|   |  |   | 1419090567  |  |         |
|---|--|---|---|--|---------|
| Date In: 11/19-13:32  | Jeb descriptio                           |   | Date &Time Completed  | Don  | e by    |
| Reino: Najmonigo moraljuy   | SAS e-filing                             |   |   |  |         |
| Veh No: GOEZYSSE  | E-mail (withi                            | a Shrs, AIC 2hrs)   |   |  |         |
| D.O.A: 10/7/19-10:30  | i-Motor Cla                              |   |   |  |         |
| OD : TP ! Reporting Only  | i-Motor W/                               | O (Within: OD 2hrs  | TP 4hrs)  |  |         |
| OB 11 Reporting Only  | i-Photo Upl                              | oaded   |   |  |         |
| TP Insurer:   | Assessment/S                             | Survey Report   |   |  |         |
|   | Ass't Report                             | by Fax / Hand t   | Owner/Wksp  |  |         |
| Preferred Wksp / INC Assign Wksp / QW: (  | **************************************   |   | Tel: Fa   | x:   | -       |
| TP Particulars: Veh No:SBP6   | nive:                                    | . INC(  | )/Non-INC( )  |  |         |
| Owner / Driver: (   |  |   | Tel:  | )  | 5000    |
| Policy No: ( ) Pe   | eriod: (                                 | )   | Cover Type: (   | )  |         |
| Confirmed by : (  |  | Date:   | Time:   | )  |         |
| Insured/Driver Liability: ( %) [  | Note-Est. Status (                       | WO): N: 0-20  | %; P: 21-79%. F: 80-10  | 0%]  |         |
| The second secon  | Warranty: YES (                          | )/NO(   | )   |  |         |
| Excess: (\$ ) Loading: \$1,0  | 000()/\$2,000                            | )( )  |   |  |         |
| General Remarks:-   |  |   |   | 45 65 12   | -       |
| ( ) Walk-In Customer: Customer's info   | rmation strictly Co                      | onfidential & Str   | ctly NO rafes of sension  | W. 6   |         |
| ( ) Total Loss Case : to e-mail Insure  | er LIDCENTI V                            | rinderical & Str  | cuy NO 13ler of repailer.   |  |         |
|   |  |   |   |  |         |
| Drive-In ( )/ Towed-In ( ); Invoice   | e: YES( )/I                              | NO ( ); To  | wing Co: (  | 2  | )       |
| Remarks: (INC hoffine: 6788 6616)   | 97.                                      |   | the second second   | WE'VE NEEDS OF THE   | (T) (T) |
|   | PRINCIPLE PROBLEM TO THE SHAPE OF STREET |   | Date&Time Completed   | Done   | by .    |
|   | Courtesy Car (                           | )   | Date&Time Completed   | Done   | by      |
| 1) Apply for Transport Allowance ( )/C  | Courtesy Car (                           | )   | Date&Time Completed   | Done   | by      |
| Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection   | (  | )   | Date&Time Completed   | Done   | by      |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3   | (  | )<br>)<br>)   | Date&Time Completed   | Done   | by      |
| Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection   | (  | )   | Date&Time Completed*  | Done   | by      |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed   | Done   | sby     |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed   | Done   | sby     |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed?  | Done   | Sby     |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed   | Done   | s)by    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed   | Done   | s)by    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  | )   | Date&Time Completed?  | Done   | s)by    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  | (  |   | Date&Time Completed   |  |         |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions   | (  | Invoice Prep  | Date&Time Completed   | Ant(S)   | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions   | (  | 1) AR : Accident R  | nration Checklist.  |  | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions    Actions   Action | (  | 1) AR : Accident R<br>2) DA : Damege A  | eporting (\$30); ssessment (\$100); INC (\$80)  | Ant (5)  | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Actions  Actions   | (  | 1) AR : Accident R  | aration Checklist.  seporting (\$30); seessment (\$100); INC (\$80)  \$40/\$  | Anit (\$) 151 Bill   | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  NAIGOSTY  Lumant's Particulars:  | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr   | aration Checklist  sporting (\$30); ssessment (\$100); INC (\$80)  \$40/\$  ough Survey \$12  ough Survey (Resurvey) \$2  | Ant (S)<br>fit Bill  | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Nations  Particulars:  inver/Owner:  | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga  | aration Checklist  sporting (\$30); ssessment (\$100); INC (\$80)  \$40/\$  ough Survey \$15  ough Survey (Resurvey) \$5  inst INC Only (wef 10 Jan 2005)   | Ant (5)  1st Bill  15  20  30                                    | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Nations  Particulars:  inver/Owner:  | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr   | aration Checklist  eporting (530); ssessment (5100); INC (580)  540/5  ough Survey 51: ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on 57   | Amt (5)<br>1st Bill<br>15<br>20                                  | Amil    |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Pattername Particulars:  river/Owner:  ontact No:  amaged Portion:   | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 8 8) NTUC Addition   | aration Checklist  eporting (530); ssessment (5100); INC (580)  540/5  ough Survey (51: ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on 50  SMRT Survey 51:   | Amt (5)<br>1st Bill<br>15<br>20                                  | Amu     |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Pattername Particulars:  river/Owner:  ontact No:  amaged Portion:   | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 8 8) NTUC Additions QD*  | aration Checklist  eporting (530); ssessment (5100); INC (580)  540/5  ough Survey (10 Jan 2005) on 50  SMRT Survey 516  SMRT Survey 516  | Amt (5)<br>1st Bill<br>15<br>20                                  | Amu     |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  National Particulars:  inver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):  | (  | 1) AR: Accident R 2) DA: Damege A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Addition. OD* *N5: Courtesy C *N6: Repair Co-  | aration Checklist  sporting (\$30);  ssessment (\$100); INC (\$80)  \$40/\$  sugh Survey (Resurvey)  sinst INC Only (wef 10 Jan 2005)  on \$7  SMRT Survey \$16  SMRT Survey \$16  ser / Tpt Allowence \$2  ordination \$5  | Amt (\$) fit Bill  15 20 50 75 50 0                              | Am (3   |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time / Actions  Silimant's Particulars::  inter/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):  additors! Comments::   | (  | 1) AR: Accident R 2) DA: Damege A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Addition. OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair                                     | aration Checklist  eporting (\$30); ssessment (\$100); INC (\$80)  \$40/\$ ough Survey \$1: ough Survey (Resurvey) on \$7 SMRT Survey \$16 Smrt Survey | Ant (5)<br>fit Bill 1  | Amu(3   |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time / Actions  Summant's Particulars:  Inver/Owner:  Ontact No:  Imaged Portion:  Checked by (Engr-In-Charge):  Inditors! Comments::  | (  | 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3: 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N | aration Checklist  aporting (\$30);  assessment (\$100); INC (\$80)  \$40/\$  cough Survey (Resurvey)  cough Survey (Resurvey)  cough Survey (\$10 Jan 2005)  con \$7  SMRT Survey \$10           | Ant (5)<br>fat Bill 1  | Amt (\$ |
| 1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date Time / Actions   | (  | 1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect                   | aration Checklist  aporting (\$30);  assessment (\$100); INC (\$80)  \$40/\$  cough Survey (Resurvey)  cough Survey (Resurvey)  cough Survey (\$10 Jan 2005)  con \$7  SMRT Survey \$10           | Ant (5)  Tit Bill  15  20  30  35  30  35  30  30  30  30  30  3 | Am (3   |

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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.

|   | ACCIDENT STATEMENT   |  |
|---|--|--|
| Date Of Report  | 11/07/2019 13:32   |  |
| Date Of Accident  | 10/07/2019 10:30   |  |
| Exact Location Of Accident  | BLK 171A EDGEFIELD PLAIN   |  |
| Country/State of Loss   | SINGAPORE  |  |
|   | DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number   | GBE2439E   |  |
| Insured/Policyholder  |  |  |
| Name Of Registered Owner  | LILIAN CONSTRUCTION & FURNISHING PTE LTD   |  |
| Co Reg No   | The state of the s |  |
| Email Address   | NOEMAIL  |  |
| Mobile Phone No   |  |  |
| Alternative Phone No  | OFFICE-62860032  |  |
| Vehicle Particulars   |  |  |
| Manufacturer  | TOYOTA   |  |
| Model   | DYNA   |  |
| Exact Purpose for which vehicle was being used at<br>time of accident           | COMMERCIAL USE   |  |
| Are you claiming under your own insurance policy<br>for repair to your vehicle? | NO   |  |
| If No, Please state action to be taken  | REPORTING ONLY   |  |
| Vehicle Category  | COMMERCIAL VEHICLE   |  |
| Insurance Company   |  |  |
| Name of Insurance Company   | MSIG INSURANCE (SINGAPORE) PTE. LTD.   |  |
| Type Of Coverage  | COMPREHENSIVE  |  |
| Fleet Policy  | NO   |  |
| Policy Number   | A29096976MKC   |  |
| Cover Note Number   |  |  |
| Driver  |  |  |
| Name of Driver  | LEE YUET SWEE  |  |
| NRIC No   | S1649519J  |  |
| Date Of Birth   | 11/04/1964   |  |
| Occupation  | OUTDOOR  |  |
| Date Of Driving Pass  | 21/01/1998   |  |
| Driving Experience  | 21 YEARS AND 5 MONTHS  |  |
| Gender  | MALE   |  |
|   |  |  |

(LOCAL) +65-96631935

NOEMAIL

Address

APT BLK 112 PASIR RIS STREET 11 #08-655 SINGAPORE

Postcode

510112

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2 NO

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE STATEMENT ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBP6343M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 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
- 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
- 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, involces, 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
- (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
- 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.
- 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.

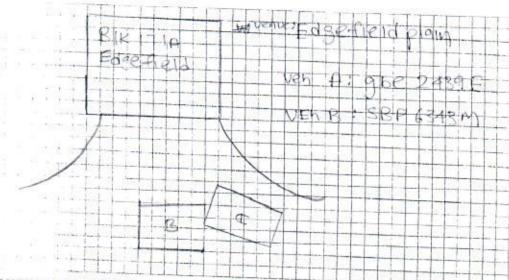
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I     | WE TEVERSION STORY                               |
|-------|--|
|       | with teversing along the carpark of 1714         |
|       |  |
| 200   | Refield Plains, I made a 3 point turn and fel-   |
| _     |  |
| 1)    | impact, and I realise I collided in weh B. There |
| ,0,0  | s no one injured.                                |
|       | injored.   |
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| 40.00 |  |
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|       |  |

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

Policyholder's Signature Date & Time:

ers was no.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

**DRIVING LICENCE** UET ! WEE Berts Date: 11 Apr 1964 Issue Date 21 Mar 2003

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1649519J





LEE YUET SWEE



CHINESE Date of hirth 11-04-1964 Country/Place of birth SINGAPORE



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of
which unfaden does not exceed 2500 follograms
Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 killograms

PASS DATE

04 Dec : 984 06 Jan 1995



For LKK/NAC Use Only

13-05-2019

APT BLK 112 PASIR RIS STREET 11 #08-655 SINGAPORE 510112

6192802



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. 2.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 29096976 MKC

GBE2439E

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Lilian Construction & Furnishing Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/10/2018

4. Date of Expiry of Insurance

14/10/2019

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
Use for social domestic and pleasure purposes.

The Policy does not cover
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing 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.

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

Excess: SGD600

for Chief Executive Officer