

NATIONAL Assessment Centre Services

NA/804975

Date In: 26/07/2018 16:29	Job description	Date & Time Completed	Done by
Ref No: NA/804975/14413/14	SAS e-filing		
Veh No: FX 4302E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/05/2018 16:18	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: SJH 6072S	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

NA/804975	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP:			
	*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 (Nra INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	25/07/2018 16:29
Date Of Accident	27/05/2018 16:15
Exact Location Of Accident	JUNCTION OF KRETA AYER ROAD/KEONG SAIK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4302E
Insured/Policyholder	
Name Of Registered Owner	LUM WOH MENG
NRIC No	S1050955F
Email Address	LUMGUANGYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82225629
Alternative Phone No	OTHERS-82225629

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-373271-CA
Cover Note Number	

Driver

Name of Driver	LUM WOH MENG
NRIC No	S1050955F
Date Of Birth	15/06/1948
Occupation	INDOOR
Date Of Driving Pass	07/10/1967
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82225629
Fax Number	
Contact Number	OTHERS-82225629
Email Address	LUMGUANGYE@GMAIL.COM

Address	BLK 319 CLEMENTI AVENUE 4 #08-85
Postcode	120319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE STATEMENT A/20180527/0120

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	SJH6072S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LUM WOH MENG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX4302E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

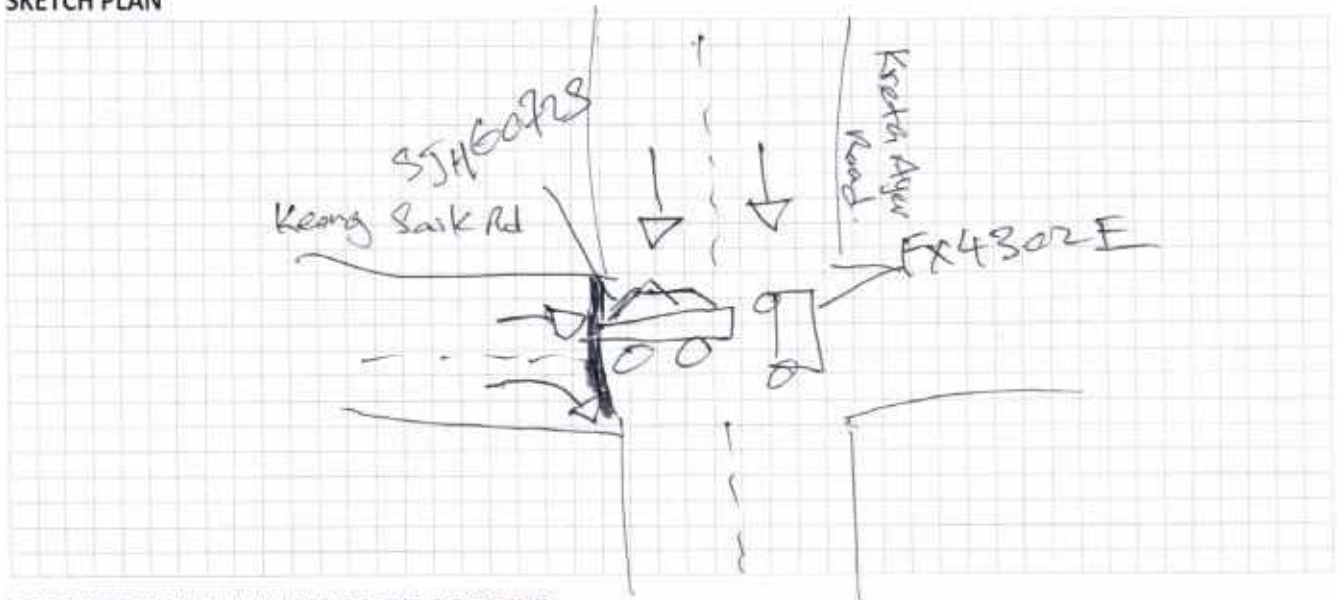
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: Rashid
NRIC/FIN No.: 123456789012

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refused to attend
1/20/80527/01/20

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:



Report No.

IP No.

IO In-charge : IO Rashidah

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 11/07/2018 1350hrs	Vide Report No.: A/20180527/0120	Station Diary No.: -
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Informant's Particulars		
Name of Informant: Lum Woh Meng		Address: Blk 319 Clementi Ave 4 #120 Postal Code: 120319
ID Type/No: S1050955F	Date of Birth: 15/06/1948	Contact No.: Home: Mobile: 82225629 Office: Driving Licence Information: Class: Date of Expiry:
Race: Chinese	Age: 70	Sex: Male
Type of Informant: <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Part - Time Odd job worker		

General Information on the Accident		
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: 27/05/18
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 1612 hrs
Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input checked="" type="checkbox"/> X-junction <input checked="" type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Others (specify)		

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)
Kreta Ayer Rd x Keong Saik Rd

Type of Collision:		Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input checked="" type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)	(ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	
Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic
Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: 50 km/h	Drink Drive: Yes <input checked="" type="checkbox"/> No

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
Fx4302E									
SJH6072S									

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
Lum Woh Meng	S1050955F	Fx4302E					



Report No. -

IP No. TP/IP/31271/2018

IO In-charge: Rashidah

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes/No		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used: <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury: <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available: Yes/No	Eyewitness' Particulars Available: Yes/No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

On the date and time stated, I was coming from Kreta Ayer market. After buying some groceries, I wanted to go home. I was riding on left lane of 2 lanes along Kreta Ayer Rd towards Eu Tong Senh St. At the junction of Keong Saik St, a motorcar came out from Keong Saik Street and hit into the right side of my body. The impact of the hit from the car caused me to be thrown off from my bike. After I was thrown off from my bike, I could not move my body. I then went to hospital at Singapore General Hospital. I sustained a broken right thigh bone and some injuries to my right leg, to my left elbow and the left side of my body swollen. I am currently admitted in Jurong Community Hospital and will be discharged on Friday, 13/07/2018.

Instructions

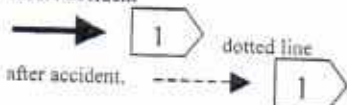
1. Number each vehicle and show direction of travel by arrow.



2. Number each pedestrian and show direction by arrow.

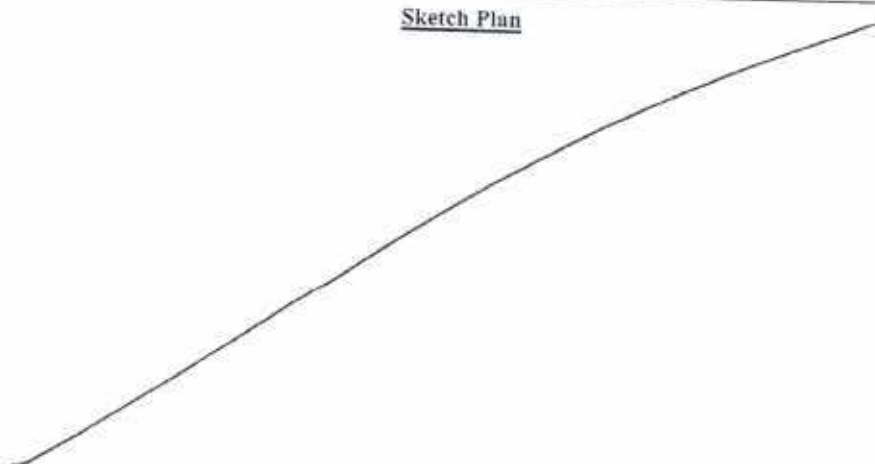


3. Use solid line to show path of vehicle before accident



4. Show distance and direction to landmarks, identify by name.

5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report:
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: IO Rashidah

Signature Of Informant:
Date: 11/07/2018
Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

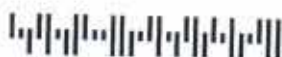
Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 28 May 2018

Your Ref :
Our Ref : TP/IP/31271/2018

LUM WOH MENG
APT BLK 319 CLEMENTI AVENUE 4
#08-85
SINGAPORE 120319

000082



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG KRETA AYER ROAD JUNCTION OF KEONG SAIK ROAD ON 27
FEB 2018 @ 4.12 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 RASHIDAH BINTE AZMAN at his / her office number: 65476216 or the supervisor NEO CHIN LOONG at 65476197 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.

ACCIDENT STATEMENT

ACCIDENT DATE: 27/05/18 (DD/MM/YYYY), TIME: 16:12 (HH:MM)

LOCATION: KRETA AYERDAX VEONG SAIK ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX4302E
b) INSURANCE COMPANY: MSIG
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LUM WOH MENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1250955F CONTACT: _____
c) ADDRESS: 319 CLEMENTI AVE 4 #08-85 2120519

* 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: 15/06/1948 (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: AT SERANG COMMUNITY HOSPITAL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SS46072S MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = lumquangye@gmail.com
VIDE-O =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1050955F



Name

LUM WOH MENG

林國明

Race

CHINESE

Date of Birth

15-06-1948

Sex

M

Country of Birth

SINGAPORE

S1050955F

REPUBLIC OF SINGAPORE DRIVING LICENCE

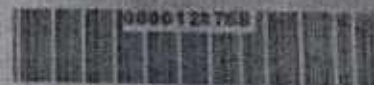


DRIVER'S AUTHORITY S1050955F

LUM WOH MENG

Date of Birth 15 Jun 1948

Date of Issue 16 Dec 2002



1842531



NRIC No. S1050955F



Blood Group: O+
Date of issue: 30-03-1994

Address

APT BLK 319 CLEMENTI AVENUE 4
#08-85
SINGAPORE 0512

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	07 Oct 1967
Class 2A	Motorcycles between 201 cc and 400 cc	07 Oct 1967
Class 2	Motorcycles exceeding 400 cc	07 Oct 1967

Licence No: S1050955F



NP 428A

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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 31/10/2017

AGENCY: A0074-001-10001
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-373271-CA

INSURED:
NAME: LUM WOH MENG
ADDRESS: BLK 319 CLEMENTI AVE 4
#08-85
SE 120319

NRIC NO: S1050955F
DATE OF BIRTH: 15/06/1948 (69 yrs)
DRIVING EXP: 07/10/1967 (50 yrs)
CONTACT NO: 67758650

BUSINESS OR PROFESSION: RETIREE

PERIOD OF INSURANCE FROM: 13/11/2017 12:01AM TO 12/11/2018

REGISTRATION NUMBER: FX4302E

CUBIC CAPACITY: 125

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2003

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P

EXCESS:

PREMIUM: 126.40

GST @ 7% 8.85

TOTAL: 135.25

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 20% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/16-352390-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