

NATIONAL Assessment Centre Services

Ref: 33103

MNA418108732

Date In: 19/08/2018 11:07	Job description	Date & Time Completed	Done by
Ref No: NBS/mg/600/478914	SAS e-filing		
Veh No: 1B0 14504	E-mail (within 8hrs, AtC 2hrs)		
D.O.A: 09/08/2018 15:30	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: VP 3004P	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>NAI805091</p> <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>Cal 1:</p> <p>Cal 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 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idno DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N3: 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 (N-in INC) against INC \$20</p> <p>9) N12: Idno Mobile 30</p>		<p>Amt (\$)</p> <p>1st Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>

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	14/08/2018 11:07
Date Of Accident	07/08/2018 15:30
Exact Location Of Accident	AYE 3KM-EXIT 20 TOWARDS LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1450H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED AYOUBKHAN
NRIC No	S9675063C
Email Address	AYOUBKHAN27@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81615664
Alternative Phone No	OTHERS-81615664

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I-150CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-364930-CA
Cover Note Number	

Driver

Name of Driver	MOHAMED AYOUBKHAN
NRIC No	S9675063C
Date Of Birth	10/01/1996
Occupation	INDOOR
Date Of Driving Pass	07/04/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81615664
Fax Number	
Contact Number	OTHERS-81615664
Email Address	AYOUBKHAN27@HOTMAIL.COM

Address	BLK 909 JURONG WEST STREET 91 #02-251
Postcode	640909
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : MARISH B CHEONG JIA LIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180808/2133

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	YP3004P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 MOHAMED AYOUBKHAN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBD1450H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MARISH B CHEONG JIA LIN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBD1450H
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:

10/01/2018
14:15:08

Driver's Signature

(If driver is not the policyholder)

Date & Time:

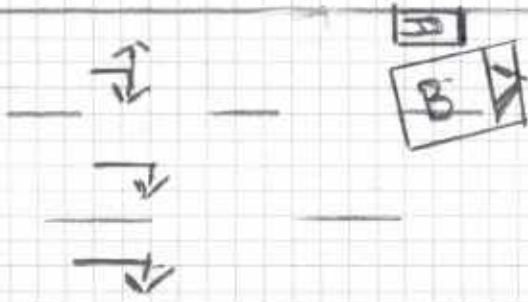
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AYE 3KM - EXIT 20 TOWARDS LOWER DACTA ROAD



A) FBD 1450H

B) YP 3004 P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180808/2133

DECLARATION

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

Policyholder's Signature
Date & Time:

10/08/2018
14:15 HRS

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

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

14/08/2018
14:15 HRS



SINGAPORE POLICE FORCE



T/20180808/2133

1 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180808/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 17:57	Vide Report No.: A/20180807/0114	Station Diary No.: 234
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Informant's Particulars

Name of Informant: MOHAMED AYOUBKHAN			Address: APT BLK 918 HOUGANG AVENUE 9 #07-36 SINGAPORE 530918	
ID Type / ID No.: NRIC NO / S9675063C			Contact No.: Home/Office: Mobile: 81615664	
Nationality: INDIAN			Email:	
Sex: Male	Age: 22	Date of Birth: 10/01/1996	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: SCDF NSF			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY LOWER DELTA ROAD AYE 3KM - exit 20 towards lower delta road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passen
FBD1450H	Motorcycle	YAMAHA	FZ150I	Black	Seriously Damaged	1
YP3004P	Lorry				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD1450H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17364930	18/05/2018	11/11/2018



**SINGAPORE
POLICE FORCE**



T/20180808/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 4

Report No. T/20180808/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED AYOUBKHAN	ID No.	S9675063C
Related Vehicle	FBD1450H (Motorcycle)	Contact No.	81615664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	MARISH B CHEONG JIA LIN	ID No.	S9603893C
Related Vehicle	FBD1450H (Motorcycle)	Contact No.	91689286
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	Serious

Brief Details.

On 07/08/2018, at around 1530hrs, I was riding my vehicle bearing the registration plate number FBD1450H along lane 2 of 2 AYE heading towards CTE. Somewhere along the road, I exit AYE via exit 20 into Lower Delta Rd and a vehicle bearing the registration plate number YP3004P was driving on lane 1 of 2 AYE in front of me. I did not see any signal on the other vehicle as such I decided to drove forward and came up to its left side. Subsequently, the other vehicle started to filter into my lane whereas I starting moving left and eventually colliding onto the kerb on my left and fell onto the ground.

The other vehicle stopped and the driver exited his vehicle and made a check on me and my passenger. The other driver was not injured. I suffer abrasions on my limbs and my chest. While my passenger suffers abrasions on her left arm, hip, knee, feet, right arm, deep cuts on her right elbow and fracture on her left wrist. The police vide A/20180807/0114 and ambulance then arrived and we were conveyed to Singapore General Hospital for treatment. My passenger and I received a 10-days MC and a 4-days MC respectively.

I am lodging this report for insurances purposes. I wish to state that my vehicle does not have any dash cam. Furthermore, my passenger's silver colored 64GB Iphone 6S+ was shattered during the accident.



**SINGAPORE
POLICE FORCE**



T/20180808/2133

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Report No. T/20180808/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180808/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

4 of 4

Report No. T/20180808/2133

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:

J /

KWONG ZHENG JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/08/2018 17:57

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No: 65476185

Classification Of Case:

Authentication Stamp

NP180

Signature:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 07/08/2018 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: A/k. 3km - Exit 20 towards Gwaha Dhalia Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 14504
 b) INSURANCE COMPANY: MSH
 c) POLICY NUMBER: MSD/VM7/17-264920-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FZ 150 I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: MOHAMMED AYOUB KHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 81615664
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABOU M (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 10 / JAN / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/04/2016

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP 3004P MODEL: LORRY
 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: _____

CHIEF PILLION (F)

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = AYOUBKHAN27@hotmail.com

VIDEO =

Signature


**HOME TEAM
NATIONAL SERVICE IDENTITY CARD**

MOHAMED AYOUBKHAN

S9675063C

SINGAPORE CIVIL DEFENCE FORCE

THIS IS NOT A WARRANT CARD



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9675063C**


Name: **MOHAMED AYOUBKHAN**

Birth Date: **10 Jan 1996**

Issue Date: **07 Apr 2015**

002413711H

SG 50



RIDAR

**REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9603893C**

Name: **MARISH B CHEONG JIA LIN**

张佳琳

Race: **CHINESE**

Date of birth: **31-01-1996**

Country of birth: **SINGAPORE**

Sex: **F**



PILLOW

Unauthorized possession, use, imitation, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPS/SCDE station if found.

10-03-2011

6th FLOOR, HOUGANG AVENUE 4
#07-14 SINGAPORE 530117




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

Class 2B: Motorcycles <= 200 cc

EFFECTIVE DATE: **07 Apr 2015**

NP 428A

License No: S9675063C



4773482

NRIC No. S9603893C

Date of issue: **05-09-2011**

Address: **APT BLK 909 JURONG WEST STREET 91
#02-251
SINGAPORE 640909**




**MSIG**

CA 506307
 MSIG Insurance (Singapore) Pte. Ltd. (U.S. Reg. No. 2804122380)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7868, Fax +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1929 (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/17-364930-CA A0074-001/10110 E619774

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBD1450H**
2. Name of Policyholder **YAMAHA** **150 c.c.**
MOHAMED ATYOUBKHAN
3. Effective date of the Commencement of Insurance
 for the purposes of the Act
4. Date of Expiry of Insurance **1201AM 18/05/2018**
11/11/2018
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).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

12/05/2018 (CG)
 CA/CI-03 (05/13)