NATIONAL Assessment Centre Services. [Well Janus] . MINEN 118158314. Done by Date &Time Completed Job description Date In: 7/12/18 14:17 SAS c-filling Ref No. MA [ MSG 18022061 /h4. E-mail (within 3hrs, AIC 2hrs) Vch No: SFE 9226J. i-Motor Claim Form D.O.A.: 5112118 19:10 1-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : AP! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Eax: Proformed Wissp / INC Assign Wissp / QW: ( )/Non-INC ( INC ( Veh No: TP Particulars: SKK 7418 U. ) Tcl: Owner / Driver: ( ) Cover Type: ( Period: ( Policy No: ( Time: Date: Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration: ( )/\$2,000 ( Loading: \$1,000 ( Excess: (\$ Goueral Remarks 18 2 18 18 ) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ) / NO ( ) ; Towing Co: ( ); Invoice: YES ( )/Towed-In ( Drive-In ( Remarks;- (INC hothic: 6788 6616) 25 ) 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Invoice Preparation Cl MAN BILL 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$30) 2) DA : Damege Assessment (5100); \$40/\$4: 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 230 5) PT : Follow-Through Survey (Resurvey) For claiming against INC Only (wof 10 Jan 2005) Contact No: 6) TR : Re-Inspection \$160 Damaged Portion: 7) N1 ; Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 \*NS: Courtosy Cos / Tpt Allowersee QC Checked by (Engr-In-Charge): 510 \* N6: Repair Co-ordination \$25 \* N7; Post Repair Inspection \*NB: DV / Collect Excess Coordination 22 Auditors Comments : TP (N11): TP (Non INC) against INC \$20 Cat. 1: 30 9) N12: Idno Mobile Fee Charged Involve dated at 2/3: **MARKEY** Fee Charged Involce dated

a per at the

## 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 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.
- 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.

| Date Of Report         07/12/2018 19:10           Date Of Accident         05/12/2018 19:10           Exact Location Of Accident         WOODLANDS AVE 2 TWDS SLE           Country/State of Loss         SINGAPORE           Vehicle Registration Number         SE59226J           Insured/Policyholder         TAY TIONG WEE JASON           NRIC No         \$1644038H           Email Address         NOEMAIL           Mobile Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Model         LEXUS E3300H CVT S/R           Exact Purpose for which vehicle was being used at ime of accident         TRIVATE USE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Pleass state action to be taken         THIRD PARTY           Vehicle Category         MSIG INSURANCE (SINGAPORE) PTE, LTD,           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Driver         TAY TIONG WEE JASON           NRIC No    | The second second  | ACCIDENT STATEMENT                   |
|---|--|--------------------------------------|
| Exact Location Of Accident  | Date Of Report   | 07/12/2018 14:17                     |
| Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE   | Date Of Accident   | 05/12/2018 19:10                     |
| Vehicle Registration Number SFE926J Insured/Policyholder Name Of Registred Owner TAY TIONG WEE JASON NRIC No S1644038H Email Address NOEMAIL Mobile Phone No (LOCAL) +65-91002292 Alternative Phone No OFFICE-91002292 Vehicle Particulars  Manufacturer TOYOTA LEXUS ES300H CVT S/R Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy No Policy Number A 8045895 QMY Cover Note Number Driver Name of Driver TAY TIONG WEE JASON NRIC No S1644038H Date Of Birth 290511984 Device Experience 33 YEARS AND 0 MONTHS Mabile Number (LOCAL) +65-91002292 Fax Number Cortact Number Fax Number Contact Number OFFICE-91002292   | Exact Location Of Accident   | WOODLANDS AVE 2 TWDS SLE             |
| Vehicle Registration Number         SFE9226J           Insured/Policyholder           Name Of Registered Owner         TAY TIONG WEE JASON           NRIC No         \$1644038H           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-91002292           Vehicle Particulars         OFFICE-91002292           Manufacturer         TOYOTA           Model         LEXUS E3300H CVT S/R           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD,           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender | Country/State of Loss  | SINGAPORE                            |
| Insured/Policyholder         TAY TIONG WEE JASON           Name Of Registered Owner         TAY TIONG WEE JASON           NRIC No         \$1644038H           Email Address         NOEMAIL           Mobile Phone No         OFFICE-91002292           Alternative Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Model         LEXUS ES300H CVT S/R           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29095/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS, AND 0 MONTHS           Gender         MALE           Mob | Application of the second  | DETAILS OF OWN VEHICLE               |
| Name Of Registered Owner         TAY TIONG WEE JASON           NRIC No         \$1644038H           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-91002292           Alternative Phone No         OFFICE-91002292           Vehicle Particulars           Manufacturer         TOYOTA           Model         LEXUS ES300H CVT S/R           Exact Purpose for which vehicle was being used at 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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Isleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1644038H           Oate Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Molle Number         (LOCA             | Vehicle Registration Number  | SFE9226J                             |
| NRIC No         S1644038H           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-91002292           Alternative Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Model         LEXUS ES300H CVT S/R           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1844038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Contact Number         OFFICE-91002292                            | Insured/Policyholder   |                                      |
| Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-91002292           Alternative Phone No         OFFICE-91002292           Vehicle Particulars           Manufacturer         TOYOTA           Model         LEXUS E3300H CVT S/R           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver         TAY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292   | Name Of Registered Owner   | TAY TIONG WEE JASON                  |
| Mobile Phone No         (LOCAL) +65-91002292           Alternative Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Model         LEXUS ES300H CVT S/R           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           It No. Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Contact Number         OFFICE-91002292  | NRIC No  | S1644038H                            |
| Alternative Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Manufacturer         TOYOTA           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver         TY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         3 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Contact Number         OFFICE-91002292   | Email Address  | NOEMAIL                              |
| Alternative Phone No         OFFICE-91002292           Vehicle Particulars         TOYOTA           Model         LEXUS ES300H CVT S/R           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Cover Note Number         TAY TIONG WEE JASON           NRIC No         S1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         3 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Contact Number         OFFICE-91002292  | Mobile Phone No  | (LOCAL) +65-91002292                 |
| Manufacturer         TOYOTA           Model         LEXUS ES300H CVT S/R           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         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver         TAY TIONG WEE JASON           NRIC No         S1644038H           Oate Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Contact Number         OFFICE-91002292  | Alternative Phone No   |                                      |
| Model LEXUS ES300H CVT S/R  Exact Purpose for which vehicle was being used at 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 Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 80458895 QMY  Cover Note Number - TAY TIONG WEE JASON NRIC No S1644038H Occupation OUTDOOR Date Of Birth 29/05/1964 Occupation OUTDOOR Date Of Driving Pass 20/11/1985 Driving Experience 33 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-91002292  Contact Number OFFICE-91002292   | Vehicle Particulars  |                                      |
| Exact Purpose for which vehicle was being used at 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  Vehicle Category  Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD.  Type Of Coverage Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number  OFFICE-91002292   | Manufacturer   | TOYOTA                               |
| time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Yehicle Category PRIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number A 80458895 QMY Cover Note Number   | Model  | LEXUS ES300H CVT S/R                 |
| for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number A 80458895 QMY Cover Note Number  Driver Name of Driver NRIC No S1644038H Date Of Birth Occupation OutDoor Date of Driving Pass Driving Experience Gender MALE Mobile Number  Contact Number  OFFICE-91002292  |  | PRIVATE USE                          |
| Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 80458895 QMY Cover Note Number  | Are you claiming under your own insurance policy for repair to your vehicle? | NO                                   |
| Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292   | If No, Please state action to be taken                                       | THIRD PARTY                          |
| Name of Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver           Name of Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Vehicle Category   | PRIVATE CAR                          |
| Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver           Name of Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292   | Insurance Company  |                                      |
| Fleet Policy         NO           Policy Number         A 80458895 QMY           Cover Note Number         -           Driver           Name of Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Name of Insurance Company  | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Policy Number A 80458895 QMY  Cover Note Number -  Driver  Name of Driver TAY TIONG WEE JASON  NRIC No S1644038H  Date Of Birth 29/05/1964  Occupation OUTDOOR  Date Of Driving Pass 20/11/1985  Driving Experience 33 YEARS AND 0 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-91002292  Fax Number  Contact Number OFFICE-91002292  | Type Of Coverage   | COMPREHENSIVE                        |
| Cover Note Number         -           Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Fleet Policy   | NO                                   |
| Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         \$29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         \$20/11/1985           Driving Experience         \$33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Policy Number  | A 80458895 QMY                       |
| Name of Driver         TAY TIONG WEE JASON           NRIC No         \$1644038H           Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Cover Note Number  |                                      |
| NRIC No       \$1644038H         Date Of Birth       29/05/1964         Occupation       OUTDOOR         Date Of Driving Pass       20/11/1985         Driving Experience       33 YEARS AND 0 MONTHS         Gender       MALE         Mobile Number       (LOCAL) +65-91002292         Fax Number       OFFICE-91002292   | Driver   |                                      |
| Date Of Birth         29/05/1964           Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Name of Driver   | TAY TIONG WEE JASON                  |
| Occupation         OUTDOOR           Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292   | NRIC No  | S1644038H                            |
| Date Of Driving Pass         20/11/1985           Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Date Of Birth  | 29/05/1964                           |
| Driving Experience         33 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292  | Occupation   | OUTDOOR                              |
| Gender         MALE           Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292   | Date Of Driving Pass   | 20/11/1985                           |
| Mobile Number         (LOCAL) +65-91002292           Fax Number         OFFICE-91002292   | Driving Experience   | 33 YEARS AND 0 MONTHS                |
| Fax Number  Contact Number  OFFICE-91002292   | Gender   | MALE                                 |
| Contact Number OFFICE-91002292  | Mobile Number  | (LOCAL) +65-91002292                 |
| 3.1.62.0100222  | Fax Number   |                                      |
| EMail Address NOEMAIL   | Contact Number   | OFFICE-91002292                      |
|   | EMail Address  | NOEMAIL                              |

Address BLK 208 SERANGOON CENTRAL #09-226

Postcode 550208

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 - CHANGE/CROSS LANE

Weather Conditions AFTER RAINED

Road Surface WET

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

NO

1

NO

Was there any video captured by Car Camera?

WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKK7418U

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category

PRIVATE CAR

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

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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;
  - 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 SFE 92765 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT woodlands travelling Ave conouct alon Was middle GOING lan uhich On onto ml. KX DECLARATION the foregoing particulars are true in every respe I/We declare Reporting Centre Personnel's Signature Driver's Signature Policyholder's Sgnature Name: (If driver is not the colleyholder) Date & Time:

NRIC/FIN No.:

Date & Time:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

| Date of accident           | 5/12/2018                     | (DD/MM/YY) |
|----------------------------|-------------------------------|------------|
| Time of accident           | toom 708 gm                   | (HH:MM)    |
| Exact location of accident | woodlends three 2 towards SLE |            |

|  | DETAILS OF VEHICLE  | SE T |
|--|---|------|
| Vehicle registration number                        | SFE 9226 J  |      |
| Vehicle make and model                             | Leau 65300  |      |
| Type of vehicle                                    | Saloon MPV CRV CRV Van C  |      |
| Vehicle category                                   | Private 2 Commercial     Motorcycle                                   |      |
| Purpose of using at said time                      |   |      |
| Are you claiming under your own insurance company? | Yes □ No □ if no, please select:  Third part claim □ Reporting only □ |      |

|                   | INSURANCE IN    | ORMATION                 | 20        |
|-------------------|-----------------|--------------------------|-----------|
| Insurance company | MSIG            |                          |           |
| Policy number     |                 |                          |           |
| Type of policy    | Comprehensive Ø | Third party fire & theft | TP only 🗆 |

|                              | ANALA | INSURE | D / PC | DLICY HOLDI | R       | A PARTY          |       | K A    |
|------------------------------|-------|--------|--------|-------------|---------|------------------|-------|--------|
| Name                         | THY   | TIONG  | WEE    | JASON       |         | Male             | 20    | Female |
| NRIC / Fin / Passport number | , 311 | 644038 | Н      |             | 111     |                  |       |        |
| Contact                      | 9100  | 2252   |        | CAS-NO.     |         |                  |       |        |
| Address                      | BIOC  | le 20  | 8 8    | ierayoon    | Central | *09 -226<br>5(5) | 50208 | )      |

| DRIVER                       | SAME AS INSURED ABOVE = (SKIP TO D.O.B) |
|------------------------------|---|
| Name                         | Male   Female                           |
| NRIC / Fin / Passport number |   |
| Contact                      |   |
| Address                      |   |
| Email address                | Jason 9226 @ gmil (om                   |
| Date of birth                | 29 May 1964                             |
| Occupation                   | Indoor  Outdoor                         |
| Driving date pass            | 20 NOV 1965                             |

| as driver an employee of   | Yes 🗆  | No e   |  |  |   | m. l   | - 010  |  |
|--|--|--|--|--|---|--|--|--|
| e insured's company?   | If no, rela  | tionship of t  | he drive   | and  | insured   | : 00   | ner  |  |
| ccident captured by camera?  | Yes 🗷  | No 🗆   |  |  |   |  |  |  |
| /eather condition  | Clear 🗆  | Raining  | o Ot   | hers:  | Just  | Stop   | wining.  |  |
| oad surface  | Dry 🗆  | Wet  |  | -  |   |  | Unclus   | ive of driver)   |
| o of passenger   | 01   | W 55 - 55 //   |  | _  |   |  | (meius   | ive of driver  |
| THE RESERVE AND PARTY OF THE PA | SHAN SHOW  | PASSEN   | GER 1  | Taray Sir  | NEDALS!   |  |  |  |
| TO THE REAL PROPERTY OF THE PARTY OF THE PAR | TAY  | TIONG V  | CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 1   | THE REAL PROPERTY.   | DESCRIPTION OF THE PERSON NAMED IN  | CONTRACTOR OF THE PARTY OF THE  | THE RESIDENCE OF THE PARTY OF T |  |
| lame   | Male Ø   | Female i   |  |  | 5.72  |  |  |  |
| Gender   | Iviale M   | remate   |  | 200 1324   |   |  | 21   |  |
|  |  | PASSEN   | GER 2  | Sept.  | A CONTRACTOR  |  |  | 100  |
| vame   |  | Section Sectio |  |  |   |  |  |  |
| Sender   | Male D   | Female   |  |  |   | The Child  |  |  |
| 2CHUG)   |  | W Production of the Control of the C |  |  |   |  | AND AND THE PERSON NAMED IN  | STATE OF THE PARTY |
| THE PARTY OF THE PARTY OF  |  | PASSEN   | GER 3  |  |   |  |  |  |
| Vame   |  | -11:11   |  |  |   |  |  |  |
| Gender   | Male 🗆   | Female   |  |  |   |  |  |  |
|  |  |  |  | NAME OF THE OWNER, OWNE | News  | CONTROL  |  | State State State  |
|  |  | PASSEN   | IGER 4   |  |   |  | 2000年3月  |  |
| Name   |  |  |  |  |   |  |  |  |
| Gender   | Male 🗆   | Female   |  |  |   |  |  |  |
|  |  |  |  | 4 (28)   | CONTRACTOR OF THE PARTY OF THE |  | THE PLANT  | SAME IN  |
|  |  | PASSEN   | NGER 5   |  |   |  | ALL PROPERTY AND ADDRESS OF THE PARTY AND ADDR |  |
| Name   | 0.0-1  | Female   |  |  |   |  |  |  |
| Gender   | Male 🗆   | remaic   |  |  |   |  |  | THE CO. The LANGE AND ADDRESS OF THE CO.   |
| A CONTRACTOR OF THE PARTY OF TH | 国际首领机  | PASSEN   | NGER 6   |  |   | 201  |  |  |
| CONTRACTOR OF THE PARTY OF THE  | Sales States   |  | Delta de la composição de   |  |   |  | 20175 111  |  |
| Name   | Male 🗆   | Female   | 9 🗆  |  |   |  |  |  |
| Gender   | 1110.0   |  |  |  | (20)  |  |  |  |
| State of the second second   | - HER PUBL   | OTHER INF  | ORMATI   | ON   |   |  |  |  |
| Was anybody injured?   | Yes 🗆  | Noø  |  |  |   |  |  |  |
| Was other vehicle damaged?   | Yes 🗹  | No 🗆   |  |  |   |  |  |  |
|  |  |  |  |  | WEIGHT TO   | Court American   |  |  |
|  | A STATE OF THE PARTY OF THE PAR | ETAILS OF P  | OLICE AC   | NON  | e state   | which  | police stati   | on.  |
| Reported to police?  | Yes 🗆  | No D   | ir yes,  | pieas  | e state   | WITICIT  | ponce stati  | -,   |
| Police station name  |  |  |  |  |   |  |  |  |
| THE RESERVE OF THE PROPERTY OF THE PARTY OF  |  | WITS   | NESS 1   |  | 1240  |  | AND IN   |  |
|  | STATE OF THE PARTY |  | Address of the State of the Sta | The state of   |   | e de la companya del companya de la companya del companya de la co |  |  |
| Name   |  |  |  |  |   |  |  |  |

| CONTROL OF THE SAME AND ADDRESS OF THE SAME AND ADDRES | THIRD PARTY VEHICLE 1   |
|--|---|
| Validation of the National Control   | Skic 74184  |
| Vehicle registration number Vehicle make model   | >KK >110  |
|  |   |
| Name NRIC / Fin / Passport number  |   |
|  |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 2   |
| CONTRACTOR MEDICAL PROPERTY OF THE PROPERTY OF | IMINU PARTI VENCEE 2  |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 3   |
| V. I. I. I. and the state of th | THIND PART VEHICLE  |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 4   |
|  | THIRD PARTY VEHICLE 4   |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 5   |
|  | THIRD PARTY VEHICLES  |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 6   |
|  | (THI) PARTITUDE OF THE |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |
|  | THIRD PARTY VEHICLE 7   |
| The state of the s | BHRD CARLL VERIOUS  |
| Vehicle registration number  |   |
| Vehicle make model   |   |
| Name   |   |
| NRIC / Fin / Passport number   |   |
| Contact  |   |

| A CONTRACTOR OF THE PARTY  | 120 150                 | INJURED PE                   | RSON 1   |                              |  |             |
|--|-------------------------|------------------------------|--|------------------------------|--|-------------|
| Name   |                         |                              |  |                              |  |             |
| injuries custained   |                         |                              |  |                              |  |             |
| Which ve Nicle person in?  |                         |                              |  |                              |  |             |
| Were seat belts worn?  | Yes 🗆                   | No 🗆                         |  |                              |  |             |
| Was injured conveyed to  | Yes 🗆                   | Non                          |  |                              |  |             |
| hospital by ambulance?   |                         |                              |  |                              |  |             |
|  |                         |                              |  |                              | /  |             |
| THE PERSON NAMED IN COLUMN TO PERSON NAMED I | Maria Wilde             | INJURED PE                   | RSON 2   |                              | 1  |             |
| Name   | STANDARD PROPERTY BY    | COMPANIES MANUFACTOR         | INDIVIDUO NE DESPESOA NA   |                              |  | - Harrison  |
| Injuries sustained   |                         |                              |  |                              | /  |             |
| Which vehicle person in?   |                         |                              |  | /                            | /  |             |
| Were seat belts worn?  | Yes 🗆                   | No□                          |  |                              |  |             |
| Was injured conveyed to  | Yes□                    | No 🗆                         |  |                              |  |             |
| hospital by ambulance?   | 1.032                   | 1.4.6% To                    |  |                              |  |             |
| 1100 Dien by allie stations  | 1                       |                              |  | -/                           |  |             |
|  | 1000                    | INJURED PE                   | ERSON 3  | 10000                        |  | SALES BEAGE |
| Name   | and the said            |                              | A STATE OF THE PARTY OF THE PAR | and the County of the Lines. | ASSISTANCES OF THE PARTY OF THE |             |
| Injuries sustained   |                         | 1                            | /  |                              |  |             |
| Which vehicle person in?   |                         | _                            |  |                              |  |             |
| Were seat belts worn?  | Yes 🗆                   | Nob                          |  |                              |  |             |
| Was injured conveyed to  | Yes 🗆                   | Non                          |  |                              | 10-17-31   |             |
| hospital by ambulance?   | 100 0                   |                              |  |                              |  |             |
| Hospital by ambulantes.  |                         | 1                            |  |                              |  |             |
|  |                         |                              |  |                              |  |             |
| The second secon | at a langer             | INITIBED P                   | 9850N 4  |                              |  | Wall to See |
| Nema   | Contract of             | INJURED P                    | R50N 4   | 對後還                          |  |             |
| Name   |                         | INJURED P                    | ERSON 4  | 野汉西                          |  |             |
| Injuries sustained   |                         | INJURED P                    | ERSON 4  |                              |  |             |
| Injuries sustained Which vehicle person in?  | Yes 🗆                   |                              | PRSON 4  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn?  | Yes D                   | у6 п                         | ERSON 4  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes 🗆<br>Yes 🗈          |                              | ERSON 4  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn?  | -                       | у6 п                         | ERSON 4  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | -                       | No 0                         |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?   | -                       | у6 п                         |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name  | -                       | No 0                         |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained  | -                       | No 0                         |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?   | Yes 🗆                   | No 🗆 No D                    |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?   | Yes 🗆                   | No 0                         |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to   | Yes 🗆                   | No 🗆  INJURED P              |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?   | Yes 🗆                   | No 🗆  INJURED P              |  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to   | Yes 🗆                   | No 🗆  INJURED P              | ERSON 5  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  | Yes 🗆                   | No 🗆  No 🗆  No 🗅  No 🗅  No 🗅 | ERSON 5  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  | Yes 🗆                   | No 🗆  No 🗆  No 🗅  No 🗅  No 🗅 | ERSON 5  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained   | Yes 🗆                   | No 🗆  No 🗆  No 🗅  No 🗅  No 🗅 | ERSON 5  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?  | Yes 🗆<br>Yes 🗆<br>Yes 🗅 | No D  NO D  NO D  NO D  NO D | ERSON 5  |                              |  |             |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained   | Yes 🗆                   | No 🗆  No 🗆  No 🗅  No 🗅  No 🗅 | ERSON 5  |                              |  |             |

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1644038H





TAY TIONG WEE JASON









5854056





чтс нь S1644038H

11-01-2006

APT BLK 208 SERANGOON CENTRAL #09-226 SINGAPORE 550208



familiary 29 May 1964 faxor Date: 05 Nov 2018

002866223H

YOU ARE DEENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIF

CONTROL DATE OF THE PARTY OF TH

Class 3 Motor pats with unlader weight =< 3000kg with == 7 20 flow hard passengers, exclusive of dover; and other many vehicles with unlader weight =< 2500kg

NF 428A

Licence No:51644038id



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 088807 Tet: (65) 6927 7888 Fax: (65) 6827 7800 Co. Reg. No. 2004122129 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, 1998 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1

MOTOR MAX PLUS Comprehensive

Individual Ownership

Certificate No. A 80458895 QMY

Excess: SGD600

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SFE9226J

2. Name of Policyholder

TAY TIONG WEE JASON

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 25/07/2018
- 4. Date of Explry of Insurance 24/07/2019
- 5. Persons or Classes of Persons entitled to drive

TAY TIONG WEE JASON

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.

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 (Melaysia), 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-end Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Signature / Date

Counter-Signatory:

In

Assure Pte Ltd

Amy Ler Senior Vice President, Agencies

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers Wedler

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.