

NATIONAL Assessment Centre Services: [wef 1 Jan 2005] MHA119011275

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 23/1/19 - 17:20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MS119001550/24 | SAS e-filing | | |
| Veh No: 52970 CD | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/1/19 - 19:45 | 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: unknown | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

| Remarks: | (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA/1900665 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | QJ* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | |
| Pat 1: | 9) N12: Idac Mobile 30 | | |
| Pat 2 / 3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 | 23/01/2019 17:02 |
| Date Of Accident | 14/01/2019 19:45 |
| Exact Location Of Accident | BLK 799 YISHUN RING ROAD OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | S2970CD |
| Insured/Policyholder | |
| Name Of Registered Owner | EMBASSY OF THE REPUBLIC OF INDONESIA |
| Co Reg No | S67DP0029F |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67377422 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | ALPHARD MR CVT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A27797952MCY |
| Cover Note Number | |
| Driver | |
| Name of Driver | AHMAD SHAFIQ BIN TALIB |
| NRIC No | S8628639D |
| Date Of Birth | 01/10/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/03/2013 |
| Driving Experience | 5 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91093749 |
| Fax Number | |
| Contact Number | OFFICE-91093749 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 139 YISHUN RING ROAD #05-108 |
| Postcode | 760139 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8522999 - FAX NO: 68522239 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190114/2171.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| 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

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

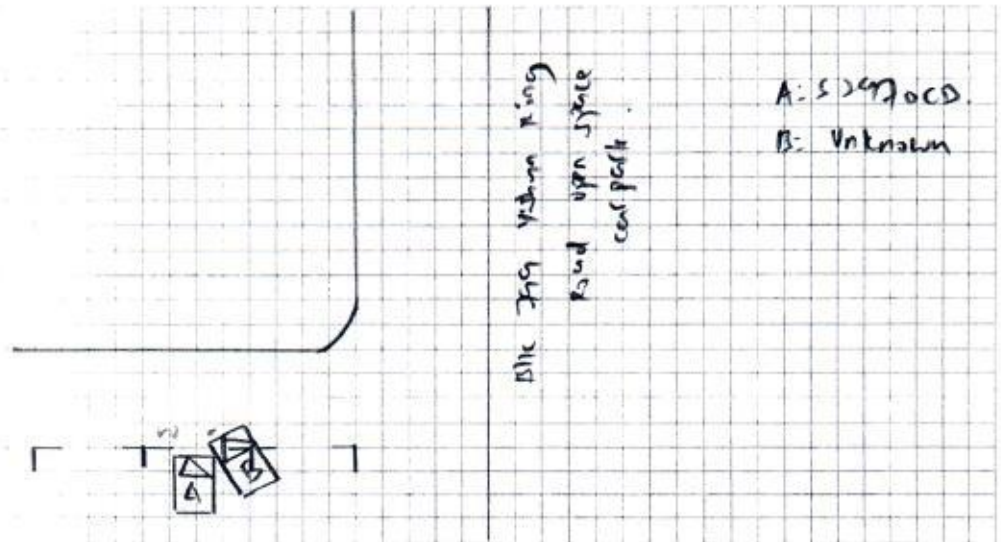
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190114/2171.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 1 / 19) (DD/MM/YYYY) TIME: (19 : 45) (HH:MM)

LOCATION: Bk 799 Jalan Ring Road / carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 52970 CD
b) INSURANCE COMPANY: MSLH
c) POLICY NUMBER: A29797552MCL
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: Embassy of the Republic of Indonesia (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 567000295 CONTACT: 6737422
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ahmad Shafiq Bin Tuli (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 86286392 CONTACT: 91093749
c) ADDRESS: Bk 139 Jalan Ring Road 405-108 (760139)

*d) DATE OF BIRTH: (1 / 10 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 1/2 yrs.

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: Unknown 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:

Email = Shafiqmasid86@yahoo.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20190114/2171

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190114/2171

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 14/01/2019 23:15 | | Vide Report No.: | | Station Diary No.: 122 | |
| Informant's Particulars | | | | | |
| Name of Informant: AHMAD SHAFIQ BIN TALIB | | | Address: APT BLK 139 YISHUN RING ROAD #05-108 SINGAPORE 760139 | | |
| ID Type / ID No.: NRIC NO / S8628639D | | | Contact No.: Home/Office: Mobile: 91093749 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 01/10/1986 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: Driver | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 14/01/2019 21:45 | Type of Location: Car Park |
| Location: Along Road 1 YISHUN RING ROAD | | | | |
| Car Park of Blk 799 YISHUN RING ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|---------|-------|------------------|-----------------|
| S2970CD | Car | TOYOTA | ALPHARD | Black | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20190114/2171

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20190114/2171

CONTINUATION OF REPORT

Brief Details.

On the 14/01/2019 at about 7:45pm, I parked my vehicle S2970CD at Lot number 2 at the carpark of Blk 799 Yishun Ring Road. At about 9:45pm, when I came back to drive the car off, I discovered that the right side bumper of my vehicle was damaged and came out. The right side of the bumper is dented and scratch marks can be seen.

I am driving this vehicle for an Indonesian Diplomat. There is no in-built camera in my car. When I parked my vehicle there was a car on the left side(still there) and an empty handicap lot on the right side of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190114/2171

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190114/2171

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
L /
Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/01/2019 23:15

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



L/20190114/2137

1 of 2

POLICE REPORT (NP299)

Report No. L/20190114/2137

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

| | | |
|--|--|--------------------------|
| Date/Time Report Made 14/01/2019 23:24 | Vide Report No. T/20190114/2171 | Station Diary No. 127 |
| Name Of Informant AHMAD SHAFIQ BIN TALIB | Address APT BLK 139 YISHUN RING ROAD #05-108 SINGAPORE 760139 | |
| ID Type / ID No. NRIC NO / S8628639D | Contact No. Home/Office Mobile 91093749 | |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation Driver | Sex Male | Age 32 |
| | Date of Birth 01/10/1986 | Race Malay |
| Institution/School Name | Language | |
| Date/Time Of Incident 14/01/2019 19:45 - 14/01/2019 21:45 | Location Of Incident APT BLK 799 YISHUN RING ROAD KHATIB VALE SINGAPORE 760799 | |

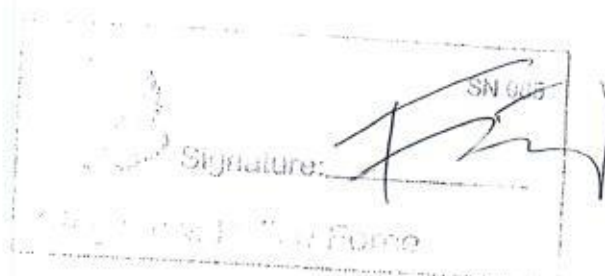
Brief details.

On the 14/01/2019 at about 7:45pm, I parked my vehicle S2970CD at Lot number 2 at the carpark of Blk 799 Yishun Ring Road. At about 9:45pm, when I came back to drive the car off, I discovered that the right side bumper of my vehicle was damaged and came out. The right side of the bumper is dented and scratch marks can be seen.

I am driving this vehicle for an Indonesian Diplomat. There is no in-built camera in my car. When I parked

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: L / Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 14/01/2019 23:24 |
| Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp NG MEIQI, JOLENE Contact No.: 64660000 | Classification Of Case: |

Authentication Stamp :





**SINGAPORE
POLICE FORCE**



L/20190114/2137

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190114/2137

my vehicle there was a car on the left side(still there) and an empty handicap lot on the right side of my vehicle.

Signature Of Officer Recording The Report:

L / Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Insp NG MEIQI, JOLENE
Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time:
14/01/2019 23:24

Classification Of Case:




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8628639D**

Name: **AHMAD SHAFIQ BIN TALIB**

Birth Date: **01 Oct 1986**
Issue Date: **11 Dec 2008**

001665900J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8628639D**



Name: **AHMAD SHAFIQ BIN TALIB**

احمد شافيق بن طليب

Race: **MALAY**

Date of birth: **01-10-1986** Sex: **M**

Country/Place of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B: Motorcycles ≤ 200 CC
Class 3: Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver; and motor tractor/vehicles ≤ 2500 kg

PASS DATE:
11 Dec 2008
14 Mar 2013

S/No. 9000178672

S8628639D

LIBRANCE No: S8628639D



5759463



NRIC No. **S8628639D**



Date of issue: **23-06-2017**

Address:
**APT BLK 139 YISHUN RING ROAD
#05-108
SINGAPORE 760139**

**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4

Company Ownership

MOTORMAX PLUS-COMMERCIAL**Comprehensive**

Certificate No. A 27797952 MCY

Excess : SGD2,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

S2970CD

2. Name of Policyholder

Embassy of the Republic of Indonesia

3. Effective Date of the Commencement of Insurance for the purposes of the Act

28/11/2018

4. Date of Expiry of Insurance

27/11/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer