NATIONAL Assessment Centre Services. MWA 119072583 [wel I Jan'00] Done by Date &Time Completed Date In: Jeb description 4/6/19 SAS c-filing Ref No: MAI MSG19009818/64. E-mail (within this, AIC 2hrs) Veh No 210 8018 I I-Motor Claim Form ALILI 715 119 21:55. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) TP ! Repeating Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkon FAX: Proformid Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (I'l Particulars: Veh No: SJN 2362 A Tcl: Owner / Driver: (Cover Type: (Period: (Policy No: (Confirmed by : (Dates %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading : \$1,000 (Excess: (\$) / \$2,000 Couchal Rolphylers &) Walk-In Customar: Customor's Information strictly Confidential & Strictly NO refer of repoliter.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES (Remarks - Mascalante Considerations) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA1904117 1) Alt : Annident Reporting (330); Chumants Barrigalans INC (220) 2) DA : Damege Assussment (5100); 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 \$30 5) IT ; Follow-Through Burvey (Resurvey) Contact No: Por claiming atainst INC Only (well 0 Jan 2003) 6) TR : Re-Impostion Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OII. QC Checked by (Engr-In-Charge): NS: Courtery Car / Tpt Allowance . Not Repair Cu-ordination *NV: Post Repair Inspection *NS: DV / Collect Excess Coordination TP (NII) : TP (Kin INC) against INC al. 1; 9) N12: Idao Mobila Involve dated 1 3/3: Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Date Of Accident 07/05/2019 21:55 Exact Location Of Accident CTE TWDS AMK AVE 1 SINGAPORE PITALS OF OWN VEHICLE Vehicle Registration Number SLD8018J Insured/Policyholder Name Of Registered Owner HO CHEE BENG Passport No/FIN S17016911 Email Address Nobile Phone No (LOCAL) +65-90280945 Mobile Phone No OFFICE-94507367 Vehicle Paticulars Manufacturer VolksWAGEN Model JETTA 1.4 Exact Purpose for which vehicle was being used at imme of accident No Pitals Patient State action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number A 28800235 AVW Cover Note Number Date Of Birth 28/03/1988 Docupation Indoors Date Of Birth 28/03/1988 Docupation Date Of Driving Pass Driving Experience 9 YEARS AND 7 MONTHS MALE Mobile Number Contact Number Contact Number Drivar ALE Contact Number Drivar Contact Number Contact Number Contact Number	李洁是珍女子子子 对外的现在分词	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE SLD8018J Insured/Policyholder Name Of Registered Owner Passport No/FIN Nobile Phone No (LOCAL) +65-94507367 Vehicle Particulars Mobile Phone No Vehicle Particulars Monufacturer WolksWAGEN JETTA 1.4 Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver No	Date Of Report	04/06/2019 09:15
Country/State of Loss DETAILS OF OWN VEHICLE	Date Of Accident	07/05/2019 21:55
Vehicle Registration Number SLD8018J Insured/Policyholder Name Of Registered Owner Name Of Registered Owner Ho CHEE BENG Passport No/FIN S17016911 Mobile Phone No (LOCAL) +65-94507367 Vehicle Particulars Manufacturer VolkSWAGEN JETTA 1.4 Exact Purpose for which vehicle was being used at lime of accident Imme of accident Are you claiming under your own insurance policy for repair to your vehicle? No No No No No No No No No N	Exact Location Of Accident	CTE TWDS AMK AVE 1
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NO	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Policy Number	Type Of Coverage	COMPREHENSIVE
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Mobile Number (LOCAL) +65-90280945 Fax Number Contact Number	Driving Experience	9 YEARS AND 7 MONTHS
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Fax Number Contact Number	Mobile Number	
ASSESSMENT OF THE PROPERTY OF	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address 102 GERALD DR #01-80

Postcode 798593

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

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)

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

PLEASE REFER TO ATTACHED STATEMENT.

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 SJN2362A

Vehicle Make/Model/Colour.

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S1286270I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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Please	Refer to Statement	
Please	Peter to Statement	
ARATION	Peter to Statement	

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.:

I WAS TRAVELLING ALONG CTE TWDS AMK AVE 1 ON THE FIRST LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SLOBOLS T DINSURANCE COMPANY: MSIG. CIPOLICY NUMBER: CIPOLICY NOT COUNTERNOUS NOT NOT CONTOCKYCLE! AND REPORTING ONLY) CINCLE AT ACCIDENT TIME: PRESENTAL CIPOLICY HOLDER ANAME: ANAME: ANAME: CIPOLICY HOLDER ANAME: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CIPOLICY HOLDER CINCLE THE CONTOCK: CIPOLICY HOLDER CINCLE THE CONTOCK: CIPOLICY HOLDER CINCLE THE CONTOCK: CIPOLICY HOLDER CONTACT: CIPOLICY HOLDER ANAME: CONTOCK: CONTACT: CIPOLICY HOLDER CONTACT:		CATION: CTE TWOS AME AVE 1	
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DINSURANCE COMPANY: MSIG. C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT e)MAKE & MODEL: Setta f)TYPE: (EALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY (MPRIVATE) / COMMERCIAL / MOTORCYCLE f)PURPOSE OF USING AT ACCIDENT TIME: PERSON / Set 1) j)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY MOLDER A)NAME: Ho Chee Bring (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S 170 [6] I CONTACT: 90 10 436 C)ADDRESS: CONTINUE TO 3. dIF DRIVER ALSO POLICY HOLDER BRIVER O)NAME: Ho Chan Shama Large (CONTACT: 90 10 436 C)ADDRESS (Low Shama Large) CONTACT: 90 12 80 10 10 10 10 10 10 10 10 10 10 10 10 10			
C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT e)MAKE & MODEL: 1)TYPE: (ALOOD) COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY (PRIVATE) / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT A COIDENT TIME: Parana V. 3. 2 i) JAREY YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1. INSURED / POLICY HOLDER A)NAME: Ho chee (Fing (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S 170 (1) I CONTACT: 9450 736 C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINEC/FIN/PASSPORT: S0810012C CONTACT: 9018014 C(ADDRESS: 10 Aco 10 Drive 10 John (1) DORNO OUTDOOR) G)NAME: Ho Chee (Fing (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S0810012C CONTACT: 9018014 C(ADDRESS: 10 Aco 10 Drive 10 John (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S0810012C CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINEC/FIN/PASSPORT: S0810012C CONTACT: 9018014 CONTACT: 9018014 CALLE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CONTACT: 9018014 CONTACT: 9018014 CMALE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CONTACT: 9018014 CMALE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CONTACT: 9018014 CMALE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CMALE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CMALE FEMALE D)NRIC/FIN/PASSPORT: S0810012C CMALE FEMALE CONTACT: 9018014 CMALE FEMALE (MALE / F		S) LINGE HONDER.	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT e) MAKE & MODEL: 3-4+a fitype: (ALOON) COUPE, MPV, WAN, LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE / h) PURPOSE OF USING AT ACCIDENT TIME: POPPAR / i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: Ho Chee Bryg. (MALE / FEMALE) D) NIRC/FIN/PASSPORT: 5 17016/91 I CONTACT: 9450 7356 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NIRC/FIN/PASSPORT: 5881012 C CONTACT: 9018014 O) ADDRESS: 102 9618 Drive 401-80 Single gode 708591 O) ADDRESS: 102 9618 Drive 4			
e)MAKE & MODEL: 5-44 fitype: (ALOON) coupe / Mpy / Nan/ Lorry / Motorcycle / Others) fitype: (ALOON) coupe / Mpy / Nan/ Lorry / Motorcycle / Others) glychicle Category (Privatib / Commercial / Motorcycle) h)PURPOSE OF USING AT ACCIDENT TIME: Person N. U. 2 ijare you claiming Under Your Own Insurance (YES/NO) if No, Please State (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A)NAME: Ho chee (Lug. (MALE / FEMALE) D)NRIC/FIN/PASSPORT: 5 17016 91 I CONTACT: 9450 736 CIADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PRIVER IJAME: Ho Chair Shama Large (CONTACT: 9018 746) CIADDRESS: Lo 2 9630 0112 CONTACT: 9018 746 d)NAME: Ho Chair Shama Large (CONTACT: 9018 747) d)DATE OF BIRTH: 128/03 / 128 1/00/MM/YYYY) e)OCCUPATION (INDOOR) OUTDOOR) flyears of DRIVING EXPRERIENCE: 13 90 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children b)ROAD SUBFACE(DED) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. OIREPORTED TO POLICE (YES NO) 16 YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: C) NRIC/FIN/PASSPORT: \$12862701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: C) NRIC/FIN/PASSPORT: 512862701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: THURD PARTY YEHICLE O) VEHICLE NUMBER: 52N 2362701 CONTACT: O) NRIC/FIN/PASSPORT: 512862701 CONTACT: O) NRIC/FIN/PASSPORT: 512862701 CONTACT: O) NRIC/FIN/PASSPORT: 512862701 CONTACT:			
SIVEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Paranal Usa 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: Ho Chee Reng (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S 170/6/1 I CONTACT: 9450 736 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER I)NAME: Ho Chem shows have have eller of DRIVER C) ADDRESS: Lo 2 gend Drive Holoe Singular Tables "C)ADDRESS: Lo 2 gend Drive Holoe		OMAKE & MODEL: Setta	
SIVEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PORTON USING AND USING AN		FITYPE: (CALOON) COUPE / MPV /V AN / LORRY / MOTORCYCLE /	OTHERS)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLOCY HOLDER A) NAME: Ho chee Brug. (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 170 / Q1 I CONTACT: 9450 736 C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER I) NAME: Ho Chair Single Laure (MALE) DRIVER SO PORIVING EXPRERIENCE: Single Laure (MALE) HOLDER SS: Lo Decard Driver With Insured: Children DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 1 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children DRIVER CONDITION: CLEAR) RAINING / OTHERS DROAD SUFFACE (DER) / WET / OTHERS DROAD SUF		g) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE)	100
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A)NAME: Ho chee Bring (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S 17016/91 I CONTACT: 9450 736 C)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: 88890012 C CONTACT: 9018044 **CINAME: Ho Chun show house house TO 3018044 C)ADDRESS: 102 901800 Driver Holder **d)DATE OF BIRTH: (128/03) / 1988 (IDD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 15 90 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children 6. WAS ANYBODY INJURED (YES/NO) 7. OIREPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. ITHIRD PARTY VEHICLE O) VEHICLE NUMBER: 52N 2362NA MODEL: O) DRIVER'S NAME: Name: Name of Marical O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMB		h)PURPOSE OF USING AT ACCIDENT TIME: Personal Use	
2. INSURED / POLICY HOLDER A) NAME: Ho chee Bring (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 170 16 91 I CONTACT: 9450 736 C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: No China Shows Large (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 5887 0012 CONTACT: 90180445 C) ADDRESS: 102 Acrold Drive Holder "d) DATE OF BIRTH: 128 / C3 / 188 (IDD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 59ep 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children. 5. c) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE (DR) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: 52M 23619 MODEL: MIDDRESSEAGER e) DRIVER'S NAME: Sacok Maricar c) NRIC/FIN/PASSPORT: 20186 2701 CONTACT: e) THIRD PARTY VEHICLE d) VEHICLE NUMBER: 52M 2365 2701 CONTACT: e) DRIVER'S NAME: NODEL: MODEL:		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
A)NAME: Ho chee Geng (MALE/FEMALE) b)NRIC/FIN/PASSPORT: S 1701691 I CONTACT: 9450 236 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) (I) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: \$880.0012 C CONTACT: 90180445 c)ADDRESS: 102 90012 TO 0012 C CONTACT: 90180445 c)ADDRESS: 102 90012 TO 0012 C CONTACT: 90180445 e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 5 90 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children b)ROAD SUFFACE (DRY) WET/OTHERS 6. WAS ANYBODY INJURED (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: 52N 236 240 MODEL: 10 VEHICLE NUMBER: 52N 236 270 I CONTACT: 11 C) 12 C) 13 C] 14 C] 15 C) 16 VEHICLE NUMBER: MODEL: 17 ONTACT: 18 OF PASSENGER 19 DRIVER'S NAME: MODEL: 19 DRIVER'S NAME: MODEL: 10 VEHICLE NUMBER: MODEL: 20 VEHICLE NUMBER: MODEL: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 25 ONTACT: 26 ONTACT: 27 ONTACT: 28 ONTACT: 29 DRIVER'S NAME: 20 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 26 ONTACT: 27 ONTACT: 28 ONTACT: 29 DRIVER'S NAME: 20 ONTACT: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 25 ONTACT: 26 ONTACT: 27 ONTACT: 27 ONTACT: 28 ONTACT: 29 ONTACT: 20 ONTACT: 20 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 25 ONTACT: 26 ONTACT: 27 ONTACT: 28 ONTACT: 29 ONTACT: 20 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 25 ONTACT: 26 ONTACT: 27 ONTACT: 27 ONTACT: 28 ONTACT: 29 ONTACT: 20 ONTACT: 20 ONTACT: 20 ONTACT: 21 ONTACT: 21 ONTACT: 21 ONTACT: 22 ONTACT: 23 ONTACT: 24 ONTACT: 25 ONTACT: 26 ONTACT: 27 ONTACT: 28 ONTACT: 29 ONTACT: 29 ONTACT: 29 ONTACT: 20 ONTACT: 20 ONTACT: 20 ONTACT: 21 ONTACT: 21 ON		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
DINRIC/FIN/PASSPORT: S 170/691 I CONTACT: 9450 736 CIADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUM SINGUA LANGE (MALE) FEMALE) DINRIC/FIN/PASSPORT: S88/00/12 CONTACT: 9018044 **CONTACT: 9018041 CIADDRESS: 102 POESA D POLICY HOLDER CINCLUM SINGUAL LANGE SINGUAL TO 1-80 SINGUAL POLICE FEMALE) OCCUPATION: (INDOOR) OUTDOOR) IF YEARS OF DRIVING EXPRERIENCE: 15 POLOGO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children SOURCE ANYBODY INJURED (YES/NO) 7. OIREPORTED TO POLICE (YES/NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE OI VEHICLE NUMBER: 53N 23619 MODEL: MODEL: ON CIP PASSENGER OI VEHICLE NUMBER: MODEL: OI VEHICLE N	2		
CIADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Mo Chan should have (MALE FEMALE) DINRIC/FIN/PASSPORT: 58810012C CONTACT: 90280445 CIADDRESS: 102 9012d Drive 401-80 Single Police 79859 *d)DATE OF BIRTH: 128/03/1988 (DD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 15 2000 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children 5. a)WEATHER CONDITION: (CLEAR) RAINING/OTHERS b)ROAD SURFACE (DR)/WET/OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. o)REPORTED TO POLICE (YES/NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: 52N 2362N MODEL: (C) NRIC/FIN/PASSPORT: 912862701 CONTACT: (C) NRIC/FIN/PASSPORT: CONTACT: (D) VEHICLE NUMBER: MODEL: (D) VEHICLE NUMBER: MODEL: (D) RIVER'S NAME: MODEL: (D) RIVER'S NAME: MODEL: (D) RIVER'S NAME: MODEL: (D) NRIC/FIN/PASSPORT: CONTACT: (D) NRIC/FIN/PASSPORT: CONTACT: (D) NRIC/FIN/PASSPORT: CONTACT: (D) NRIC/FIN/PASSPORT: CONTACT:		[IVI/ALL / 1]	
DRIVER (Including driver)		b) NRIC/FIN/PASSPORT: S 1701691 I CONTACT: 945	0 7367
DRIVER (Including driver)	8 11 6	A	
DRIVER (Including driver)	. 1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
(Including driver) (Inclu	tho of passenges	3. DRIVER	
CONTACT: 9618844. c) ADDRESS: 102 gerald Drive #01-80 Si 2000 78359 "d) DATE OF BIRTH: 28/03 / 1988 (IDD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 15 90 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children. 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE (DB) 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 o) VEHICLE NUMBER: 52N 23629 MODEL: moduding driver) b) DRIVER'S NAME: 5200 MODEL: o) VEHICLE NUMBER: 51286 2702 CONTACT: e) DRIVER'S NAME: 51286 2702 CONTACT: e) DRIVER'S NAME: 6100 MODEL: O) VEHICLE NUMBER: MODEL: o) VEHICLE NUMBER: MODEL: o) VEHICLE NUMBER: MODEL: o) VEHICLE NUMBER: MODEL: o) DRIVER'S NAME: CONTACT: o) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT:	Induding di or	a a NAME: Ho chow shong havrel MALE) FE	MALE)
"d) DATE OF BIRTH: (28/03 / 1988) (DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: \(\sigma_{\text{op}} \) \(\		DINNIC/FIN/FASSPORT: 30018011E CONTACT: 901	80945
"d)DATE OF BIRTH: (28/03 / 1988) (DD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: \(\simegarrow{5}\) = \(\simegarrow{2009}\) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \(\chi_{10}\) dren 5. a) WEATHER CONDITION: CLEARY RAINING / 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: \(\simegarrow{5}\) NO DRIVER'S NAME: \(\frac{5}{5}\) \(\simegarrow{6}\) \(\simegarrow{7}\) ONTACT: b) DRIVER'S NAME: \(\frac{5}{5}\) \(\simegarrow{6}\) \(\simegarrow{7}\) ONTACT: c) NRIC/FIN/PASSPORT: \(\simegarrow{7}\) ONTACT: d) VEHICLE NUMBER: \(\simegarrow{7}\) ONTACT: c) DRIVER'S NAME: \(\simegarrow{7}\) ONTACT: c) NRIC/FIN/PASSPORT: \(\simegarrow{7}\) CONTACT: c) NRIC/FIN/PASSPORT: \(\simegarrow{7}\) CONTACT: c) NRIC/FIN/PASSPORT: \(\simegarrow{7}\) CONTACT: c) NRIC/FIN/PASSPORT: \(\simegarrow{7}\) CONTACT: c) ONTACT: lax =	CT	CIADDRESS: 102 Gerald Drive #01-80 Singapore	798593
e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: \(\) Sep 2009 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \(\) children. 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE (DRD) 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 10. VEHICLE NUMBER: \(\) SIN 23629 MODEL: 11. Moduding driver) 12. b) DRIVER'S NAME: \(\) Facebox (Parical Contact: \) 9. THIRD PARTY VEHICLE 40. VEHICLE NUMBER: \(\) MODEL: 9. DRIVER'S NAME: \(\) MODEL: 9. DRIVER'S NAME: \(\) MODEL: 11. ONTACT: \(\) CONTACT: 12. ONTACT: \(\) CONTACT: 13. ONTACT: \(\) CONTACT:			
e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRENENCE: \(\) Sep 2009 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children. 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE (DR) 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 O) VEHICLE NUMBER: SIN 23629 MODEL: Including driver) b) DRIVER'S NAME: Faceok Marican C) NRIC/FIN/PASSPORT: 312862701 CONTACT: 9) DRIVER'S NAME: 10 CT. CMAIL = NEVIllebeckham@gmail.com fax =	10	"d) DATE OF BIRTH: (28/03 / 1988) (DD/MM/YYYY)	
f) YEARS OF DRIVING EXPRERIENCE: \(\) Sep 2009 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \(\frac{\text{children}}{\text{children}} \) 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE (DR) 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: \(\frac{\text{SNAME}}{\text{SNAME}} \) MODEL: b) DRIVER'S NAME: \(\frac{\text{SNAME}}{\text{SNAME}} \) c) NRIC/FIN/PASSPORT: \(\frac{\text{SNAME}}{\text{SNAME}} \) b) DRIVER'S NAME: \(\frac{\text{MODEL}}{\text{SNAME}} \) c) NRIC/FIN/PASSPORT: \(\frac{\text{SNAME}}{\text{SNAME}} \) c) DRIVER'S NAME: \(\frac{\text{MODEL}}{\text{SNAME}} \) c) DRIVER'S NAME: \(\frac{\text{MODEL}}{\text{SNAME}} \) c) DRIVER'S NAME: \(\frac{\text{MODEL}}{\text{SNAME}} \) c) DRIVER'S NAME: \(\frac{\text{CONTACT}}{\text{SNAME}} \) c) NRIC/FIN/PASSPORT: \(\frac{\text{CONTACT}}{\text{CONTACT}} \) c) DRIVER'S NAME: \(\frac{\text{CONTACT}}{\text{SNAME}} \) c) DRIVER'S NAME: \(\frac{\text{CONTACT}}{\text{CONTACT}} \)		e)OCCUPATION: (INDOOR) OUTDOOR)	(3)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children. 5. a) WEATHER CONDITION: CLEARY RAINING / OTHERS b) ROAD SURFACE (DR) / 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: 53N 23629 MODEL: b) DRIVER'S NAME: Facole Marical c) NRIC/FIN/PASSPORT: 9.2862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: nduding driver) f) NRIC/FIN/PASSPORT: CONTACT: OMAI = nevillebeckham@gmail.com fax =		f) YEARS OF DRIVING EXPRERIENCE: 15 Sep 2009	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children. 5. a) WEATHER CONDITION: CLEARY RAINING / OTHERS b) ROAD SURFACE (DR) / 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: 53N 23629 MODEL: c) NRIC/FIN/PASSPORT: 912862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: nduding driver) f) NRIC/FIN/PASSPORT: CONTACT: PROJECT: OMAI = nevillebeckham@gmail.com fax =	4.	. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YE	ES / NO)
5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE (DRD) 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 O) VEHICLE NUMBER: 53N 23629 MODEL: Including driver) b) DRIVER'S NAME: Facook Marior c) NRIC/FIN/PASSPORT: 9:2862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: nduding driver) f) NRIC/FIN/PASSPORT: CONTACT: PROJUCT: OMAI = nevillebeckham@gmail.com fax =		IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ildren
b)ROAD SURFACE (DR) 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: 52N 23629 MODEL: b) DRIVER'S NAME: Facole Marker c) NRIC/FIN/PASSPORT: S12862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: nduding driver) f) NRIC/FIN/PASSPORT: CONTACT: e) DRIVER'S NAME: c) DRIVER'S NAME: c) DRIVER'S NAME: e) DRIVER'S NAME: c) DRIVER'S NAME: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: fax =	5.	a) WEATHER CONDITION: (CLEAR) / RAINING / 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 10 of passenger a) VEHICLE NUMBER: 53N 23629 MODEL: 11 Including driver) b) DRIVER'S NAME: Facook Maricar (1) P. THIRD PARTY VEHICLE (2) VEHICLE NUMBER: MODEL: (3) VEHICLE NUMBER: MODEL: (4) VEHICLE NUMBER: MODEL: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) CI. (8) Passenger of DRIVER'S NAME: (9) DRIVER'S NAME: (10) OF passenger of DRIVER'S NAME: (11) CI. (12) CI.		b)ROAD SURFACE (DRY) WET / OTHERS	
7. a) REPORTED TO POLICE (YES NOD) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 40 of passenger a) VEHICLE NUMBER: 52N 2362A MODEL: Including driver) b) DRIVER'S NAME: Tacook Practical C) NRIC/FIN/PASSPORT: 512862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: ncluding driver) f) NRIC/FIN/PASSPORT: CONTACT: C) NRIC/FIN/PASSPORT: CONTACT: C) NRIC/FIN/PASSPORT: CONTACT:	6.	WAS ANYBODY INJURED (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: 53N 23629 MODEL: 11 Including driver) b) DRIVER'S NAME: Facook Maricar () NRIC/FIN/PASSPORT: 512862701 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: 1 Including driver) f) NRIC/FIN/PASSPORT: CONTACT: () OMAI = nevillebeckham@gmail.com fax =	7.	a) REPORTED TO POLICE (YES (NOT)	
8. THIRD PARTY VEHICLE To of passenger a) VEHICLE NUMBER: 53N 2362A MODEL: Including driver) b) DRIVER'S NAME: Facook Maricar () NRIC/FIN/PASSPORT: S1286 270 I CONTACT: 9. THIRD PARTY VEHICLE (d) VEHICLE NUMBER: MODEL: (e) DRIVER'S NAME: (ncluding driver) f) NRIC/FIN/PASSPORT: CONTACT: (Mail = nevillebeckham@gmail.com fax =		IF YES, PLEASE STATE WHICH POLICE STATION:	
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Including driver) b) DRIVER'S NAME: Facook Marcar () NRIC/FIN/PASSPORT: 9:286 270 I CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: DRIVER'S NAME: NRIC/FIN/PASSPORT: CONTACT: (1) CT. CMail = nevillebeckham@gmail.com fax =	do of passenger	a) VEHICLE NUMBER: 53N 2362A MODEL.	
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No of passanger d) VEHICLE NUMBER:			
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8810012C



5977216



HO CHUN SHENG, LAUREL (HE JUNSHENG)

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CHINESE 28-03-1988

SINGAPORE

THE ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

15 Sep 2009

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

11-07-2018

102 GERALD DRIVE #01-80 SINGAPORE 798593



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

VW DRIVEEASY Comprehensive

Certificate No. A 28800235 AVW

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLD8018J

2. Name of Policyholder

Ho Chee Beng

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

4. Date of Expiry of Insurance

27/07/2019

5. Persons or Classes of Persons entitled to drive*

Ho Chee Beng Aloysius Ho Chun Yee 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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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