

Surveyor

REF: CS3/MSG18022429 / 19/03/2

Special Instruction:

1/5: \$12,800.00

Third Parties:

Claimant:

Surveyor: Autoprobe Consultants

Workshop: Leang Automotive

From (Person): Monica Chung of MSG Date/Time: 13/2/2019

Estimated Cost: Bill to:

OD/FP Re-inspection / Evaluation

To Inspect Vehicle No: SLM1024P Insured: SFX9228D

at Workshop m/s Leang Automotive Tel: 90286516

of 1 kaki Bkt Ave 6 # 01-68

Policy No: 29098778 amy Claim No: 578679

Sum Insured: Excess:

Make of Veh: D.O.A. 6/12/2018

(Client's Record)

19/2/19 @ 3pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 8 days)  
Date/Time: 05/3/19 Submit Final Fig 10750, 8 days (Red \$ 2050, 16 %; Original 8 days)

Date/Time	Action/Instruction
28/1	CS3/MSG18022429 / Ucb2-1 SFX9228D - CS3/MSG18022429 / Ucb2-1 Marcus Submit \$10800. Don: 6/12/18 Dur: 6/12/18
RECEIVED 06 MAR 2019	
5/3/2019	

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

200
10

1) Date/Time 06/3/19 File Pass to typist

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

2481 H

## 19341

5/3/2019

12/15/2018

ASS. REC. BY:

REF:

CS5/MS(1180)2429/Upd3

Special Instruction:

Surveyor

Mr. Wong

ASSIGNMENT (Office)

From (Person):

Maria Chung

of

MPL

Date/Time:

22/1/2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SLM 1024P

Insured:

SFX 9228D

at Workshop m/s

Long Automotiv

Tel:

of

Blk 1 Kaki Bukit Ave 6 # 01-68

Policy No:

MV187780MT

Claim No:

578679

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/23018

CA / REV / REP. / REV 24 HRS WP

19-12-2018

H.O.D. Endorsement:

Date/Time:

B-122018 1035am

Person Contacted:

Mr. Wong

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

13/12/18

Mr. Wong say will arrange survey after repair when vehicle done for spray painting

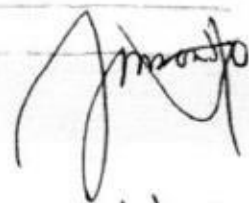
SLM 1024P - X

SFX 9228D - X

28/1/19

Sum of d/s & 10 fcd & dcy.  
(cost of 2000, 116%)

RECEIVED 29 JAN 2019



29/1/2019

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days Res.: Yes or No

Lump Sum:

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

3/1

Submit PRS report without range. Photo taken after repair.

Veh No:

SLM/024P Yr Regn: 2017, Mar 21

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Nissan Qashqai, cc 1197

Colour:

Red A/C: Insured / Std / NI / NA

Sp. Reading

49634 T/Radio: Insured / Std / NI / NA

Eng/No:

SINFEAJ1141814883

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/60R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

D.O.I. 18/11/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Vehicle survey during After repair  
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: --

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

PRS.

Lump Sum / I.B.I: (\$

## 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	07/12/2018 10:05
Date Of Accident	06/12/2018 17:15
Exact Location Of Accident	PIE TOWARDS EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1024P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM PEI YUN
NRIC No	S8022481H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96423747
Alternative Phone No	OFFICE-96423747

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00003141
Cover Note Number	

### Driver

Name of Driver	GOH KENG GIAP
NRIC No	S7928731H
Date Of Birth	22/09/1979
Occupation	INDOOR
Date Of Driving Pass	02/10/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96423747
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 TAO CHING ROAD #07-15
Postcode	618724
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	SFX9228D
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3619K
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

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 lodging 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)
  - 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.

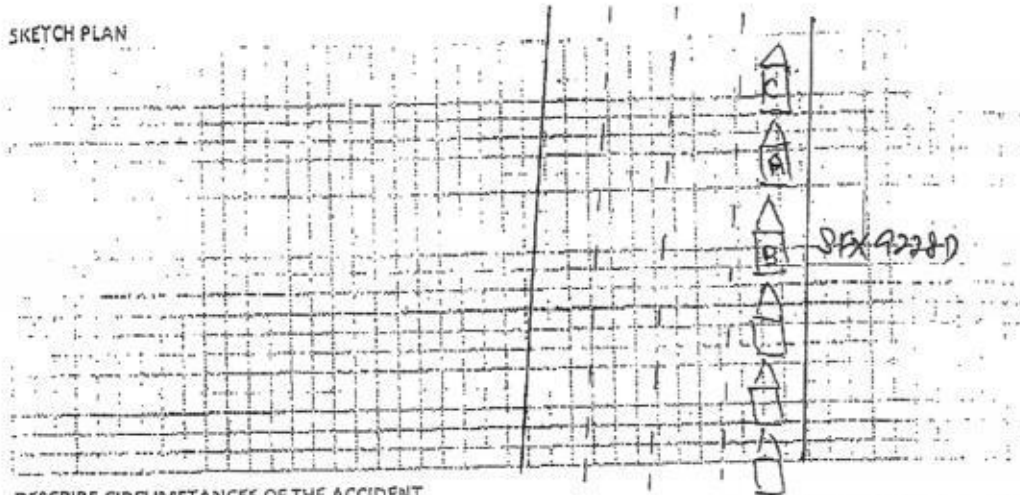
Policyholder's Signature  
Date & Time:

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

I was travelling along PIE towards Eunus Est. My car was stationary due to front car was stopped. Suddenly I felt an impact from the rear and the impact caused my car move forward and collided into CAR C.

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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	07/12/2018 11:34
Date Of Accident	06/12/2018 17:15
Exact Location Of Accident	PIE OUTSIDE LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX9228D
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#### Insured/Policyholder

Name Of Registered Owner	BRYSON MAREE CECILIA
Passport No/FIN	G1752279K
Email Address	ROB.BRYSON@ROBERTWALTERS.COM.SG
Mobile Phone No	(LOCAL) +65-83062709
Alternative Phone No	OFFICE-83062709

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
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

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29098778QMY
Cover Note Number	

#### Driver

Name of Driver	ROBERT RHURAI DH JOSHUA BRYSON
Passport No/FIN	G3039854N
Date Of Birth	23/08/1974
Occupation	INDOOR
Date Of Driving Pass	13/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83138995
Fax Number	
Contact Number	
EMail Address	ROB.BRYSON@ROBERTWALTERS.COM.SG

Address	23 BINTONG PARK
Postcode	269804
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : IAIN BRYSON (FATHER) GENDER: : MALE
Passenger 2	NAME: : FIN BRYSON (MOTHER) GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV8397T
Vehicle Make/Model/Colour	MERCEDES / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRANDON GOH YU FIUNG
NRIC/Passport Number	S7376733D
Contact Number	98211123
Address	
Postcode	



Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM1024P

Vehicle Make/Model/Colour

NISSAN /RED

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH KENG GIAP (WU QINGYE)

NRIC/Passport Number

S7928731H

Contact Number

90290881

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.
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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.



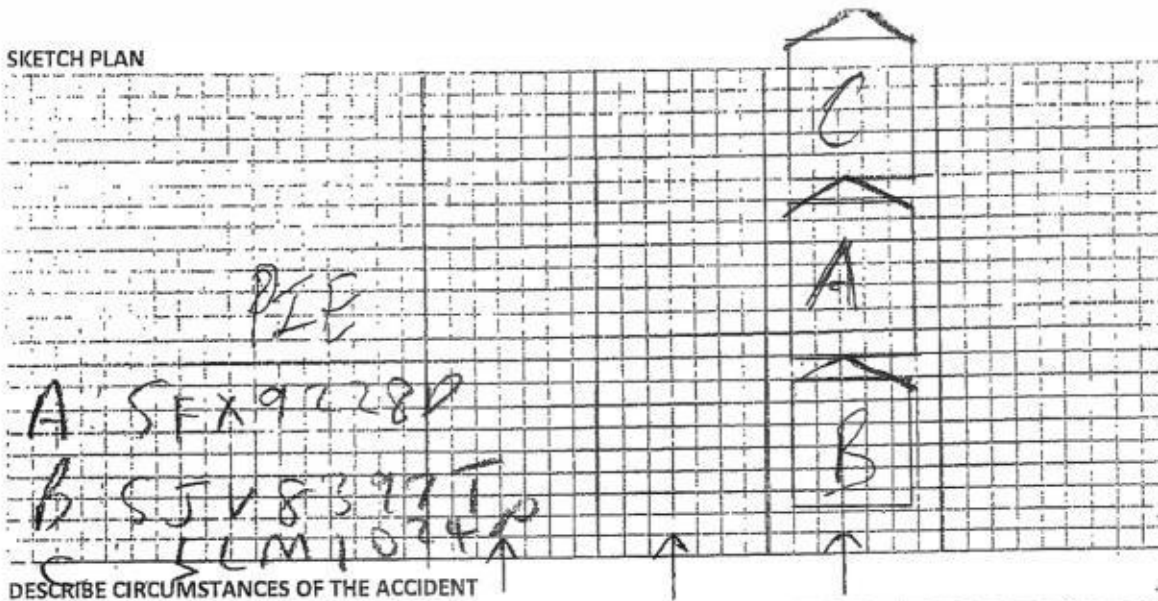
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **NG WING KIN JAMES**  
NRIC/FIN No.: **S7927881E**

07 DEC 2018

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRIVING ON PIE FROM AIRPORT TOWARDS ADAM ROAD OUTSIDE LANE MEDIUM TRAFFEC.

TRAFFIC AHEAD STOPPED QUITE SUDDENLY  
I BRAKED AND STOPPED IN LINE WITH OTHERS  
AHEAD

UNFORTUNATELY CAR BEHIND DID NOT MANAGE TO  
STOP IN TIME AND HIT US FROM BEHIND (I HAD  
TIME TO SAY HE IS GOING TO HIT US) AND PUSHED  
US INTO THE CAR IN FRONT

I AM CAR A. CAR B HIT US FROM  
BEHIND PUSHING US INTO CAR C

## 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.:



NG WING KIN JAMES  
S7927881E

07 DEC 2018



MSIG

COPY

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.1  
Individual Ownership

MOTOR MAX PLUS  
Comprehensive

Certificate No. A 29098778 QMY

Excess : SGD1,000  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SFX9228D
2. Name of Policyholder  
Bryson Maree Cecilia
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
03/11/2018
4. Date of Expiry of Insurance  
02/11/2019
5. Persons or Classes of Persons entitled to drive\*  
Bryson Maree Cecilia  
Bryson Robert Rhuraiddh Joshua  
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

Accident Photo



Driving License





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

