/K4	SAS e-filing		
Veh No: FBC 3052R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/07/2018 13:35	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars: Veh No: SKT6187U 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

NA1804735

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

L 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	Est. Bill	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:-		
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 (Non INC) against INC \$20		
9) N12: Idac Mobile 30		

Invoice dated

Fee Charged

Invoice dated

Fee Charged

2/8/18

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	26/07/2018 10:29
Date Of Accident	01/07/2018 13:35
Exact Location Of Accident	BENDEMEER ROAD / LAMP POST NUMBER : 39
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC3052R

Insured/Policyholder	
Name Of Registered Owner	RAVEENDRAN MATHIVANAN
Passport No/FIN	G0989687U
Email Address	MATHIVANANRAVEENDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82838245
Alternative Phone No	OTHERS-82838245

Vehicle Particulars	
Manufacturer	HONDA
Model	CBR 150R 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	REPORTING ONLY
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/17-366286-CA
Cover Note Number	

Driver	
Name of Driver	RAVEENDRAN MATHIVANAN
Passport No/FIN	G0989687U
Date Of Birth	02/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82838245
Fax Number	
Contact Number	OTHERS-82838245
Email Address	MATHIVANANRAVEENDRAN@GMAIL.COM

Address	ASIA TECHNICAL GAS CO PTE LTD
Postcode	
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	RAINING
Road Surface	WET

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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180701/2049

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	SKT6187U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK SENG
NRIC/Passport Number	S6812326G
Contact Number	97880912
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:



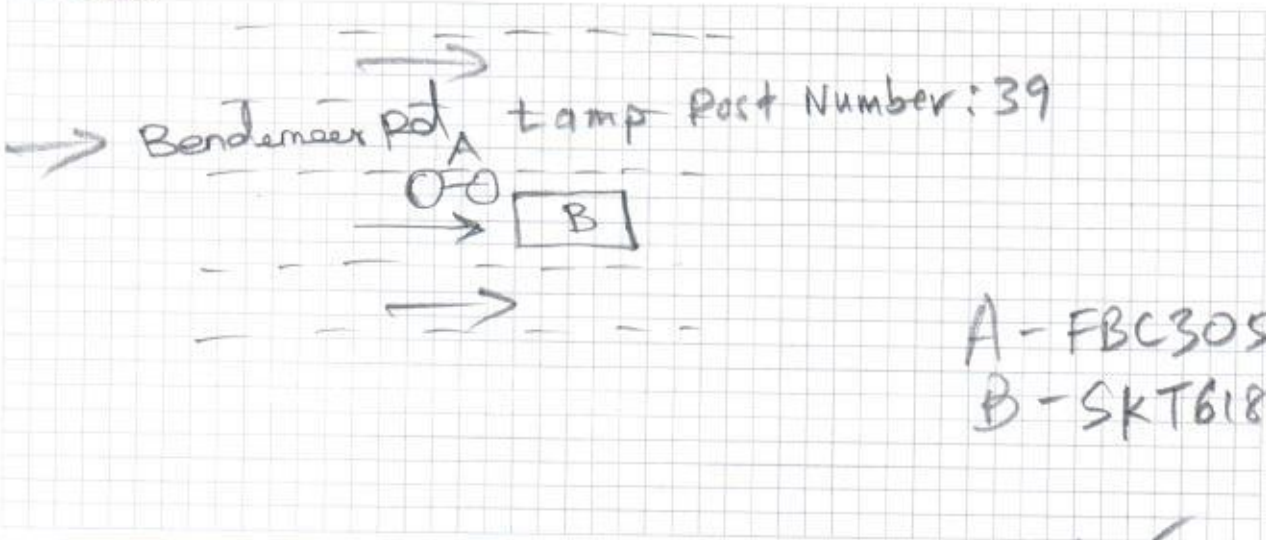
Driver's Signature
(If driver is not the policyholder)
Date & Time:



26/7/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20180701/2049

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.:



**SINGAPORE
POLICE FORCE**



T/20180701/2049

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/201807

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2018 15:56		Vide Report No.:		Station Diary 92
Informant's Particulars				
Name of Informant: RAVEENDRAN MATHIVANAN		Address: APT BLK 371 HOUGANG STREET 31 #09-27 NANYANG RUBY SINGAPORE 530371		
ID Type / ID No.: FIN NO / G0989687U		Contact No.: Home/Office: Mobile: 82838245		
Nationality: INDIAN		Email:		
Sex: Male	Age: 24	Date of Birth: 02/01/1994	Type of Informant: Rider	
Race: Indian		Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B		Date of Expiry: 07/12/2021

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/07/2018 13:35	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD				
Lamp Post Number: 39				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed to ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBC3052R	Motorcycle	HONDA	CBR 150R M	Black	Slightly Damaged	1
SKT6187U	Car		COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry D
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SINGAPORE POLICE FORCE



T/20180701/2049

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kepor Road SINGAPORE
208676
Tel No: 1800-2949999

2 of 3

Report No. T/20180701/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3052R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17366286	14/06/2018	27/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RAVEENDRAN MATHIVANAN		ID No.	G0989687U
Related Vehicle	FBC3052R (Motorcycle)		Contact No.	82838245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 07/12/2021
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	LEE TECK SENG		ID No.	S6812326G
Related Vehicle	SKT6187U (Car)		Contact No.	97880912
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 01/07/2018 at about 1335hrs, while I was riding my motorcycle, FBC3052R, along Bendemer Road, a Silver Toyota Ailis was driving in front of me, SKT6187U. He suddenly brake in front of my motorbike, I tried to brake however, as it is raining, my motorcycle did not stop in time and hit onto the rear of the car. There was scratches on the car and my motorbike's clutch was bended, my gear kicker was bend and my right side indicator light was broken. I had exchanged particulars with the car owner. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180701/2049

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20180701/2049

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:

A /

Sgt 2 YEOW YI LIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

01/07/2018 15:56

Classification Of Case:

Authentication Stamp

NP168

Reported on 17/7/2018
@ 1355HRS

Driver call on 24/7/2018
and ask for G/A report.
but Motorcycle
was not
at the site
to take
Photos
yet?

ACCIDENT STATEMENT

ACCIDENT DATE: 01/7/2018 (DD/MM/YYYY), TIME: 13:35 (HH:MM)

LOCATION: Bendemeer Road Lamp Post Number: 39

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 3052R
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: 82838245
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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT6187U MODEL: _____
b) DRIVER'S NAME: Lee Teck Seng
c) NRIC/FIN/PASSPORT: 568123269 CONTACT: 97880912

9. THIRD PARTY VEHICLE

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

2 Photos taken
from phone.

Email = mathivananaveendran@gmail.com
Fax = _____

Waiting for Motorcycle Photos.

26/7/2018
@ 0935 AM.

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
ASIA TECHNICAL GAS CO PTE LTD

Sector: **MANUFACTURING**

Name:
RAVEENDRAN MATHIVANAN

Occupation:
ELECTRICIAN

S Pass No.
0 36767235

Date of Application:
13-04-2017

Date of Issue:
03-05-2017

Date of Expiry:
15-05-2020

L7889060




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G0989687U**

Name: **RAVEENDRAN MATHIVANAN**

Birth Date: **02 Jan 1994**

Issue Date: **07 Dec 2016**

Valid Till: **06/12/2021**

002636360H




VISIT PASS
Immigration Regulations

Name:
RAVEENDRAN MATHIVANAN

Date of Birth: **02-01-1994** Sex: **M** Nationality: **INDIAN**

FIN: **G0989687U** Date of Issue: **03-05-2017** Date of Expiry: **15-05-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	07 Dec 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Apr 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Apr 2017

G0989687U

S / No. 9000258287

NP 426A

Licence No: **G0989687U**



1

RENEWAL NOTICE

Important: You must disclose to us, fully and faithfully the facts you know or ought to know, otherwise you may not receive any benefit from your policy.

DATE OF ISSUE : 10/07/2018
 GENCY: A0074-001-10900

POLICY NO: MSD/VMT/17-366286-CA

INSURED:

NRIC NO: G0989687U
 NAME: RAVEENDRAN MATHIVANAN
 ADDRESS: 371 HOUGANG ST 31
 #09-27
 SE 530371

AGE: D.O.B. : 02/01/1994 (23) 24
 D.E. : 07/12/2016 (4) 1+
 CONTACT: 91300227

BUSINESS OR PROFESSION: DRIVER ELECTRICIAN

PERIOD OF INSURANCE FROM: 14/06/2017 TO 27/07/2018
 02:35PM

10 JUL '18 PM 1:57

Please be advised that this Policy is subject to the Sanction Limitation and Exclusion Clause upon renewal.

SCHEDULE A: 010718 18-0903 A5-1K NCD-N

REGISTRATION NUMBER: FBC3052R

ENGINE CAPACITY: 150

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2008

UM INSURED: TPL

DR-CODE: ~~NA~~ PH

SEATING CAPACITY: 2

EXCESS: DBLETS N/R CNO L

HIRE PURCHASE OWNER: Accd: 1 INSURED PERSON: NRIC NO:

NO CLAIM BONUS OF 0 % WILL BE ALLOWED IF NO CLAIM IS MADE UNTIL EXPIRY

Dear Sirs/Madam

We wish to remind you that your insurance with MSIG Insurance (Singapore) Pte. Ltd. will expire on the abovementioned date. We shall be glad to renew your Policy if you could let us have your instruction by completing the RENEWAL INSTRUCTIONS below.

- (1) For your own protection we suggest you review the Sum Insured of your vehicle according to the current prevailing market value.
- (2) Please contact us for the renewal premium at 6337 3133 or e-mail to cains@singnet.com.sg.
- (3) Renewal will not be effected unless this Notice is duly signed and returned together with your payment, made payable to COMMERCIAL AGENCY PTE LTD.
- (4) Please inform this office in writing if there are changes to your personal or vehicle details.

RENEWAL INSTRUCTIONS

Please renew the above Policy as follows:

Type of Cover: TPL
 From: 28.7.18 To: 27.7.19
 Policyholder & 2nd Named Rider/Substitute Rider/Unlimited Riders (for company registered motorcycle)
 Please delete where applicable.

PARTICULARS OF 2ND NAMED RIDER

Name: GOVINDHASAMY RAVEENDRAN ONLY
 NRIC No: 07661821L
 Date of Birth: 15/05/1967 DE: 11

NOTE:

Compulsory Personal Accident Death Benefit of \$5,000/-
 cover for Policyholder or Substitute Rider (excludes
 Non-Driving Policyholder).

X
 Insured's Signature
 Date:

FOR COMPANY'S USE ONLY

\$
 320
 GST 2240
 34240

PLEASE SEE OVERLEAF



CA 509284

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msg.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/18-385565-CA A0074-001/10900

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBC3052R**
HONDA 150 c.c.
2. Name of Policyholder **RAVEENDRAN MATHIVANAN**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **1201AM 28/07/2018**
4. Date of Expiry of Insurance **27/07/2019**
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).

10/07/2018 (KP)
CA/C1-03 (05/13)


COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For **MSIG Insurance (Singapore) Pte. Ltd.**