

NATIONAL Assessment Centre Services

(ver 1.2.2006)

MMH418135260

Date In: 18/10/2018 12:48	Job description	Date & Time Completed	Done by
Ref No: NDA/M86280/84654	SAS e-filing		
Veh No: 28 7196E	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 16/10/2018 14:10	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (within 60 mins, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OWI	Tell	Fax
TP Particulars	Veh No: W 8456Q	INC () / Non-INC ()
Owner / Driver: ()	Tell	
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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC Hotline: 6788 0016

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Action

Human/Particulars:	Invoice Preparation Checklist	Amount	Unit
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$30)	
	3) TP: Towing Fee	\$10/\$41	
	4) JT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Recovery)	\$20	
	For claimant against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$33	
	7) NTUC DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	Q11		
	1) NT: Courtesy Car / Tpl Allowance	\$1	
	2) NT: Repair Coordination	\$10	
	3) NT: Post Repair Inspection	\$21	
	4) NT: DY / Collect Excess Coordination	\$1	
	5) TE (NT) / TP (Non-INC) against INC	\$20	
	6) NT: 21 days Mobile	10	
	Invoice dated	Not Charged	
	Invoice dated		

2/3

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 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. 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	18/10/2018 12:48
Date Of Accident	16/10/2018 14:10
Exact Location Of Accident	LEBUHRAYA SELATAN ARAH SELATAN HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7196E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	KURISU_100@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83821055
Alternative Phone No	OFFICE-83821055

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	83008083

Driver

Name of Driver	TEO WEI WEI KRISTINE
NRIC No	S7931654G
Date Of Birth	10/10/1979
Occupation	INDOOR
Date Of Driving Pass	13/04/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83821055
Fax Number	
Contact Number	OTHERS-83821055
E-Mail Address	KURISU_100@HOTMAIL.COM

Address	BLK 575 HOUGANG STREET 51 #16-49
Postcode	530575
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	W8456Q (PRIVATE CAR)
Number of vehicles involved in the accident	3
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)	6
Passenger 1	NAME: : LUI MUI LIAN GENDER: : FEMALE
Passenger 2	NAME: : ANG KIM HONG GENDER: : FEMALE
Passenger 3	NAME: : LUI SHU HANG GINA GENDER: : FEMALE
Passenger 4	NAME: : DYLAN CHAN KHENG HOI GENDER: : MALE
Passenger 5	NAME: : PHOEBE CHAN CHENG WAI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFIK KULAIJAYA
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH KULAI JAYA , POSTCODE: 81000 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO: 07-6622522
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20181017/2000 AND TRAFIK KULAIJAYA/009712/18

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	W8455Q
Vehicle Make/Model/Colour	PROTON ALZA BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD NORMAN BIN A.HAMID
NRIC/Passport Number	840809016405
Contact Number	+60142820282
Address	NO, 3 JALAN MUHIBBAH 4 TAMAN MUHIBBAH SIMPANG RENGAM JOHOR
Postcode	86200
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WSW6541
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SALMEY BIN ABDUL HALIM
NRIC/Passport Number	861112025453
Contact Number	
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 willful 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



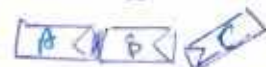
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

North-South Highway (Lebuhraya Utara Selatan Arah Selatan)



A) SLS 7196E

C) W8456 Q

B) WSW 6541

Describe Circumstances of the Accident

PLS Refer to Police File No. 1009702/18
 27/08/2017/2000 & 1009702/18

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

1009702/18

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

1009702/18

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



E/20181017/2000

1 of 2

Report No. E/20181017/2000

POLICE REPORT (NP299)

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 17/10/2018 00:13	Vide Report No.	Station Diary No. 4		
Name Of Informant TEO WEI WEI KRISTINE	Address APT BLK 575 HOUGANG STREET 51 #16-49 SINGAPORE 530575			
ID Type / ID No. NRIC NO / S7931654G	Contact No. Home/Office	Mobile 83821055		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation RECRUITMENT AGENT	Sex Female	Age 39	Date of Birth 10/10/1979	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 16/10/2018 14:10	Location Of Incident Lebuhraya Utara Selatan Arah Selatan Highway MALAYSIA			

Brief details.

On 16/10/2018 at about 1410hrs, I was driving my vehicle (SLS7196E) from Malaka to Singapore along the Lebuhraya Utara Selatan Arah Selatan Highway on the first lane. Suddenly, one of the vehicle (W8456Q) started swerving left and right and swing back into a reversed direction on the same lane. As such, I did an emergency brake but collided into another vehicle (WSW6541) whom had also applied emergency brake.

Signature Of Officer Recording The Report:

E / Sgt 2 EVE LEE TENG

Signature Of Interpreter:
Not applicable

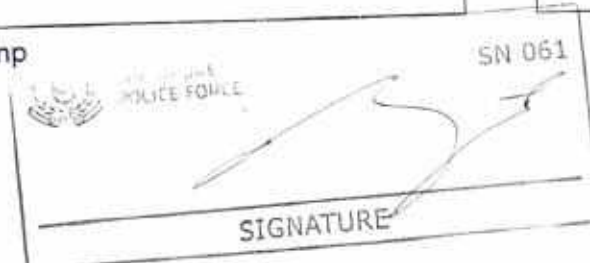
Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt DE COSTA ELAINE ELICIA
Contact No.:

Signature Of Informant:

Date/Time:
17/10/2018 00:13

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



E/20181017/2000

2 of 2

Report No. E/20181017/2000

I then made a check and noted that my vehicle's bonnet, left headlight, right headlight, bumper and front panel was damage. Subsequently I also lodged a police report in Malaysia. I wish to state that I did not sustain any injuries. However there were 5 other passengers in my vehicle and one of the passenger has complained of chest pain. I am lodging report for insurance claim purposes.

Signature Of Officer Recording The Report:

E / Sgt 2 EVE LEE TENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt DE COSTA ELAINE ELICIA
Contact No.:

Signature Of Informant:

Date/Time:
17/10/2018 00:13

Classification Of Case:

Authentication Stamp





POLIS DIRAJA MALAYSIA

REPOt POLIS

Balai : TRAFIK KULAIJAYA
 Daerah : KULAIJAYA
 Kontinjen : JOHOR
 No Repot : TRAFIK KULAIJAYA/009712/18
 Tarikh : 16/10/2018
 Waktu : 1639 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R131361
 No Repot Bersangkut : TRAFIK
 KULAIJAYA/009702/18

Butir-butir Penerima Repot
 Nama : ASMAN BIN ASRI
 Butir-butir Jurubahasa (Jika Ada)
 Nama : ---
 No Paspot : ---
 Alamat : ---

No Personel : R199017

Pangkat : KONST

No K/P (Baru) : ---
 Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu

Nama : TEO WEI WEI KRISTINE

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E46330238

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 10/10/1979

Umur : 39 tahun 0 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : BLK 575 HOUGANG ST 51 #16-49 SINGAPORE 530575, 530575

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6583821055

Emel : ---

Pengadu Menyatakan:-

ON 16/10/2018, 14:10HRS. I WAS DRIVING SLS7196E FROM MALAKA TO SINGAPORE ALONG THE LEBUHRAYA UTARA SELATAN HIGHWAY AT THE FIRST LANE. IN THE CAR THERE WAS A TOTAL OF 1 DRIVER AND 5 PASSENGERS. OF THE 5 PASSENGERS, 2 WERE CHILDREN UNDER THE AGE OF 12. AT ABOUT 29.8KM MARK, W8456Q WHO WAS ALSO TRAVELLING ON FIRST LANE IN FRONT OF WSW6541 SUDDENLY LOST CONTROL, STARTED SWERVING LEFT AND RIGHT AND SWING BACK INTO A REVERSED DIRECTION ON THE SAME LANE. WSW6541 AND OUR CAR SLS7196E DID AN EMERGENCY BREAK BUT WAS UNABLE TO STOP IN TIME DUE TO THE HEAVY RAIN. AS A RESULT, OUR BONNET, LEFT HEADLIGHT, RIGHT HEADLIGHT, BUMPER AND FRONT PANEL WAS DAMAGED. OUR DRIVER SIDE DOOR WAS UNABLE TO OPEN. THERE WAS SOUND WHILE WE DRIVE THE CAR AFTERWARDS. WE DO NOT KNOW IF ANYTHING ELSE WAS DAMAGED. THIS IS MY REPORT.

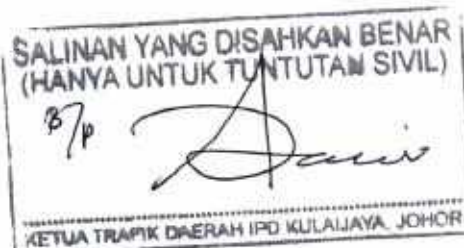
Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R191660 | 16/10/2018 05:40:47 PM



MOTOR ACCIDENT REPORT FORM

Date of Accident: 16/10/2018	Time: 19:10	Exact Location of Accident: Lebuh raya utara selatan Arah Selatan Highway
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SLS7196E	Name of Registered Owner: SIME DIRBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 197501065W	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: HONDA	Model: ODYSSEY	
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>	
Vehicle Category:		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MSIG		
Type of Coverage: Comprehensive	Third Party <input checked="" type="checkbox"/>	
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: TEO WEI WEI KRISTINE	NRIC / Passport No. / FIN: S79316546	
Date of Birth: 10/10/1979	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 13/04/2007	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Mobile Phone No.: 83821055	Alternative Phone No.:	
Address as stated in NRIC: 575 HOUGANG ST 51 #16-49		(Post Code: 530575)
Email Address: kuricu.100@hotmail.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured: <u>Owner</u>	
Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Heir</u>	
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
INFORMATION OF THE ACCIDENT		
Weather Conditions	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Foreign Vehicle Registration Number	* W8456Q & WSW6541	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which Police Station? <u>Bishan NPC</u>	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	6	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: W8456Q	Vehicle Make / Model / Colour: Proton Alza / Black	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver: Mohd Norman Bin A Hamid	NRIC/Passport Number: 840809016405	
Contact Number: +60142620282		
Address: No 3 Jin Muhibbah 4 Taman Muhibbah Simpang Renggam Johor		(Post Code: 86200)
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):	
Details of Witness - Name: WSW 6541	SALMAH BIN ABUL HALIM	
Details of Witness - Contact Number:	68112025453	
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address:		(Post Code:)
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7931654G



TEO WEI WEI KRISTINE
(ZHANG WEIWEI)
张微微

Race
CHINESE
Date of Birth
10-10-1979
Country of Birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7931654G**
Name
TEO WEI WEI KRISTINE
(ZHANG WEIWEI)

Birth Date: 10 Oct 1979
Issue Date: 13 Apr 2007




A0038461



NRIC No. **S7931654G**



Class/Group: 07-07-2001

APT BLK 575 HOUGANG STREET 51 #18-49
SINGAPORE 530575

RIC No: S7931654G Date: 02/08/2012 No: 7116323

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

PASS DATE
13 Apr 2007

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 426A

Licence No: S7931654G





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

MOTOR INSURANCE COVER NOTE

Cover Note No. 83008083

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 219102
Name of Insured : Sime Darby Services Pte Ltd
Make and Description of Vehicle : Honda Odyssey 2.4 EX-S CVT
Vehicle Registration No. : SLS7196E
Year of Manufacture : 2017
Engine No. : K24W72041164
Chassis No. : JHMRC1880HC203518
Capacity : 2,356 Cubic Capacity
Cover Type : Third Party
Sum Insured (SGD) : Market Value
Period of Insurance : 01/10/2018 to 30/09/2019
Excess (SGD) : As Agreed

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative



Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers



Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 18/10/2018

This Cover Note is valid for 30 days from the date of issue.