

# NATIONAL Assessment Centre Services

Form 1 (Jan 2015)

MANA 6083858

Date In: 27/06/2019 17:39	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG/150/144714	SAS e-filing		
Veh No: SKR 6145 B	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 26/06/2019 18:05	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/Wkap		

Preferred Wkap / INC Assign Wkap / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: FBI 9553L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	[Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Landing: \$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:	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

MANA 604791	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Assessors' Comments:	For claimants against INC Only (wef 10 Jan 2015)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idm Mobile 30		

Invoice dated:	Pen Charged
1/1/19	Fee Charged

07-MAY-2019 16:39



## 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	27/06/2019 17:39
Date Of Accident	26/06/2019 18:05
Exact Location Of Accident	ALONG PORTSDOWN AVE TOWARDS HOLLAND B/F QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6145B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	JHELEE@EKMTC.COM
Mobile Phone No	(LOCAL) +65-96720073
Alternative Phone No	OFFICE-96720073

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.0
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	YES
Policy Number	B 29100055 MCY
Cover Note Number	

### Driver

Name of Driver	LEE JEONG HEE
NRIC No	G3307067K
Date Of Birth	23/06/1976
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96720073
Fax Number	
Contact Number	OTHERS-96720073
Email Address	JHELEE@EKMTC.COM



Address	13 LEEDON HEIGHTS #21-46 D'LEEDON
Postcode	266224
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190627/2088

#### 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	FBE9553L
Vehicle Make/Model/Colour	DAE LIM
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ROBIN
NRIC/Passport Number	
Contact Number	91524026
Address	
Postcode	
Insurance Company Name	



Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GK2822R

Vehicle Make/Model/Colour

ISUZU TFR87JSR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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:

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

27 June 2019

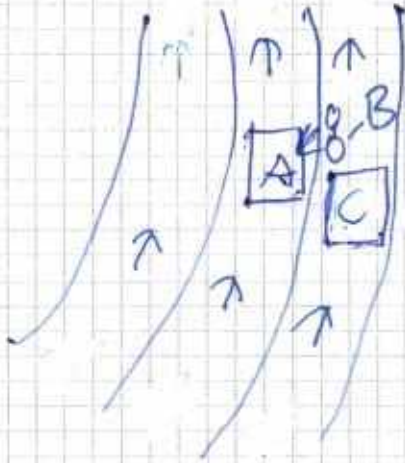
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

27/06/2019  
Reshitha



SKETCH PLAN

Along Persoon Road towards Hougang BT Quarryway



A: 6KR6145B

C: GK2822R

B: Motorcycle

(Unknown registered number)

Robin: 9152-4026

FBE 9553L

M: DAE LIM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20190627/2088

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:

27 June 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/06/2019

Rosa Lim





# SINGAPORE POLICE FORCE



T/20190627/2088

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20190627/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/06/2019 15:13	Vide Report No.:	Station Diary No.: 15
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<b>Informant's Particulars</b>			
Name of Informant: LEE JEONGHEE		Address: 13 LEEDON HEIGHTS #21-46 D'LEEDON SINGAPORE 266224	
ID Type / ID No.: FIN NO / G3307067K		Contact No.: Home/Office: Mobile: 96720073	
Nationality: KOREAN, SOUTH		Email:	
Sex: Male	Age: 43	Date of Birth: 23/06/1976	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: MANAGING DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry: 21/03/2022	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/06/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PORTSDOWN AVENUE QUEENSWAY Along Portsdown Avenue towards Holland, before junction of Queensway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GK2822R	Car	ISUZU	TFR87JSR		Slightly Damaged	0
SKR6145B	Car	NISSAN	TEANA 2.0L CVT	Blue	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190627/2088

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111

Tel No: 1800-4749999

2 of 3

Report No. T/20190627/2088

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE JEONGHEE		ID No.	G3307067K
Related Vehicle	SKR6145B (Car)		Contact No.	96720073
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 21/03/2022
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Rider</b>				
Name	ROBIN		ID No.	NIL
Related Vehicle	NIL		Contact No.	91524026
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 26/6/2019, at about 6.05pm, I was driving along Portsdown Avenue towards Holland. Before the junction of Queensway, I was traveling on the middle lane. I notice that a motorcycle had made a stop on the right lane in front of me. The car on my right did not notice the motorcycle had stopped and collided onto the motorcycle. The motorcycle then lost balance and as I was driving pass, the motorcycle toppled and scratched on my vehicle. I then stopped my vehicle to make a check. I then noticed that there was a long and deep scratch from the driver door to the passenger door. I then checked on both the driver and rider, all was not injured. I then exchange details with the motorcycle rider and we left the scene. The vehicle I was driving is a rental vehicle from Hertz.





**SINGAPORE  
POLICE FORCE**



T/20190627/2088

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

Report No. T/20190627/2088

**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:

D /

Sgt 3 NG YONG XIN, ALESTER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

27/06/2019 15:13

Classification Of Case:

SN 50

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



# MOTOR ACCIDENT REPORT FORM

Date of Accident: <u>June 26, 2019</u> Time: <u>18:05</u>		Exact Location of Accident: <u>Portdown Avenue</u>	
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>			
Vehicles Registration Number: <u>SKR 6145 B</u>		Name of Registered Owner: <u>SIME DARBY SERVICES</u>	
NRIC / Passport No. / FIN: <u>-</u>		Co. Reg. No. (for Co. Vehicle Only): <u>197501065W</u>	
*Own Insured Email Address: <u>-</u>		*Mobile Phone No.: <u>-</u> *Alternative Phone No.: <u>-</u>	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>			
Manufacturer: <u>NISSAN</u>		Model: <u>TEANA 2.0</u>	
Exact purpose of vehicle being used at time of accident: Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):			
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> Claiming Against 3 <sup>rd</sup> Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>			
Vehicle Category:			
<b>INSURANCE COMPANY (OWN VEHICLE)</b>			
Name of My Insurance Company: <u>MSIG</u>			
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:	
<b>DRIVER PARTICULARS</b> <input type="checkbox"/> Same as Insured Above			
Name of Driver: <u>Lee Jeong Hee</u>		NRIC / Passport No. / FIN: <u>G3307067K</u>	
Date of Birth: <u>1976.6.23</u>		Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: <u>22 Mar 2017</u>		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: <u>9672-0073</u>		Alternative Phone No.:	
Address as stated in NRIC: <u>13 Leedon Heights, #21-46 D'leedon</u>		(Post Code: <u>266224</u> )	
Email Address: <u>jhelee@ekmtc.com</u>			
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the Insured:			
Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			
<b>INFORMATION OF THE ACCIDENT</b>			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number			
Foreign Vehicle Category		Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?		No <input type="checkbox"/> Yes <input checked="" 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?	
Was notice of intended Prosecution given?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)		<u>1</u>	
<b>DETAILS OF OTHER VEHICLE</b> (Please complete Annex A Form if more vehicles involved)			
Vehicles Registration No.: <u>FBE 9553L (B)</u>		Vehicle Make / Model / Colour:	
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle): <u>DAE Lim</u>			
Name of Driver:		NRIC/Passport Number:	
Contact Number:			
Address:		(Post Code: )	
Insurance Company Name:			
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>		No. of Passengers (Including Driver): <u>2</u>	
Details of Witness - Name:			
Details of Witness - Contact Number:			
Details of Witness - Email Address:			
<b>DETAILS OF INJURED PERSON</b> (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"/>	
<b>Type of Accident</b> (Please tick the appropriate type on flipside of this form)			





MINISTRY OF  
MANPOWER

## EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

KMTC (SINGAPORE) PTE. LTD.



Name

LEE JEONGHEE

FIN

G3307067K



For LKK/NAC Use Only



K0604817

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number

G3307067K

Name

LEE JEONGHEE



Birth Date: 23 Jun 1976

Issue Date: 22 Mar 2017

Valid Till 21/03/2022

For LKK/NAC Use Only

002668316F



VISIT PASS  
Immigration Regulations

19-08-2018

Name  
LEE JEONGHEE

FIN  
G3307067K

Download SGWorkPass  
App to check status



Date of Birth  
23-06-1976

Sex  
M

Nationality  
KOREAN, SOUTH

For LKK/



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  22 Mar 2017

For LKK/NAC Use Only

NP 428A



Licence No: G3307067K



**MSIG**

2607

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  
SKR6145B

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