

NATIONAL Assessment Centre Services

Ref: 23/02

MN048099024

Date In: 31/07/2018 16:57	Job description	Date & Time Completed	Done by
Ref No: N84/M86/8013930/4	SAS e-filing		
Veh No: FBM 9739B	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 30/07/2018 18:15	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: SJK 2911G	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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Date 1:</p> <p>Date 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N11 INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>		<p>Am't (\$)</p> <p>1st Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>

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	31/07/2018 16:57
Date Of Accident	30/07/2018 18:15
Exact Location Of Accident	LENG KEE ROAD (OPP EUROKAR SUPERSPORTS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9739B
Insured/Policyholder	
Name Of Registered Owner	CHUA YEE YIN
NRIC No	S9605238C
Email Address	Y-EEYIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98002276
Alternative Phone No	OTHERS-98002276

Vehicle Particulars

Manufacturer	HONDA
Model	FS150F-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-992516-WTT
Cover Note Number	

Driver

Name of Driver	CHUA YEE YIN
NRIC No	S9605238C
Date Of Birth	12/02/1996
Occupation	INDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98002276
Fax Number	
Contact Number	OTHERS-98002276
E-Mail Address	Y-EEYIN@HOTMAIL.COM

Address	BLK 451 CHOA CHU KANG AVENUE 4 #16-153
Postcode	680451
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 ON COLLISION
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180731/2005 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK2911G
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW MUI
NRIC/Passport Number	S7101433I
Contact Number	81001013
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

CHUE YEE YIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM9739B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode


SKETCH PLAN

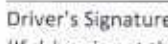
IMPORTANT NOTICE


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:

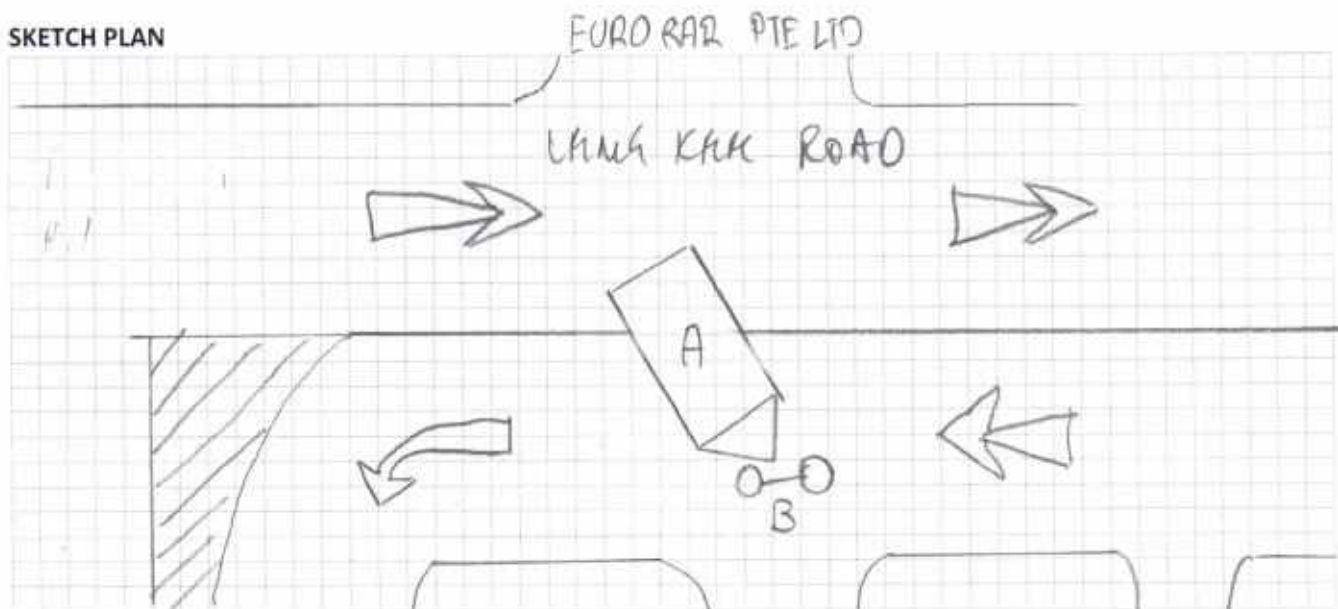
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THYE HONG

A - SJK2911G

B - FBM9739B

*PLS REFER TO POLICE REPORT
7/20180731/2018*

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/20180731/2005

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20180731/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2018 01:01		Vide Report No.: D/20180730/0107		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: CHUA YEE YIN			Address: APT BLK 451 CHOA CHU KANG AVENUE 4 #16-153 SINGAPORE 680451		
ID Type / ID No.: NRIC NO / S9605238C			Contact No.: Home/Office: Mobile: 98002276		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 12/02/1996	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OFFICE ADMIN			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/07/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 LENG KEE ROAD Along Leng Kee Road towards Tanlin in front of Thye Hong Centre.				
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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9739B	Motorcycle	HONDA	FS150F	White	Seriously Damaged	0
SJK2911G	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9739B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18992516	05/06/2018	04/06/2019



**SINGAPORE
POLICE FORCE**



T/20180731/2005

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180731/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	CHUA YEE YIN	ID No.	S9605238C
Related Vehicle	FBM9739B (Motorcycle)	Contact No.	98002276
Hospital/Clinic	NUH	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	30/07/2018	Date Discharge	30/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Person Involved			
Name	Tan Siew Mui	ID No.	S7101433I
Related Vehicle	NIL	Contact No.	81001013
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 the 30th July 2018 at about 1815 hrs, I was riding my m/cycle along Leng Kee Road heading towards Tanglin Road. As I was about to pass the entrance to Thye Hong Centre, a car SJK 2911 G (Mazda / Black) travelling from the opposite directions, make as sudden right turn, attempting to enter into Thye Hong Center. The car hit on the right side of my m/cycles causing injuries to my right leg and left knee. My m/cycles was badly damage due to the impact.

I was conveyed to NUH via ambulance for medical attentions and was discharge with 7 days of MC.

To NOTE : I was able to view an in-car camera from a witness, driving behind me during the accidents. (I will be providing the footage to the Traffic Police.)



**SINGAPORE
POLICE FORCE**



T/20180731/2005

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180731/2005

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:

D /

SI FADIL BIN MASIRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

31/07/2018 01:01

Classification Of Case:

Authentication Stamp

NP168

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE

ORIGINAL

NUH18195851

NAME: CHUA YEE YIN

NRIC: S9605238C

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **7** day(s) from **30-Jul-2018** to **05-Aug-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **30-Jul-2018 19:03** to **30-Jul-2018 22:47**

30-Jul-2018

Date

A member of the NUHS

GAURESH GIRISH INDULKAR
(16842D)

Issued by

A&E

Location

A handwritten signature in black ink, appearing to be 'G. Indulkar', written over a horizontal line.

Signature

TAX INVOICE

TO:

MISS CHUA YEE YIN
BLK 451 #16-153
CHOA CHU KANG AVE 4
SINGAPORE - 680451

MRN/NRIC : S9605238C
CASE NO : 1518793281B-00001
VISIT DATE : 30.07.2018 19:03
LOCATION : NCA&E
INVOICE DATE : 30.07.2018
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : CHUA YEE YIN
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E Facility/Service Fee	230.00
XR, TOE, RIGHT	25.00
Diclofenac Sod 75mg SR Tab	1.68
Total Charges	256.68
Government Subsidy	140.00-
Total Amount Payable	116.68
ADJUSTMENT:	
ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.03-
PAYMENT:	
CHUA YEE YIN (CASH - 30.07.2018 , RECEIPT #: N012431010)	116.65
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM:	
CHUA YEE YIN	0.00

FOR INFORMATION

Total amount payable after GST is \$124.85.
Total GST for this bill at 7% is \$8.17 which is absorbed by the Government.

The amount payable by patient has been rounded down to the nearest 5 cents.

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 07 / 2018) (DD/MM/YYYY), TIME: (06 : 15) (HH:MM)

LOCATION: Leng Kee Road (Opp. Eurokar Motorsports Superstore)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH9739B
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VMS118-992516-NIT A0633-001/W0809
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda RS150R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going Home from work
 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: Chua Yee Yin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9605238C CONTACT: 98002276
 c) ADDRESS: Chua Chu Kang Ave 4 Bk 451 #16-153 560451

* 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: (12 / 07 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)
 IF YES, PLEASE STATE WHICH POLICE STATION: Clementi HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJK29116 MODEL: Mazda 3
 b) DRIVER'S NAME: Tan Siew Hui
 c) NRIC/FIN/PASSPORT: S7101433Z CONTACT: 81001013

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 (2)

* No of passengers
 (including driver)
 ()

JUNWEI ALFIE@HOTMAIL.COM

Email = y-ee.yin@hotmail.com

VIDEO = sent via whatsapp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9605238C



Name

CHUA YEE YIN

蔡 易 莹

Race

CHINESE

Date of birth
12-02-1996

Sex

F

Country of birth
SINGAPORE



S9605238C

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9605238C

Name

CHUA YEE YIN

Birth Date: 12 Feb 1996

Valid Date: 05 Jul 2016



002585338F

4748885



NRIC No. S9605238C



Date of issue

14-07-2011

Address

APT BLK 451 CHOA CHU KANG AVENUE 4
#15-153
SINGAPORE 680451

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

EFFECTIVE DATE

Class 1B Motorcycles up to 250 CC
Class 1A Motorcycles between 251 CC and 400 CC

14 Jul 2016
12 Jan 2017

S9605238C

S / No.9000310321

NP 428A



License No: S9605238C



MSIG

W 706163
MSIG Insurance (Singapore) Pte. Ltd. (In Reg No 20041221201)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7800, Fax +65 6827 7800
www.msig.com.sg

T (CHAPTER 189)
ILES, 1960

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1938 (Federation of Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 187 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/VMS/18-992516-WTT A0633-001/W0809

INSURED : PKV
SUM : \$300 (FIRE&THEFT) \$600 (ENDT 2K)

S9605238C

PBM9739B

1. Mark and Registration Number of Vehicle

HONDA

149 c.c.

2. Name of Policyholder: CHUA YEE YIN

3. Effective date of the Commencement of Insurance
for the purposes of the Act

1728PM 05/06/2018

4. Date of Expiry of Insurance

04/06/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. PHUA JUN WEI ONLY

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
for hire or reward.

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).

WTT INSURANCE AGENCIES PTE LTD

Underwritten Agent

05/06/2018 (L)

MSIG Insurance (Singapore) Pte. Ltd.

Cover : Third Party, Fire

FX97495

NC391051418

MUHAMMED FAREEZ F

22 Jan 2018

21 Jan 2019

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isqualified by order of a
Motor Vehicle.

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ling.

nnnection with any tra

;

tor Vehicle (Third P
1987 (Malaysia), a

/ERLEAF

REEZ BIN SARIB

ENTRE

OF INSURED VEI

tes is issued in
) and Part IV of

) (0000061493

For NTI