. 2/3:	Invoice dated	Fee Charged	The state of the s
(at, 1):	9) N12: Idao M Involve doted	obile Fee Charged	Market Freih
Auditors Comments:	TP(NII):T	P (Non INC) against INC	\$20
	A. Maret Post Re	pair Inspection ollect Excess Coordination	35
A Checken by (Bugi-tu-Charge).	• N6: Repair	Co-ordination	\$10
C Checked by (Engr-In-Charge):	OD*	y Car / Tpt Allowance	35
The state of the s	8) NTUC Addit	+ Olvitca Odi ve	
Damaged Portion:	6) TR: Re-juspe	+ SMRT Survey	\$160
Contact No:	. Por elsiming	against INC Only (well 10 Jan 200	\$75
Driver/Owner:	4) FT : Follow-1	Through Survey (Resurvey)	330
The state of the s	3) TF : Towing	Fee . 54	\$120
Chainant's Particulars is	1) AR : Accident	Assessment (\$100); INC (\$1	
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Date/Time / Actions			REMOSTING -
	Strong Mar II amorbia (m. 1844)	TO THE PARTY OF TH	The state of the s
Injury:			100000000000000000000000000000000000000
3) Upload Resurvey Photo [Repair Cost>\$3000]	() :::		
2) QC Check / Post Repair Inspection	(·)		
1) Apply for Transport Allowance ()/ Courtesy Car	r()	-	
ttenneis:- /// (is e hodine) ozbuologijs (4) (b)		a place for a complete	in the light one by
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();7	Towing Co: (TO THE PERSON OF
() Total Loss Case : to e-mail Insurer URGEN		Couring Co. (··· ,
() Walk-In Customer: Customer's Information stric		GICLLY INO TSIEF OF TEPERIOR.	
	ENEXT FIRST LYCHES	ACCOMPANAMENT PARTY	Avea Maria
Excess: (S) Loading: \$1,000 ()/3 General Reinarks	12,000 ()	A 1988 SANGE 1855!	125.00
Year of Registration: () Warranty: Y	\$2,000 ()	/	
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Confirmed by : (0%; P: 21-79%. P: 80-1	00%]
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Policy No: () Period: (7	Cover Type: ()
Owner / Driver: (0 mot	Tel:)
2007 200	T INC(
Preferred Wksp / INC Assign Wksp / QW: (BALACIA AND THE REAL PROPERTY OF THE PARTY O	CITED OF STREET	ax:)
TP Insurer:	eport by Fax / Hand	le Owner/Wksp	
Assessm	nent/Survey Report		· ~.
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the same of the sa	r Claim Form		
	(within Shrs, AIC 2hrs)		
REINO: NA/M86160/9576/Y SASC-	filing		
Date In: 27 40 2018 12:23 Jeb deser	ription	Date &Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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.

Market State of the Artist of	ACCIDENT STATEMENT
Date Of Report	27/10/2018 12:23
Date Of Accident	26/10/2018 08:50
Exact Location Of Accident	AT SUNTEC CITY CARPARK
Country/State of Loss	SINGAPORE
Appendix in the second section and the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV9704Y
Insured/Policyholder	
Name Of Registered Owner	TAN RI SHENG, LEONARD
NRIC No	S9104881G
Email Address	LEONARD.RISHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91734677
Alternative Phone No	OTHERS-91734677
Vahiala Dartiaulara	

Vehicle Particulars

Manufacturer	HYUNDAI
Model	130

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 80458495 QMX

Cover Note Number

Driver

Name of Driver TAN RI SHENG, LEONARD

NRIC No S9104881G Date Of Birth 05/02/1991 Occupation INDOOR Date Of Driving Pass 20/10/2011

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91734677

Fax Number

Contact Number OTHERS-91734677

EMail Address LEONARD.RISHENG@GMAIL.COM Address

BLK 630 PASIR RIS DRIVE 3

#11-362

Postcode

510630

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - 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

2

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)

1020

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Tras there any video captured by Car Camen

NO

Was there any audio recorded?

NO

SME3681J

Vehicle Registration Number Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

NG YONG YI

NRIC/Passport Number

S9110953J

Contact Number

92230503

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
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- 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)

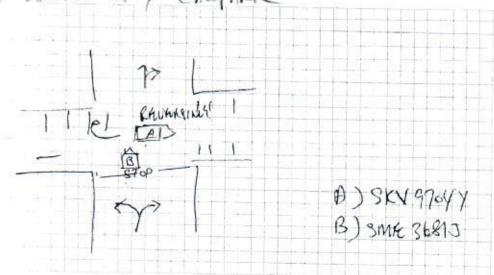
I understand, acknowledge, agree and consent that:

- (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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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my still Still 9704 Y 1470 BUR OF THE REPERIOR COT Superior CAS
SME 3681) CAMPA FROM 11th LATTICISHT CHURC WILLOUT STORDING & BANG
N 20 744 REAR RIGHT SIDER OF MY CARE THE CAR SME 3EFIT SHOULD DALY TURN MET OR RIGHT.
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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.: ROLD MANUE

ACCIDENT STATEMENT

LOCATION: Sunter Co	arpark
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: S k	V 9104 V
b)INSURANCE COMPANY:	MSIG
1. The Control of the	
	8045 8495 QMX
a)POLICY TYPE: (COMPREHENS	IVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: HYWM)) 1 3	0
f)TYPE:(SALOON / COUPE / MP)	V/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE	E / COMMERCIAL / MOTORCYCLE)
NIPURPOSE OF USING AT ACCID	DENT TIME: 0 8 : 50
i) ARE YOU CLAIMING UNDER YO	DUP OWN INSURANCE (YES (NO)
IF NO, PLEASE STATE (THIRD PA	RTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME: TAN RI S	HENG LEONARD (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:SO	
CIADDRESS: Bik 630	
5(510630)	Pasir RIS Dr. 3 #11-362
* CONTINUE TO 2 d IE DRIVED IN	SO ROUGUILOUS
Jo of passange DRIVER	SO POLICY HOLDER
Including driver) WINAME: TAN RI SHET	
Including driver) alNAME: TAN RI SHOT	Maria Carlos Da Carlos
HINDIC/EIN/DACCDORT AG	
() DINKIC/FIN/PASSPORT: SOIL	048816CONTACT:_ 91734677
(1) CIADDRESS: BIE 630	Paur Ris Dr 3 #11-34
C)ADDRESS: BIE 630 SC51063	Paur Ris Dr 3 #11-36+
c)ADDRESS: BIL 630 SCSI063 *d)DATE OF BIRTH: (05/02/	Paur Ris Dr 3 #11-36+ 20) 1991 1(DD/MM/YYYY)
C)ADDRESS: BIK 630 SC 51063 *d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT	Paur Ris Dr 3 #11-36+ 20) 1991 1(DD/MM/YYYY)
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT	Pauly Ric Dr 3 #11-36 + 20) 1991 (DD/MM/YYYY) [DOOR]
C)ADDRESS: BIL 630 SCSI063 *d)DATE OF BIRTH: (05/02/ e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF	POUR RIS DE 3 #11-36 + 1991)(DD/MM/YYYY) DOOR) THE INSURED'S COMPANYS (VES: (NO.)
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE	PAULY RIS DY 3 #11-36 + PAULY RIS DY 3 #11-36 + 20) 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DIVINGE
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE 5. a)WEATHER CONDITION: (CLEAR	PAULY RIS Dr 3 #11-36 + 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DWNER / RAINING / OTHERS
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE BOOK ON THE BOOK OF THE B	PAULY RIS DO 3 #11-36 + 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DWNER / RAINING / OTHERS
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE 5. a)WEATHER CONDITION: (CLEAR b)ROAD SURFACE: (DRY / WET / O	PRUIT RIS Dr 3 #11-36 + 1991)(DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DWNER / RAINING / OTHERS
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*d)DATE OF BIRTH: (05 / 02) *d)DATE OF BIRTH: (05 / 02) e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE I 5. a)WEATHER CONDITION: (CLEAR b)ROAD SURFACE: (DRY / WET / OUT 6. WAS ANYBODY INJURED (YES / NO 7. a)REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	PRAIN RIS Dr 3 #11-36 + PRO PRO PRIS DR 3 #11-36 + E THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DWNER / RAINING / OTHERS D) LICE STATION:
*d)DATE OF BIRTH: (05 / 02 / 02 / 03) *d)DATE OF BIRTH: (05 / 02 / 03 / 04 / 04 / 04 / 04 / 04 / 04 / 04	PAGIN RIS DO 3 #11-36 + PAGIN RIS DO 3 #11-36 + 20) 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED:
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*d)DATE OF BIRTH: (05) 02) *d)DATE OF BIRTH: (05) 02) e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE 5. a)WEATHER CONDITION: (CLEAR b)ROAD SURFACE: (DRY / WET / O 6. WAS ANYBODY INJURED (YES / NO 7. a)REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH POL 8. THIRD PARTY VEHICLE OF PASSENGER a) VEHICLE NUMBER: STATE C) NRIC/FIN/PASSPORT: SO	PAGIN RIS Dr 3 #11-36 + PAGIN RIS Dr 3 #11-36 + 20) 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED:
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*d)DATE OF BIRTH: (05) 02) *d)DATE OF BIRTH: (05) 02) e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE 5. a)WEATHER CONDITION: (CLEAR b)ROAD SURFACE: (DRY / WET / O 6. WAS ANYBODY INJURED (YES / NO 17. a)REPORTED TO POLICE (YES / NO 18 YES, PLEASE STATE WHICH POL 18 THIRD PARTY VEHICLE 19 PASSENGER 19 OF PASSENGER 20 NRIC/FIN/PASSPORT: 50 21 PASSENGER 21 PASSENGER 22 ON PRIC/FIN/PASSPORT: 50 23 PASSENGER 24 PASSENGER 25 ON PRIC/FIN/PASSPORT: 50 26 ON PRIC/FIN/PASSPORT: 50 27 PASSENGER 28 ON PRIC/FIN/PASSPORT: 50 29 ON PRIC/FIN/PASSPORT: 50 20 VEHICLE NUMBER: 50 20 VEHICLE NUMBER: 50 20 VEHICLE NUMBER: 50 21 PASSENGER 22 ON PRIC/FIN/PASSPORT: 50 23 PASSENGER 24 PASSENGER 25 ON PRIC/FIN/PASSPORT: 50 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 VEHICLE NUMBER: 50 20 VEHICLE NUMBER: 50 20 VEHICLE NUMBER: 50 21 PASSENGER 22 PASSENGER 23 PASSENGER 24 PASSENGER 25 PASSENGER 26 PASSENGER 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 21 PASSENGER 22 PASSENGER 23 PASSENGER 24 PASSENGER 25 PASSENGER 26 PASSENGER 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 21 PASSENGER 21 PASSENGER 22 PASSENGER 23 PASSENGER 24 PASSENGER 25 PASSENGER 26 PASSENGER 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 21 PASSENGER 21 PASSENGER 22 PASSENGER 23 PASSENGER 24 PASSENGER 25 PASSENGER 26 PASSENGER 26 PASSENGER 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSENGER 21 PASSENGER 21 PASSENGER 22 PASSENGER 23 PASSENGER 24 PASSENGER 25 PASSENGER 25 PASSENGER 26 PASSENGER 26 PASSENGER 27 PASSENGER 28 PASSENGER 29 PASSENGER 20 PASSENGER 20 PASSENGER 20 PASSEN	PAULY RIS Dr 3 #11-36 + PAULY RIS Dr 3 #11-36 + 20) 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: DWNER / RAINING / OTHERS DIHERS DI LICE STATION: 3681 J 21644 / MODEL: Toyota J9 4019 41 2110 9 531 CONTACT: 92730503
*d)DATE OF BIRTH: (05 / 02 / e)OCCUPATION: (NDOOR / OUT f)YEARS OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE IS NOW. (CLEAR b)ROAD SURFACE: (DRY / WET / O. WAS ANYBODY INJURED (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLICE (YES / NO. IF YES, PLEASE STATE WHICH POLI	PAGIN RIS DO 3 #11-36 + PAGIN RIS DO 3 #11-36 + 20) 1991 (DD/MM/YYYY) DOOR) THE INSURED'S COMPANY? (YES / (NO)) DRIVER WITH INSURED: OWNER / RAINING / OTHERS DITHERS

email = leonard risheng@gmail.com

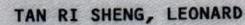
PASSPORT



REPUBLIC OF SINGAPORE

Type Country Code Passport No SGP PA Name

K0247165N



Sex M Date of birth 05 FEB 1991 Date of issue 06 FEB 2018 Date of expiry 27 OCT 2023 Modifications SEE PAGE 2 National ID No

S9104881G

Nationality SINGAPORE CITIZEN Place of birth SINGAPORE Authority MINISTRY OF HOME AFFAIRS



PASGPTAN<<RI<SHENG<LEONARD<<<<<<<< K0247165N2SGP9102055M2310277S9104881G<<<



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Oct 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 058807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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.

Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A 80458495 QMX

Excess: SGD500 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SKV9704Y

2. Name of Policyholder

Tan Ri Sheng Leonard

3. Effective Date of the Commencement of Insurance for the purposes of the Act 08/06/2018

4. Date of Expiry of Insurance

07/06/2019

5. Persons or Classes of Persons entitled to drive*

Tan Ri Sheng Leonard

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 MUST BE CARRIED OUT 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 Companyation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Quotigo Pta Ltd. Senior Operations Manager

60 Paya Lebar Road

Paya Separ Suyare #11-41-Singapore 409051

Quotign Rigil Liderene@quotigo.com

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers Cathan

Amy Ler Senior Vice President, Agencies

This certificate to the counter-Signed by a duly authorised representative of the Counter-Signed by a duly authorised representative of the Counter-Signedon.

XQUOTSCXH2018060816001388