NATIONAL Assessment Centre Services (rev - Jan 05) MNA4U0099745

	Job description	Date & Time Completed	Done by
Date In: 03/08/2018 11:19	SAS e-filing		
Ref No: NLBD/M8978O/4083/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKJ 5799M	i-Motor Claim Form		
D.O.A: 28/07/2018 16:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:)

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: WUF 1103 INC ( ) / Non-INC ( )

Tel:)

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Time:)

Confirmed by : (Date:

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

NMB04869

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		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey)			
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idac Mobile			[redacted]
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*		

MNA418099745 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 02/08/2018 11:19
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 02/08/2018 16:38

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	02/08/2018 11:19
Date Of Accident	28/07/2018 16:15
Exact Location Of Accident	FEDERAL HIGHWAY 9.8KM SHAH ALAM MALAYSIA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ5799M
Insured/Policyholder	
Name Of Registered Owner	RATHINAM INBAVANAN
NRIC No	S2745194B
Email Address	INBAVANAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91150042
Alternative Phone No	OTHERS-91150042
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 2.0L GTDI
Exact Purpose for which vehicle was being used at time of accident	VISITING FRIEND WEDDING
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	S 28918959 SMF
Cover Note Number	
Driver	
Name of Driver	RATHINAM INBAVANAN
NRIC No	S2745194B
Date Of Birth	01/06/1965
Occupation	INDOOR
Date Of Driving Pass	06/11/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91150042
Fax Number	
Contact Number	OTHERS-91150042
EMail Address	INBAVANAN@HOTMAIL.COM

Address	16 STIRLING ROAD #08-17
Postcode	148957
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?	YES
Foreign Vehicle Registration Number	WUF1103 (PRIVATE CAR)
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	CAWANGAN TRAFIK .IPD SHAH ALAM
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND TRAFIK SHAH ALAM/019872/18

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	WUF1103
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOK GHEE HAO
NRIC/Passport Number	840302146635
Contact Number	+60149689456
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.

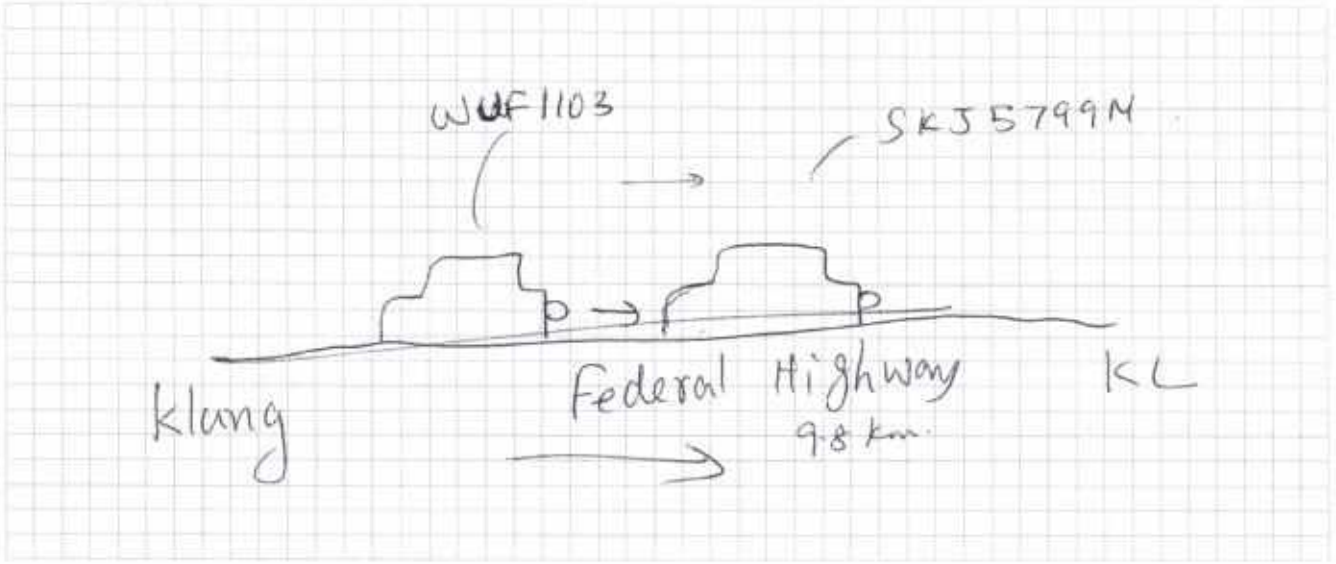
   (e) the information so collected under (d) above may be shared / disclosed:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in the federal highway from klang to KL At 9.8 km federal highway, the traffic was moving slow at 4.15 pm. Suddenly the car (WUF1103) from behind came & banged my car from behind. My rear bumper broke.

There was no injuries involved. The other driver acknowledged his mistake that he did not brake his car on time in the slow moving traffic.

We went together to Shah Alam Police Station and gave police report.

TRAFIK SHAH ALAM/019872/18

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:

01/08/2018

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

KBKA/KETUA TRAFIK DAERAH
CAWANGAN TRAFIK,IPD SHAH ALAM, SEKSYEN 9
40000 SHAH ALAM
SELANGOR

Tel :0355202222 Samb :2230

Ruj :
Tkh : 28/07/2018

RATHINAM INBAVANAN No KP :
#06-17-QUEENS 16,STIRLING ROAD, SINGAPORE
148957 Selangor - Motokar SKJ5799M

KEPUTUSAN PENYIASATAN KES

No. Pengaduan Polis : TRAFIK SHAH ALAM/019872/18
Tkh/Masa Rpt : 28/07/2018 16:57 HRS
Kesalahan : R10 LN166/59
Tkh/Masa Kemalangan : 28/07/2018 16:15 HRS
Tempat Kemalangan : KM 9.4 LEBUH RAYA PERSEKUTUAN

Dengan hormatnya saya merujuk kepada pengaduan yang dibuat sepertimana dinyatakan di atas.

2. Untuk makluman, pihak yang bertanggungjawab melakukan kesalahan di atas telah disaman polis (RM 300.00) pada 28/7/2018 (CARS180150157).

3. Butir-butir pihak yang disalahkan adalah seperti berikut :-
KOK GHEE HEO KP : 940802146635
10 JALAN URANUS U5/128 SEKSYEN U5
SHAH ALAM 40150 Selangor
WUF1103 PEMANDU Motokar

"BERHATI-HATI DI JALAN RAYA"

(R186643 - MOHD FARIQ BIN SABALUDIN)
AIO TRAFIK
40000 SHAH ALAM

s . k KST No :
[Notis ini hanya sebagai makluman anda sahaja]

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

.....
KBSPT/SIO/IO/PEGAWAI

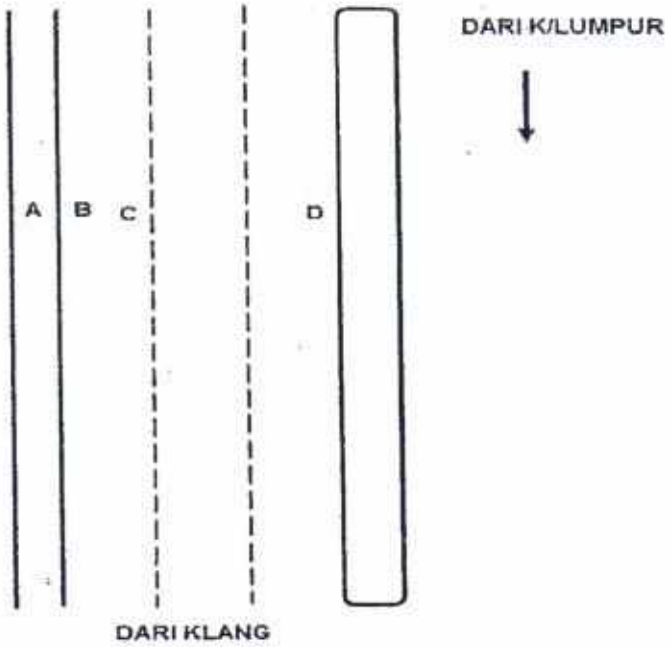
KBKA/KETUA TRAFIK DAERAH
CAWANGAN TRAFIK,IPD SHAH ALAM, SEKSYEN 9
40000 SHAH ALAM
SELANGOR

Tel : 0355202222 Samb :2230

No. Pengaduan :TRAFIK SHAH ALAM/019872/18
Tarikh Cetak :31/07/2018
Dicetak Oleh :R6155333

(Rajah Kasar Tidak Mengikut Skala)

RAJAH KASAR REPOT (T) S/ALAM 019872/18
LOKASI KEMALANGAN : KM 9.4 L/RAYA PERSEKUTUAN
KENDERAAN TERLIBAT : M/KAR SKJ5799M & M/KAR WUF1103
TARIKH KEMALANGAN : 28/07/2018 @ 1615hrs
'TIDAK IKUT SKALA'



KUNCI GAMBAR RAJAH

A: LORONG KECEMASAN
B: TEPI SEBELAH KIRI JALAN DARI KLANG
C: GARISAN PUTUS-PUTUS ATAS JALAN
D: TEPI SEBELAH KANAN JALAN DARI KLANG

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

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KBSPT/SIO/IO/PEGAWAI

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK SHAH ALAM	**Pegawai Penyiasat**	: R186643
Daerah	: SHAH ALAM		
Kontinjen	: SELANGOR		
No Repot	: TRAFIK SHAH ALAM/019872/18		
Tarikh	: 28/07/2018		
Waktu	: 1657 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : UMAR BIN OJEK **No Personel :** R113124 **Pangkat :** KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No Paspot: ---

Alamat: ---

No K/P (Baru) : --- **No Polis/Tentera:** ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama : RATHINAM INBAVANAN

No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** E5989447N

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 01/06/1965 **Umur :** 53 tahun 1 bulan

Keturunan : India **Warganegara :** Malaysia

Pekerjaan : MANAGER

Alamat Tempat Tinggal : #06-17-QUEENS 16,STIRLING ROAD,, SINGAPORE, 148957

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 6591150042

Pengadu Menyatakan:-

PADA 28/07/2018 LEBIH KURANG 1615 HRS,SEWAKTU SAYA SEDANG MEMANDU M/KAR NO SKJ 5799 M DARI ARAH KLANG MNGHALA KE KUALA LUMPUR.SEWAKTU M/KAR SAYA SAMPAI DI LEBUHRAYA PERSEKUTUAN KM 9.4,TIBA-TIBA SEBUAH M/KAR NO WUF 1103 YANG DATANG DARI ARAH BELAKANG MELANGGAR M/KAR SAYA.DALAM KEMALANGAN INI,M/KAR SAYA MENGALAMI KEROSAKAN REVERSE SENSOR ROSAK,BUMPER BELAKANG KEMEK,REVERSE CAMERA ROSAK DAN LAIN LAIN KEROSAKAN BELUM PASTI LAGI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R6155333 | 31/07/2018 09:27:44 AM

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

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KBSPT/SIO/IO/PEGAWAI

KBKA/KETUA TRAFIK DAERAH
CAWANGAN TRAFIK,IPD SHAH ALAM, SEKSYEN 9
40000 SHAH ALAM
SELANGOR

Tel :0355202222 Samb :2230

ID Jurugambar: R150410
No. Pengaduan: TRAFIK SHAH ALAM/019872/18
Tarikh Cetak: 31/07/2018
Dicetak Oleh: R6155333

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

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KBSPT/SIO/IO/PEGAWAI

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK SHAH ALAM	**Pegawai Penyiasat**	: R186643
Daerah	: SHAH ALAM	**No Repot Bersangkut**	: TRAFIK SHAH ALAM/019872/18
Kontinjen	: SELANGOR		
No Repot	: TRAFIK SHAH ALAM/019880/18		
Tarikh	: 28/07/2018		
Waktu	: 1833 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : MOHD SHAHIR BIN SAAD **No Personel :** R139221 **Pangkat :** KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---

No Paspot: --- **Bahasa Asal :** ---

Alamat: ---

Butir-butir Pengadu

Nama : KOK GHEE HEO

No K/P (Baru) : 940802146635 **No Polis/Tentera :** --- **No Paspot :** ---

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 02/08/1994 **Umur :** 23 tahun 11 bulan

Keturunan : Cina **Warganegara :** Malaysia

Pekerjaan : WOKRSHOP

Alamat Tempat Tinggal : 10 JALAN URANUS U5/128 SEKSYEN U5, SHAH ALAM , 40150, SELANGOR

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 0149689456

Pengadu Menyatakan:-

PADA 28/07/2018 JAM LEBIH KURANG 4.00 PETANG SAYA MEMANDU M/KAR NOMBOR PENDAFTARAN WUF1103 JENIS PROTON SAGA PERJALANAN DARIPADA KLANG MENUJU KE SUBANG.PADA KETIKA ITU SAYA MEMANDU MELALUI LEBUH RAYA PERSEKUTUAN.SAYA MEMANDU DI LORONG KANAN DAN APABILA SAYA SAMPAI DI LEBIH KURANG KM 9.6 LEBUH RAYA PERSEKUTUAN,TIBA-TIBA M/KAR NOMBOR PENDAFTARAN SKJ5799M JENIS JAGUAR YANG BERADA DI HADAPAN SAYA TELAH MEMBREK DAN BERHENTI SECARA MENGEJUT.SAYA JUGA TELAH BERTINDAK MEMBREK M/KAR SAYA,TETAPI BAHAGIAN HADAPAN M/KAR SAYA TELAH TERLANGGAR PADA BAHAGIAN BELAKANG M/KAR TERSEBUT.AKIBAT DARI KEMALANGAN ITU SAYA TIDAK MENGALAMI APA-APA KECEDERAAN,MANAKALA M/KAR SAYA MENGALAMI KEROSAKAN PADA BAHAGIAN BUMPER DEPAN,LAMPU DEPAN KIRI DAN KANAN,BONET DEPAN,FENDER DEPAN KIRI DAN KANAN ROSAK,GRILL DEPAN,RADIATOR ROSAK,AIRCOND CONDENSOR,SERTA LAIN-LAIN KEROSAKAN YANG BELUM DAPAT DIPASTIKAN LAGI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R6155333 | 31/07/2018 09:27:46 AM

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

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KBSPT/SIO/TO/PEGAWAI

KBKA/KETUA TRAFIK DAERAH
CAWANGAN TRAFIK,IPD SHAH ALAM, SEKSYEN 9
40000 SHAH ALAM
SELANGOR

Tel :0355202222 Samb :2230

ID Jurugambar: R150410
No. Pengaduan: TRAFIK SHAH ALAM/019880/18
Tarikh Cetak: 31/07/2018
Dicetak Oleh: R6155333

SALINAN YANG DIAKUI SAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH

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KBSPT/SIO/IO/PEGAWAI

CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH
POLIS DIRAJA MALAYSIA

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : RATHINAM INBAVANAN

No Kad Pengenalan / Paspot : E5989447N

No Repot Polis : TRAFIK SHAH ALAM/019872/18

Tarikh @ Masa Repot Polis : 28/07/2018 @ 16:57

Pengesahan Penerimaan Repot :

.....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R186643) SJN MOHD FARIQ BIN SABALUDIN

Tempat Tugas : SELANGOR , SHAH ALAM

No Telefon Pejabat : **No Telefon Bimbit** : 012-2712335

Tarikh @ masa Perjumpaan : .....

Pengesahan Penerimaan Repot :

MOHD FARIQ BIN SABALUDIN
SJN 186643
Pen. Peg. Penyiasat Trafik
IPD Shah Alam

.....

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

KPL 150410 MUHAMAD SYARIF B. ISMAIL
JURU GAMBAR TRAFIK
IPD SHAH ALAM
SELANGOR

.....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☑
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....

Tandatangan Pegawai Kaunter Pembekalan Dokumen

ACCIDENT STATEMENT

ACCIDENT DATE: (28/07/2018) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: Federal Highway 9.8 km, Shah Alam, MALAYSIA

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SKJ5799M
   b) INSURANCE COMPANY: MSIG INSURANCE
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: JAGUAR XF 2013 2.0
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL (VISITING FRIENDS WEDDING)
   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: RATHINAM /NBAVANAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S2745196B CONTACT: 91150042
   c) ADDRESS: #06-7, QUEENS 16 STIRLING ROAD
   SINGAPORE 148957
   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (__)

3. **DRIVER**
   a) NAME: DR ABDUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (01/06/1965) (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: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)
   b) ROAD SURFACE: (DRY / WET / OTHERS DRY)
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: SHAH ALAM POLICE STATION
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: WUF 1103 MODEL: PROTON
   b) DRIVER'S NAME: KOK CHEE HEO
   c) NRIC/FIN/PASSPORT: 840302146635 CONTACT: +6014 968 9456

*No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger (Including driver) (__)

email = nbavanan@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2745194B

Name
RATHINAM INBAVANAN

Race
INDIAN
Date of birth
01-06-1965
Sex
M
Country of birth
INDIA

4821765

NRIC No. S2745194B

Date of issue
06-02-2012

Address
16 STIRLING ROAD
#06-17
SINGAPORE 148957

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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.

Form M.X.1
Individual Ownership

ULTIMATE CAR PROTECTOR-PREMIER
Comprehensive

Certificate No. S 28918959 SMF

Excess : SGD1,500

1. **Index Mark and Registration Number of Vehicle**
   SKJ5799M
2. **Name of Policyholder**
   Rathinam Inbavanan
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
   18/04/2018
4. **Date of Expiry of Insurance**
   17/04/2019
5. **Persons or Classes of Persons entitled to drive***
   Rathinam Inbavanan
   Any other person provided he is driving on the Policyholder's order or with the 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.
6. **Limitations as to use***
   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 ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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

FCYZ201802261607