

NATIONAL Assessment Centre Services.

(part 1 of 2)

May 19076433

Date In: 12/06/2019 10:26	Job description	Date & Time Completed	Done by
Ref No: NBA/m84/9010354/1	SAS e-filing		
Veh No: SKQ 9582H	E-mail (to/for the, AIC the)		
D.O.A: 06/06/2019 20:15	1-Motor Claims Form		
OT: TP: Reporting Only	1-Motor W/O (Within: OD 1hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

VCS4455

INC () / Non-INC ()

Owner/Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

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

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time:	Assigned:

NA1904372

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Available Comments:

Tab 1:

2 / 2:

1) ARI: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$40)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
OT:	
*NS: Courtesy Car / Tpl Allowance	\$3
*NG: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$3
TP (NI) / TP (Non INC) against INC	\$30
9) NI: Idea Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Stamp: MAY 2019

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	12/06/2019 10:26
Date Of Accident	06/06/2019 20:15
Exact Location Of Accident	PLUS HIGHWAY FROM JALAN DUTA TO SUNGEI BULOH
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9582H
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	FABIANDESILVA88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91867244
Alternative Phone No	OFFICE-98180582

Vehicle Particulars

Manufacturer	BMW
Model	218I
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	DE SILVA FABIAN GILBERT
NRIC No	S8852590F
Date Of Birth	21/12/1988
Occupation	INDOOR
Date Of Driving Pass	04/01/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91867244
Fax Number	
Contact Number	OTHERS-98180582
EMail Address	FABIANDESILVA88@GMAIL.COM

Address	BLK 402 HOUGANG AVENUE 10 #12-1176
Postcode	530402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VCS4455 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KETUA TRAFIK DAERAH
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH PETALING JAYA , POSTCODE: 46050 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 6003-7966222 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE TRAFIK PETALING JAYA/022097/19

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	VCS4455
Vehicle Make/Model/Colour	PRODUA ALZA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

[Signature]

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

Date & Time: 12.50pm 10/06/19

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

12/06/2019

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was a green car broken down with a burst tyre on the right lane of the highway. I hit the brakes and narrowly avoided hitting the green car in front. The white car behind however hit into the rear left of my vehicle. Within a few mins the traffic police arrived took pictures of the incident and we proceeded to the police station to make a report. We were told that in 14 day the "keputusan" would be out. The traffic police did mention that it is a very straight forward case as the vehicle hit from the back.

TRAFIK PETALING JAYA / 022102/19

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/06/19

[Signature] 12/06/2019
Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.: *[Signature]*



**CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH PETALING JAYA
JALAN PENCHALA
46050 PETALING JAYA
03-79662298**

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : DE SILVA FABIAN GILBERT
No Kad Pengenalan / Paspot : S8852590F
No Repot Polis : TRAFIK PETALING JAYA/022102/19
Tarikh @ Masa Repot Polis : 06/06/2019 @ 22:20
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R194840) SJN MOHD ANAS BIN MOHAMAT SALLEH
Tempat Tugas : BUKIT AMAN, Jabatan KDN/KA
No Telefon Pejabat : No Telefon Bimbit : 017-2045450
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :
(MOHD ANAS BIN MOHAMAT SALLEH) S/N 194840
Pen. Pegawai Penyiasat Trafik Lebuhraya
Zon Tengah Sektor (2)
Cawangan Siasatan / Perundangan
Jabatan Siasatan Dan Penguatkuasaan Trafik
Ibu Pejabat Polis Bukit Aman

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang

Jumaat :

08:00 Pagi - 12:15 Tengah Hari
02.45 Petang - 04.30 Petang

Cuti Umum dan Sabtu/Ahad : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- | | |
|---------------------------|-------------------------------------|
| 1. Salinan Repot Polis | <input checked="" type="checkbox"/> |
| 2. Gambar Kenderaan | <input type="checkbox"/> |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/> |
| 4. Keputusan Siasatan | <input type="checkbox"/> |
| 5. Lain-lain Dokumen | <input type="checkbox"/> |



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : Bukit Aman
Daerah : Bukit Aman
Kontinjen : BUKIT AMAN
No Repot : TRAFIK PETALING JAYA/022102/19
Tarikh : 06/06/2019
Waktu : 2220 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R194840
No Repot Bersangkut : TRAFIK PETALING
JAYA/022097/19

Butir-butir Penerima Repot

Nama : MOHD ANAS BIN MOHAMAT SALLEH

No Personel : R194840

Pangkat : SJN

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : DE SILVA FABIAN GILBERT

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S8852590F

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : ---

Umur : 31 tahun 0 bulan

Keturunan : Melayu

Warganegara : Malaysia

Pekerjaan : SUPERVISOR

Alamat Tempat Tinggal : APT BLK 402 HOUGANG AVENUE 10 # 12-1176, SINGAPORE, 530402

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : 0

No Tel (Pejabat) : ---

No Tel (HP) : 014-6610842

Emel : ---

Pengadu Menyatakan:-

ON 6TH JUNE 2019 AS I WAS DRIVING AT THE PLUS HIGHWAY FROM JALAN DUTA TO SUNGAI BULOH RAMP C BUKIT LANJAN AROUND 2015 HOURS, A GREEN HATCHBACK CAR TYRE BURST AND SKID ON THE HIGHWAY TO THE RIGHT LANE, IN TURN I BRAKED IN MY LANE AFTERWHICH THE VEHICLE BEHIND ME, A WHITE PRODUK ALZA (VCS4455) HIT THE LEFT REAR BUMPER OF MY VEHICLE BMW 218I (SKQ9582H). THE CARS CAME TO A STOP AND I TOOK PICTURES OF THE ACCIDENT. NO INJURIES REPORTED AT THE SCENE OF ACCIDENT AND THE CAR WAS STILL IN DRIVEABLE CONDITION. THAT'S IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :



Tandatangan Penerima Repot:

(MOHD ANAS BIN MOHAMAT SALLEH) SJN 194840
Pen. Pegawai Penyiasat Trafik Lebuhraya
Zon Tengah Sektor (2)
Cawangan Siasatan / Perundangan
Jabatan Siasatan Dan Penguatkuasaan Trafik
Ibu Pejabat Polis, Bukit Aman

MOTOR ACCIDENT REPORT FORM

Date of Accident: 6/06/2019	Time: 2015	Exact Location of Accident: PLUS HIGHWAY JINDUTA to Sungai Buloh
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SKQ 9582H	Name of Registered Owner: SIMA DARBY SERVICES	
NRIC / Passport No. / FIN: S885290F	Co. Reg. No. (for Co. Vehicle Only): 1975010 65 W	
*Own Insured Email Address: Fabian.desilva88@gmail.com	*Mobile Phone No.: 91867244 *Alternative Phone No.: 98180582	
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: BMW 218I	Model: 218I	
Exact purpose of vehicle being used at time of accident.	Normal usage <input type="checkbox"/>	Other <input checked="" type="checkbox"/> (please state): OVERSEAS USAGE
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/>	Claiming Against 3rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>
Vehicle Category:		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: msig		
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
DRIVER PARTICULARS <input checked="" type="checkbox"/> Same as Insured Above		
Name of Driver: FABIAN GILBERT DE-SILVA	NRIC / Passport No. / FIN: S885290F	
Date of Birth: 21DEC1988	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 04 JAN 18	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 91867244	Alternative Phone No.: 98180582	
Address as stated in NRIC: BLK 402 HOUEANE AVE 2, #12-1176		(Post Code: 530402)
Email Address: FABIANDESILVA88@gmail.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured:
Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vehicle Reg. Number of Driver's Own Vehicle (if applicable): -		
Insurance Company of Driver's Own Vehicle (if applicable): -		
INFORMATION OF THE ACCIDENT		
Weather Conditions:	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Foreign Vehicle Registration Number	ALZA VCS4455 - MEXICAN CAR	
Foreign Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If Yes, which Police Station? BALAI BUKIT AMAN
Was notice of intended Prosecution given?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If Yes, against whom? AGAINST ALZA CAR
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
*Number of Passengers (Including Driver)	03	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: VCS4455	Vehicle Make / Model / Colour: ALZA WHITE	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver:	NRIC/Passport Number:	
Contact Number:		
Address:	(Post Code:)	
Insurance Company Name:		
Nature of Damage: Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>	No. of Passengers (Including Driver):	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address:	(Post Code:)	
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8852590F



DE SILVA FABIAN GILBERT

Race
INDIAN

Date of birth
21-12-1988

Sex
M

Country of birth
SINGAPORE

S8852590F

For LKK/NAC Use Only

3957431



NRIC No. S8852590F



Date of issue
23-10-2006

APT BLK 402 HOUGANG AVENUE 10 #12-1176
SINGAPORE 530402

NRIC No: S8852590F Date 04/03/2019

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8852590F**
Name: **DE SILVA FABIAN GILBERT**

Birth Date: **21 Dec 1988**
Issue Date: **04 Jan 2018**



 002760467H

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **04 Jan 2018**

NP 428A



**MSIG**

2585

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.2.400
 Cars for Hire

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29100055 MCY

Excess : SGD1,000
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKQ9582H

2. Name of Policyholder

Sime Darby Services Pte Ltd

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

01/10/2018

4. Date of Expiry of Insurance

30/09/2019

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) 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.

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