

# NATIONAL Assessment Centre Services

Date In: 10/04/2019 15:00	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19006363/K4	SAS e-filing		
Veh No: FBN6999G	E-mail (w/In 3hrs, A/C 2hrs)		
D.O.A: 03/04/2019 09:30	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: SMA5759C. INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: ( Date: Title: )		
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: 67886616)	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

NA1902599

Client's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: 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	10/04/2019 15:00
Date Of Accident	03/04/2019 09:30
Exact Location Of Accident	TAMPINES AVE10EXITFROMTPE HEADINGTOWDS TAMPINESST83
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6999G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ALIMAN BIN ALIAS
NRIC No	S8846625Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97528993
Alternative Phone No	OTHERS-97528993

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155R 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-997936-WTT
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ALIMAN BIN ALIAS
NRIC No	S8846625Z
Date Of Birth	27/11/1988
Occupation	INDOOR
Date Of Driving Pass	30/08/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97528993
Fax Number	
Contact Number	OTHERS-97528993
Email Address	NOEMAIL

Address	BLK 839 TAMPINES STREET 83
	#02-98
Postcode	520839
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190403/2060

#### 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	SMA5759C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG WEITING, ALEX
NRIC/Passport Number	S8907196H
Contact Number	98793310
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD ALIMAN BIN ALIAS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBN6999G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## 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

A - FBN6899G  
B - SMA5759C



TAMPINES AVE10 EXIT FROM  
TPE HEADING TOWARDS  
TAMPINES ST83

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20190403/2060

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.:





# SINGAPORE POLICE FORCE



T/20190403/2060

1 of 4

Report No. T/20190403/2060

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 11:52		Vide Report No.:		Station Diary No. 44
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD ALIMAN BIN ALIAS		Address: APT BLK 839 TAMPINES STREET 83 #02-98 SINGAPORE 520839		
ID Type / ID No.: NRIC NO / S8846625Z		Contact No.: Home/Office: Mobile: 97528993		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 27/11/1988	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Customs/Immigration officer		Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 10				
EXIT FROM TPE HEADING TOWARDS TAMPINES ST 83				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6999G	Motorcycle	YAMAHA	AEROX GDR155R CVT	Silver	Slightly Damaged	0
SMA5759C	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190403/2060

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190403/2060

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6999G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19997936	17/01/2019	16/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MUHAMMAD ALIMAN BIN ALIAS	ID No.	S8846625Z	
Related Vehicle	FBN6999G (Motorcycle)	Contact No.	97528993	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	CHNG WEITING, ALEX	ID No.	S8907196H	
Related Vehicle	SMA5759C (Car)	Contact No.	98793310	
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 the 3/4/2019 at about 0930hrs, I was riding my motorbike (V1: FBN6999G) along Tampines Avenue 10 heading towards Tampines St 83. I was driving between first and second land. There was heavy traffic jam and it was slightly drizzling at that point of time.

I tried to ride pass between vehicle and I was travelling at about 40km/h. My motorbike slightly skidded and I loss control of it due to the wet surface. Thus, I collided into the car on my right hand side. Thus, the side of my motorbike collided into the rear and left side of the car (V2: SMA5759C) and I fell onto the ground.

I wish to state that I am lodging this report for record purpose and I sustained several cuts and bruises on my right elbow and legs area. I am planning to go to the clinic for medical examination later. In addition, I do not have camera installed.





**SINGAPORE  
POLICE FORCE**



T/20190403/2060

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190403/2060

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190403/2060

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20190403/2060

**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 LIM YA HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

03/04/2019 11:52

Classification Of Case:

SIGNATURE



## Enquire Vehicle Registration Details

## Owner Particulars

NRIC/Passport/Company Cert No.:

S8846625Z

Owner ID Type:

Singapore NRIC

Owner Name:

MUHAMMAD ALIMAN BIN ALIAS

Registered Address:

APT BLK 839 TAMPINES STREET 83 #02-98 SINGAPORE 520839

Mailing Address:

Birth Date:

## Vehicle Particulars

Vehicle No.:

FBN6999G

Previous Vehicle No.:

Effective Date of Ownership:

17 Jan 2019

Original Regn Date:

16 Jan 2019

Registration Date:

16 Jan 2019

Year of Manufacture:

2018

Vehicle Type:

Passenger Motorcycle/Autocycle/Moped

Vehicle Scheme:

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

YAMAHA

Vehicle Model:

AEROX GDR155R CVT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

1

Chassis No.:

MH3SG4620JJ048747

Engine No.:

G3J1E0294979

Engine Capacity / Power Rating:

155 cc / -

Maximum Power Output:

Propellant:

Petrol

Max Unladen Weight:

117 kg

Maximum Laden Weight:

270 kg

Open Market Value:

\$2,075.00

PARF Eligibility:

No

PARF Eligibility Expiry Date:

Minimum PARF Benefit:

No. of Transfers:

1

IU Label No.:

COE No.:

2019020106000512H

COE Expiry Date:

15 Jan 2029

COE Category:

D - Motorcycle

COE Registration Category:

D - Motorcycle

Quota Premium (QP) / Prevailing Quota Premium:

\$3,610.00 / -

Actual QP Paid:

\$3,610.00

QP (Regn Cat):

\$3,610.00

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$3,610.00

Additional Registration Fee Rate:

First \$2,075.00 (15%)

Actual ARF Paid:

\$312.00

Vehicle Lifespan Expiry Date:

No Lifespan

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category D.

After completing your transactions, you can  
logout from the session here.

Print

OK

Save as PDF

**MSIG**

**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg No 200412212G)  
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
[www.msig.com.sg](http://www.msig.com.sg)

Your Ref : FBN6999G  
Our Ref : FBN6999G (Please quote our reference when replying)

04 Apr 2019

**URGENT**

MUHAMMAD ALIMAN BIN ALIAS  
BLK 839 TAMPINES ST 83  
#02-98  
SINGAPORE 520839

Dear Sir/Madam

**Accident involving FBN6999G and SMA5759C along TAMPINES AVE 10**  
**Policy No : MSD/VMFT/19-997936-WTT**  
**Date of Accident : 03 Apr 2019**

We have received a property damage claim from workshop acting on behalf of the owner of SMA5759C. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.


We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

  
Muhd Ashik B Madi  
Executive  
Claims Services


Tel : 6594 2548  
Fax : +65 6827 7800  
Email : [ashik\\_madi@sg.msig-asia.com](mailto:ashik_madi@sg.msig-asia.com)

cc : W.T.T.

A Member of MS & AD INSURANCE GROUP



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8846625Z





Name  
MUHAMMAD ALIMAN BIN ALIAS

Race  
MALAY

Date of birth  
27-11-1988

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S8846625Z

Name  
MUHAMMAD ALIMAN BIN ALIAS

Birth Date 27 Nov 1988

Issue Date 02 Jan 2013



002137335E

3440252



NRIC No S8846625Z



Date of issue  
08-12-2003

Address  
APT BLK 839 TAMPINES STREET 83  
#02-98  
SINGAPORE 520839

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

EFFECTIVE DATE  
30 Aug 2007

Class 2B Motorcycles =< 200 cc



Licence No: S8846625Z

NP 428A



MSIG

W712571  
 MSIG Insurance (Singapore) Pte. Ltd. (Co Reg. No. 20042212G)  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 www.msig.com.sg

**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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)  
 Or any Amendment, Act or Act-passed in substitution thereof.

CERTIFICATE NO : MSD/VNS/19-997936-WTT A0633-001/W0868

SUM INSURED : PKV

EXCESS : \$300 (FIRE & THEFT) \$600 (BNDT 2K)

588466258

1. Index mark and Registration Number of Vehicle PBN6999G

YAMAHA

155 c.c.

2. Name of Policyholder MUHAMMAD ALIWAN BIN ALIAS

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

1237PM 17/01/2019

4. Date of Expiry of Insurance

16/01/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. NOR IRMAWATI BINTI MOHD NOR ONLY

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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 the Road Transport Act, 1987 (Malaysia).

WTT INSURANCE AGENCIES PTE LTD

bike dynamic

17-01-19:14:03

MSIG Insurance (Singapore) Pte. Ltd. No. 01712571