

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118125024

Date In: 26/9/15-16:31	Job description	Date & Time Completed	Done by
Ref No: NA/M3618017528/24	SAS e-filing		
Veh No: 5CH4888B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/12/17-K: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:	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%. P: 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:-	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

NA1806126	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	26/09/2018 16:31
Date Of Accident	27/12/2017 15:15
Exact Location Of Accident	TAN HOCK SENG HOSPITAL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH4888B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG GEK YUEN
NRIC No	S1500618H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96640127
Alternative Phone No	OFFICE-96640127

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28663159QMY
Cover Note Number	

#### Driver

Name of Driver	NG MINHUI, MORNIQUE (HUANG MINHUI)
NRIC No	S8802338B
Date Of Birth	28/01/1988
Occupation	INDOOR
Date Of Driving Pass	22/05/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91128648
Fax Number	
Contact Number	OFFICE-91128648
Email Address	NOEMAIL

Address	BLK 191 MEYER ROAD #13-04
Postcode	437980
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180303/7012. VEHICLE HAS BEEN TRADE.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO



## 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

No sketch plan provide

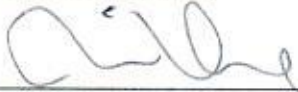
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report - 6/20180303/2012.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (27/12/17) (DD/MM/YYYY), TIME: (15:15) (HH:MM)

LOCATION: Tan Hock Sing Hospital open space carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCH 4888B  
 b) INSURANCE COMPANY: MIA  
 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: 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: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S15006184 CONTACT: 9664 0127  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: My Minhui, Mornique, (Anang Minhui) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8802338B CONTACT: 91128648  
 c) ADDRESS: 511c 191 Meyer Road 413-04 (437980)

\* d) DATE OF BIRTH: (28/1/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/5/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children ☒

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: SBH 660 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:

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (2)

\* No of passenger  
 (including driver)  
 ( )

Email =

fax =

video =



**SINGAPORE  
POLICE FORCE**



G/20180303/7012

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20180303/7012

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made 03/03/2018 14:55		Vide Report No.		Station Diary No.	
Name Of Informant NG MINHUI, MORNIQUE		Address BLK 191 MEYER ROAD #13-04 SINGAPORE 437980			
ID Type / ID No. NRIC NO / S8802338B		Contact No. Home/Office: Mobile: 91128648			
Nationality SINGAPORE CITIZEN		Email Address ngminhui.mornique@gmail.com			
Occupation School principal		Sex Female	Age 30	Date of Birth 28/01/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 27/12/2017 15:15		Location Of Incident 11 JALAN TAN TOCK SENG TAN TOCK SENG HOSPITAL SINGAPORE 308433			

**Brief details.**

My car was stationary and parked at a lot (which was nearer to the emergency department). I wanted my car to be nearer to the medical centre so that it would be easier for my grandfather to walk back to the car after his appointment. I drove out of the parking lot and drove nearer to the medical centre. I saw an empty parking lot nearer the medical centre and so I parked my car into the said parking lot. When I was in the parking lot (which was nearer to the medical centre), I saw that there were cars coming into the car park. I then decided to move my car out of the parking lot so that someone else could have the parking lot. I drove out of the parking lot and I stopped my car closer to where my grandfather would exit from the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 14:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20180303/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180303/7012

medical centre. My car was stationary in that spot for about 10 minutes. I left the car park after my grandfather, my mother and my grandmother boarded the car.

To the best of my recollection, I do not recall any collision or contact with any other vehicle whilst I was in the car. I did not hear any bang or unusual sound while I was in the car. I also did not notice any scratch or dent or damage to my car on that day.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

03/03/2018 14:55

Classification Of Case:



# Performance Premium Selection Limited

A member of the Sime Darby Group

280 Kampong Arang Road Singapore 438180

Tel: 6319 7600 (Purchasing Department) Fax: 6474 3113

Co. Reg. No.: 200408061K GST Reg. No.: 20-0408061K

PA NO: 99025

Ref:

Name of Buying Representative:



## VEHICLE PURCHASE AGREEMENT

I/We (the "Seller") confirm herewith my/our sale to Performance Premium Selection Limited (the "Company") of a vehicle, details of which are stated below (the "Vehicle")

Registration No.: 5CH4888B With PARF and/or COE Rebates: Yes ( ☒ ) No ( ☐ ) Number Retention: Yes ( ☒ ) No ( ☐ )  
Make & Model: Volvo V40 2.4 2014 Date of Registration: 06/01/2015 Year of Manufacture: 2014  
Engine No.: 2126433855 Colour / Upholstery: White Road Tax Expiry: 05/01/19  
Chassis No.: ANH208345083 Engine Capacity: 2362cc COE Expiry: 05/01/2025  
Expected Delivery Date: 30/10/2018 Odometer Reading: No. of Transfers: 00

Gentle Reminder on Delivery: Equipment and Documentation to be handed over during delivery.

Equipment - 2 remote keys, spare key and owner's manual. Accessories and Rims as appraised should not be removed or replaced.

Documents - LTA Transaction Pin OR LTA required documents for Transaction Pin request (E504 Form) e.g. Original NRIC or ID used to register this vehicle, COE number, Business Resolution and any other documents applicable.

Is Vehicle encumbered:

YES / NO

If Yes: Name of Bank

Outstanding Amount:

Due Date for Settlement:

### Seller's Particulars

Name of Seller: Ng Gek Yuen NRIC No./Passport No./Co. No./Biz Reg No.: S1500618H  
Address: 191 Meyer Road #17-04 5437980  
Tel: (Mobile) 9664027 (Residence) (Business)  
Email: 90914843 (Mrs Ng) Registered: ( ☐ ) Yes ( ☐ ) No

"Seller" means the registered owner of the Vehicle or a party duly authorised by the registered owner to sell the vehicle. Please tick the correct box.

☐ I am the registered owner of the Vehicle

☐ I am authorised to sell the Vehicle

The original of the following document(s) is/are to be produced for verification and a copy is attached:

☐ power of attorney

☐ letter of authority / payment authorization / payment instruction form

☐ Board of Directors' Resolution of the Seller

☐ state other authorization document:

### Price

Price (inclusive of GST) \$ 105000/-

• Deposit to New Car Vendor \$

Outstanding Loan Amount \$

Repair Costs \$

\$

\$

Amount Due to Seller \$

New Car Vendor: PML Contract Ref No.: 1133834

If amendment is made to the Contract between the New Car Vendor and its Customer ("Car Vendor Contract"), or if the Car Vendor Contract is terminated, the Company and the Seller agree that the Company can re-negotiate or vary the terms of this Agreement including the Price ("Revised Terms"). The Company shall have the right to terminate this Agreement if the Revised Terms are not acceptable to the Seller. On termination, the Seller agrees to reimburse the Company for all expenses and costs incurred by the Company in the performance of this Agreement. This clause survives the termination of this Agreement.

• SELLER INSTRUCTS PAYMENTS TO BE MADE TO NEW CAR VENDOR FOR THE ACCOUNT OF:

☐ Self

☐ Name of New Car Vendor's Customer:

### List of repair items (if any)

(For more details, please see Clause 4.2 overleaf)

I/We have read and understood the contents herein and the Terms and Conditions printed overleaf, all of which form part of this Agreement, and further confirm that there are no other verbal or written agreements, representations or promises made to me/us by any person (whether your servant, employee, agent or otherwise) relating to this Agreement.

The Seller acknowledges and consents to Company collecting the Seller's personal data and (where applicable) the personal data of the party on behalf of which the Seller is acting, in order to carry out the purpose of this Agreement.

Personal data is collected potentially for the purpose of contacting you to notify you of any goods or services provided by the Company or goods or services which are similar to this transaction or goods or services which are similar to a previous negotiation of a purchase from you. Please tick this box ☐ if you DO NOT CONSENT to our use of the personal data in these ways.

To withdraw the consent provided above at any time or to make inquiries about the data and its collection, please contact the Customer Relations Manager at enquiries@ppsl.com.sg.

Signed by, or for and on behalf of

Seller:

Name:

NRIC No. / Passport No.:

Designation: (where applicable)

Co. Reg. No. / Business Reg. No.:

Company Stamp

Accepted by:

For and on behalf of Performance Premium Selection Limited

Date of Agreement:

### IMPORTANT

(if applicable)

- Notwithstanding that this Agreement may have been signed by the Buying Representative, this Agreement is not binding on the Company unless approved and accepted by a duly authorized officer of the Company.
- Where the Seller is not the registered owner of the Vehicle, the Seller warrants that he is fully and irrevocably authorized by the registered owner of the vehicle to, and has full and unrestricted right, power and authority to, sell, transfer and deliver the vehicle with good title and free from all liens, mortgages and encumbrances to the Company.
- The Seller agrees to deliver to the Company the vehicle, all vehicle keys (minimum of 2 sets), the vehicle's original service history, the owner's manual in handbooks, and the vehicle transfer form executed in blank immediately upon payment of the deposit. The Seller further agrees to execute, deliver, and provide the Company with all such forms, authorizations and documentation, and to sign all such forms as the Company may request, in respect of the vehicle, registration, de-registration, scrapping or exporting of the vehicle. For more details, please see Clause 3 overleaf.
- The Seller warrants that the vehicle is accident free and that the mileage registered on the vehicle's odometer is genuine. The Seller warrants that the mileage registered on the vehicle's odometer as at date of delivery to the



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8802338B**



Name  
**NG MINHUI, MORNIQUE  
(HUANG MINHUI)**  
**黄敏慧**

Race  
**CHINESE**

Date of birth  
**28-01-1988**

Country/Place of birth  
**SINGAPORE**

Sex  
**F**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8802338B**

Name  
**NG MINHUI, MORNIQUE  
(HUANG MINHUI)**

Birth Date: **28 Jan 1988**

Issue Date: **22 May 2007**



001501397K

5458823



NRIC No. **S8802338B**



Date of issue  
**06-04-2015**

**BLK 191 MEYER ROAD #13-04  
SINGAPORE 437980**

NRIC No: **S8802338B** Date: **30/08/2017**

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

PASS DATE

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  22 May 2007



Licence No: **S8802338B**

NP 428A



**MSIG**

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

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. A 28663159 QMY

Excess : SGD400  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SCH4888B

2. Name of Policyholder  
Ng Gek Yuen

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
06/01/2017

4. Date of Expiry of Insurance  
05/01/2018

5. Persons or Classes of Persons entitled to drive\*  
Ng Gek Yuen

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