

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/10/2018 15:43	Job description	Date & Time Completed	Done by
Ref No NA/MSG/18019081/k4	SAS e-filing		
Veh No GV7699P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 10/10/2018 09:30	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: SHD1157J	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

NA1806723	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
2at 1:	TP (N11): TP (Non INC) against INC	\$20	
2at 2 / 3:	9) N12: Idao Mobile	\$0	
	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 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	20/10/2018 15:43
Date Of Accident	10/10/2018 09:30
Exact Location Of Accident	POTONG PASIR AVE 3 (BLK 140 CARPARK ENTRANCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV7699P
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91209242
Alternative Phone No	OFFICE-91209242

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1745130
Cover Note Number	

Driver

Name of Driver	AZRAN BIN ABDUL AZIZ
NRIC No	S6873436C
Date Of Birth	24/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91209242
Fax Number	
Contact Number	OTHERS-91209242
EMail Address	NOEMAIL

Address	BLK 932 TAMPINES STREET 91 #01-389
Postcode	520932
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SHD1157J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

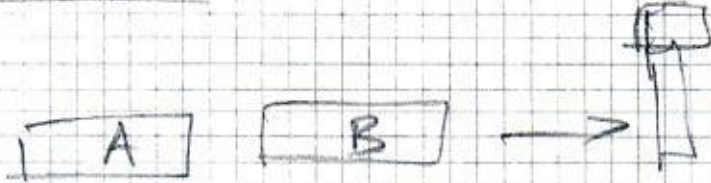


Policyholder's Signature
Date & Time:

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

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

POTONG PASIR CARPARIC / Ave 3
BLK 140



A - GV7699P

B-SHD 1157 J

Vehicle A was at these locations
BLE 140 POTONGA PAIR CARPARK ENTRANCE
I BANG THE REAR TAXI JUST A LITTLE
DAMAGE. MY FRONT VAN JUST A LITTLE DOI.
DAMAGE.

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

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

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

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

18 Oct 2010

Our ref 1810100501N002382093

KST AUTO RENTAL PTE LTD
3021A UBI ROAD 1
#01-42
SINGAPORE 408715



Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. GV7699P


We are pleased to inform you that your application for the transfer of ownership of the above-mentioned vehicle has been approved. You are the current registered owner of the vehicle as at 18 Oct 2010.

2. The owner particulars are as follows:

- | | | |
|----|-------------------------|---------------------------|
| 1. | Name | : KST AUTO RENTAL PTE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 200806860W |
| 4. | Place Of Passport Issue | : - |

3. The information pertaining to your vehicle is as follows:

- | | | |
|-----|--------------------------------------|---|
| 1. | Vehicle No. | : GV7699P |
| 2. | Previous Vehicle No. | : - |
| 3. | Effective Date of Ownership | : 18 Oct 2010 |
| 4. | Original Registration Date | : 29 Oct 2002 |
| 5. | First Registration Date | : 29 Oct 2002 |
| 6. | Vehicle Type | : A50 - Goods (Closed) Van/Van Panel (Delivery) |
| 7. | Vehicle Scheme | : Normal |
| 8. | Attachment 1 | : No Attachment |
| 9. | Attachment 2 | : - |
| 10. | Attachment 3 | : - |
| 11. | Vehicle Make | : TOYOTA |
| 12. | Vehicle Model | : HIACE DIESEL |
| 13. | Year of Manufacture | : 2002 |
| 14. | Primary Colour | : Green |
| 15. | Secondary Colour | : - |
| 16. | Passenger Capacity | : 1 |
| 17. | Chassis/Trailer Chassis No. | : LH1621007899 / - |
| 18. | Propellant | : Diesel |
| 19. | Engine No./Motor No. | : 5L5271090 / - |
| 20. | Engine Capacity(cc)/Power Rating(kw) | : 2986 / - |
| 21. | Unladen Weight(kg) | : 1500 |
| 22. | Maximum Laden Weight(kg) | : 3030 |
| 23. | Open Market Value | : \$21,936.00 |
| 24. | PARF Eligibility | : No |



25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: \$0.00
27.	No. of Transfers	: 1
28.	IU Label No.	: 1041780148
29.	COE No.	: 2002100105000547W
30.	COE Expiry Date	: 28 Oct 2012
31.	COE Category	: C - Goods Vehicle & Bus
32.	Quota Premium/Prevailing Quota Premium	: \$16,409.00 / -
33.	Actual Quota Premium/PQP Paid	: \$16,409.00
34.	Actual ARF Paid	: \$1,097.00
35.	Vehicle Lifespan Expiry Date	: 28 Oct 2022
36.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.

4. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account.**

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

5. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.

6. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

7. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE & TRANSIT LICENSING GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

(USE)

Reported on 18/10/2018
@ 1355HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (10/10/2018) (DD/MM/YYYY), TIME: (09:30 AM) (HH:MM)

LOCATION: Potong Pasir Ave 3 car park (BLK 140)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GV7699P
b) INSURANCE COMPANY: _____
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91209242
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/4/2004

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
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: SHD 1157J 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: _____

and vehicle was present on 20/10/18 @ 1530HRS
Passport → given on 20/10/2018 @ 1530HRS
Email =
Fax =
VIDEO =

MSIG OK
Vehicle not present at idac to take photos

Waiting for Certificate? & Company Chop
IC & DL?

AZLAN BIN ABDUL AZIZ



Sex Nationality
M SINGAPORE CITIZEN
Date of birth Place of birth
24 JAN 1968 MALAYSIA
Date of issue Date of expiry
06 MAR 2014 30 APR 2019
Modifications Authority
SEE PAGE 2 MINISTRY OF HOME AFFAIRS
National ID No
S6873436C

PASGPAZRAN<BIN<ABDUL<AZIZ<<<<<<<<<<<<<<<<<<<
E4459057A2SGP6801243M1904301S6873436C<<<<<54



SINGAPORE POLICE FORCE



E/20181019/2059

1 of 4

POLICE REPORT (NP322)

Report No. E/20181019/2059

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Date/Time Report Made 19/10/2018 14:36	Vide Report No.	Station Diary No. 21
Name Of Informant AZRAN BIN ABDUL AZIZ	Address APT BLK 932 TAMPINES STREET 91 #01-389 SINGAPORE 520932	
ID Type / ID No. NRIC NO / S6873436C	Contact No. Home/Office Mobile 83000618	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 50
Institution/School Name	Date of Birth 24/01/1968	Race Malay
Date/Time Of Incident 14/10/2018 21:00	Location Of Incident 1 JOO CHIAT ROAD JOO CHIAT COMPLEX SINGAPORE 420001 Beside Joo Chiat Complex	

Brief details.

On the above mentioned date, time and location, I discovered the loss of the below mentioned items. I conducted a search however to no avail.

I am lodging this report for replacement purposes.

Signature Of Officer Recording The Report:

E / Sgt 2 CHUA JIN JUN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt CHUA SIONG EIK
Contact No.: 63913950

Authentication Stamp

SINGAPORE
POLICE FORCE

SN 057

SIGNATURE

Signature Of Informant:

Date/Time:
19/10/2018 14:36

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



E/20181019/2059

2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20181019/20

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Credit Card / Debit Card/ ATM Card	Lost	OCBC LTD	OCBC		1		ONE RED COLOUR OCBC VISA BANK CARD BELONGING TO AZRAN BIN ABDUL AZIZ
2	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD	POSB		1		ONE BLUE COLOUR POSB MASTERCAR D BELONGING TO AZRAN BIN ABDUL AZIZ

Signature Of Officer Recording The Report:

E / Sgt 2 CHUA JIN JUN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt CHUA SIONG EIK
Contact No.: 63913950

Authentication Stamp
SINGAPORE
POLICE FORCE

SN 057

SIGNATURE

Signature Of Informant:

Date/Time:
19/10/2018 14:36

Classification Of Case:

FUPO hotline number. 68429645



**SINGAPORE
POLICE FORCE**



E/20181019/2059

3 of 4

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20181019/2059

3	Licence	Lost	Qualified Driving Licence		S687343 6C	1		ONE SINGAPORE DRIVING LICENCE BELONGING TO AZRAN BIN ABDUL AZIZ
4	Cash	Lost				1	Singapore Dollars 17.00	TOTAL CASH AMOUNTING TO SGD\$17/- SINGAPORE DOLLARS.
5	Identity Card	Lost	SINGAPORE NRIC		S687343 6C	1		ONE SINGAPORE PINK NRIC BELONGING TO AZRAN BIN ABDUL AZIZ
6	General property	Lost				1		ONE GREEN COLOUR SHORT WALLET

Signature Of Officer Recording The Report:

E / Sgt 2 CHUA JIN JUN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt CHUA SIONG EIK
Contact No.: 63913950

Authentication Stamp

SN 057

SIGNATURE

Signature Of Informant:

Date/Time:
19/10/2018 14:36

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



E/20181019/2059

4 of 4

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20181019/2059

7	Credit Card / Debit Card/ ATM Card	Lost				1		ONE BLUE COLOUR UNKNOWN BANK CARD BELONGING TO AZRAN BIN ABDUL AZIZ
---	------------------------------------	------	--	--	--	---	--	---

Signature Of Officer Recording The Report:

E / Sgt 2 CHUA JIN JUN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt CHUA SIONG EIK
Contact No.: 63913950

Authentication Stamp

SN 057

SIGNATURE

Signature Of Informant:

Date/Time:
19/10/2018 14:36

Classification Of Case:

FUPO hotline number: 68429645

**MSIG**

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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

21-Sep-201

Third Part

A0633 - 001

Certificate No

: 7VCT1745130

1. Index Mark and Registration Number of Vehicle

: GV7699P

2. Chassis Number of Vehicle

: LH1621007899

3. Name of Policyholder

: KST Auto Rental Pte Ltd

4. Effective date of the Commencement of Insurance for the purposes of the Act

: 29 OCT 2017 00:00 AM

5. Date of Expiry of Insurance

: 28 OCT 2018

6. Person or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

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.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees' business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) at 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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorised Person

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)