

NATIONAL Assessment Centre Services

Ref: JSV7804

Date In: 25/01/2019 13:27	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19001675/K4	SAS e-filing		
Veh No: 4L 9696.Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/01/2019 10:00	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: JSV7804	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date: ()	Time: ()
Insured/Driver Liability: ()	% (Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

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

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

Remarks: (INC No: 67886616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

Claimant's Particulars:	NA1900733
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Cal 1:	
Cal 2/3:	

Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
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: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
on:		
*N5: Courtesy Car / Tp Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
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	25/01/2019 13:27
Date Of Accident	19/01/2019 10:00
Exact Location Of Accident	PIE TWDS TOA PAYOH BEFORE CTE FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL9696Z
Insured/Policyholder	
Name Of Registered Owner	UNITED ICE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90166288
Alternative Phone No	OFFICE-90166288
Vehicle Particulars	
Manufacturer	HINO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29071650 MKC
Cover Note Number	
Driver	
Name of Driver	MA CHUNSAN
Passport No/FIN	G6662613Q
Date Of Birth	07/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90166288
Fax Number	
Contact Number	OTHERS-90166288
EMail Address	NOEMAIL

Address	BLK 51 UBI AVE 1
	#01-26
Postcode	408933
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190119/2150

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	JSV7804
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD NADZREEN SYAH BIN MAT IDRIS
NRIC/Passport Number	G1684750Q
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MA CHUNSAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? YL9696Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

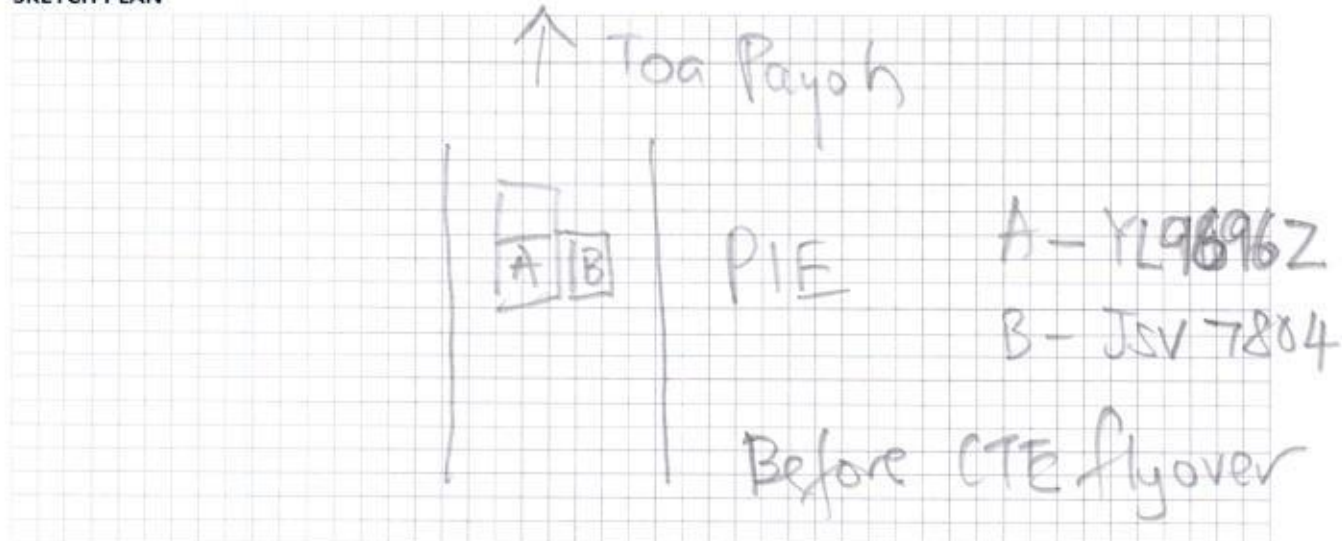


Policyholder's Signature
Date & Time:

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

Pls Refer to the Police Report
T/20190119/2150

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.:

25/1/2019



SINGAPORE POLICE FORCE



T/20190119/2150

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190119/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2019 20:47		Vide Report No.:		Station Diary No.: 133	
Informant's Particulars					
Name of Informant: MA CHUNSAN			Address: C/O APT BLK 51 Ubi Ave 1 #01-26 SINGAPORE		
ID Type / ID No.: FIN NO / G6662613Q			Contact No.: Home/Office: Mobile: 90166288		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 07/05/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/01/2019 10:00	Type of Location: Y-Junction
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Toa Payoh, before CTE flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSV7804	Motorcycle				Slightly Damaged	0
YL9696Z	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190119/2150

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190119/2150

CONTINUATION OF REPORT

Rider			
Name	Muhammad Nadzreen Syah Bin Mat Idris	ID No.	G1684750Q
Related Vehicle	JSV7804 (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MA CHUNSAN	ID No.	G6662613Q
Related Vehicle	YL9696Z (Lorry)	Contact No.	90166288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/01/2019 at about 10am, I was driving my company lorry YL9696Z from MacPherson to Novena. When I was along the Pan-island Expressway (PIE) before the flyover of CTE, I was along extreme right lane the I signal right and checked my right mirror and turned my head to the right to check and there was no vehicle on-coming. When I was inside the road after the chevron, I felt an impact coming from my driver side door and my right side mirror was shifted due to the impact. I was shocked, stopped my vehicle and asked for assistance from other road user.

As a result, the rider was injured and was conveyed to hospital via ambulance. The traffic police was also at scene. I wish to state that there are scratches on my driver side door. I wish to state that I am not injured. I do not have any in-car camera installed.



**SINGAPORE
POLICE FORCE**



T/20190119/2150

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190119/2150

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:
G /
Sgt 2 NG KA WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/01/2019 20:47

Classification Of Case:

SB No. : 201901021605
CPF Submission No. : 199406736C - PTE - 01
Date : 04/01/2019



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Facsimile : (65) 63171329
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

UNI-TAT ICE & MARKETING PTE LTD
51 UBI AVENUE 1
#01-26 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

Dear Sir / Madam

Acknowledgement Letter for Receipt of Banker's / Insurance Guarantee

Guarantee is obtained from	: GREAT EASTERN GENERAL INSURANCE LIMITED
Guarantee No.	: 2019-A0651034-GFW
Effective From	: 02/01/2019
Valid Till	: 01/03/2021
No. of Workers	: 1
Total Amount	: \$5,000.00

This letter serves as an acknowledgement that you have furnished the Security Bond (SB) in banker's / insurance guarantee (IG/BG) for the worker(s) listed in the schedule of listing.

2 Please note that SB furnished after the foreign worker's arrival will not be accepted by the Immigration & Checkpoints Authority (ICA) for granting of entry to the foreign worker(s).

3 Your foreign worker(s) will be refused entry and the cost of custody / care and repatriation will be recovered from the employer.

Yours faithfully,
Work Pass Division
Ministry of Manpower

(As this is a computer generated letter, no signature is required)



MA CHUNSAN
UNI-TAT ICE & MARKETING PTE LTD
51 UBI AVENUE 1
#01-26 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

**Card Registration Completed!**

Please show your employer this letter.
We will deliver your card to the authorised
recipient(s) 4 to 5 working days later.
They will get the delivery details via SMS
the day before.



MINISTRY OF
MANPOWER



057762659311218

For Immigration Use (To clear by FIN)



G6662613Q

18 Jan 2019

You need to make an appointment for Card Registration

Dear MA CHUNSAN

We have received a request to issue your work permit on 18 Jan 2019. Now you need to come to the MOM Services Centre – Hall C by **25 Jan 2019** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 18 Jan 2019 till 17 Feb 2019.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME

MA CHUNSAN

FIN

G6662613Q

WORK PERMIT NO.

0 57762659

DATE OF APPLICATION

31 Dec 2018

DATE OF ISSUE

18 JAN 2019

WORK PERMIT EXPIRY DATE

01 Jan 2021

DATE OF BIRTH

07 May 1987

SEX

MALE

NATIONALITY

CHINESE

TRAVEL DOCUMENT NO.

E55971305

TRAVEL DOCUMENT EXPIRY DATE

08 Mar 2026

YOUR EMPLOYER'S NAME

UNI-TAT ICE & MARKETING PTE LTD

SECTOR

MANUFACTURING

OCCUPATION

STOREKEEPER

IMPORTANT

- If you fail to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

SCHEDULE LISTING

SB No.: 201901021605		Guarantee No.: 2019-A0651034-GFW		Effective Date: 02/01/2019		
Name Of Employer		: UNI-TAT ICE & MARKETING PTE LTD				
Address of Employer		: 51 UBI AVENUE 1 #01-26 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933				
S/N	Name of Foreign Worker	Passport No.	Nationality	Date of Birth	Work Permit No.	DOA
1	MA CHUNSAN	E55971305	CHINESE	07/05/1987	 057762659311218	



18 Jan 2019



Appointment No. - 2101201901206

Your appointment for Card Registration is confirmed

Dear Sir/Madam

We are pleased to confirm your appointment for the following pass holder(s):

FIN	Name
1) G6662613Q	MA CHUNSAN

The details can be found on the right. Please be on time and check-in at the registration kiosk with this letter.

If you are late for your appointment, we may need to reschedule you to another date.

Yours sincerely

Teren Ang (Mr)
Senior Manager
Work Pass Division

Your appointment details

Documents to bring:

- Your original travel document
- Your Notification Letter
- Any other documents stated on your Notification Letter

Purpose: Card Registration

Date / Time:

21 January 2019, Monday
04.30pm

Venue: **MOM Services Centre Hall C**

Ministry of Manpower Services
Centre 1500 Bendemeer Road
Singapore 339946



▲ IMPORTANT

You are encouraged to take public transport to the Services Centre as we have limited carpark lots. For details on public transportation to the Services Centre, please go to www.mom.gov.sg/Contact



Translation and Publishers

BUSINESS REG NO.: 261503/00J

Blk 231 Bain Street #02-17

Bras Basah Complex

Singapore 180231

Tel: 6339 9393

Email: enquiry@sgtnp.net

TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA

DRIVING LICENCE

LICENCE NO. 220122198705074618

Name Ma Chunsan Gender Male Nationality Chinese National

Address Group 2 East Haobaolai Tun East Haobaolai Village Nongan Town Nongan County Changchun City Jilin Province

TRAFFIC MANAGEMENT BUREAU

PUBLIC SECURITY BUREAU OF

CHANGCHUN CITY

JILIN PROVINCE

Date of Birth 07 May 1987

Date When Licence First Obtained 03 December 2018

Licensed to Drive Vehicles in Code(s) C1

Valid from 03 December 2018 to 03 December 2024

[Photograph Affixed]

11 JAN 2019

DRIVING LICENCE CLASS CODES

A1	Large Buses and A3, B1, B2	C4	Tri-wheel Vehicles	
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicaps Only	
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E	
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F	
B2	Large Trucks and C1, M	F	Light Motorcycles	
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery	
C2	Small Automatic Cars	N	Trolleybuses	
C3	Low-speed Goods Vehicles and C4	P	Tramcars	

[Barcode] *2210015057976* No other unit or person except the public security traffic control authority shall retain this licence.

17 JAN 2019

SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 220122198705074618

Name Ma Chunsan File No. 220102984441

Record: The internship expires on 02 December 2019.

17 JAN 2019

Record.....

.....

.....

.....

.....

.....

Aug

11 JAN 2019

**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

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
 3A/5A Aliwal Street, Chenn Leonn Building
 Singapore 199896
 www.tib.com.sg
 Tel: (65) 6742 6766 Fax: (65) 6742 6669

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.Z.300
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
Comprehensive

Certificate No. B 29071650 MKC

Excess : SGD800

1. Index Mark and Registration Number of Vehicle

YL9696Z

2. Name of Policyholder

United Ice Pte Ltd

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

06/03/2018

4. Date of Expiry of Insurance

05/03/2019

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 in connection with the Policyholder's business.

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

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

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