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OD TP Reporting Only i-Photo Uploaded	Management and a second and a second			
Assessment/Survey				
	x/Hand to Owner/Wkan			_
Preferred Wksp /4NC Assign Wksp / QW: (	Tal:	Fax:		1
TP Paraticulars: Veh No: X8 6647 TRC4614	INC( )/Non-INC(	)		
Owner / Driver: (	7'el:		)	
Policy No: ( ) Period: (	) Cover Type: (			
Canfirmed by : (	Date: Time:		)	
Insured/Driver Liability: ( %) [Note-Est. Status (WO)	): N: 0-20%; P: 21-79%.	L: 20-100%]		W7111 0
feat of Registration.	/NO( )			
Excess: (S ) Londing: \$1,000 ( ) / \$2,000 (	)			CH PAG
General Remarks	THE SECTION OF THE PERSON AS A SECTION OF A	apairer	F4	-
( ) Walk-In Contoniar : Customer's information strictly Confid	ential & Strictly NO rafer of the			
( ) Total Loss Casa : to e-mail Insurer URGENTLY.			·····	
Drive-ln( )/Towed-ln( ); Invoice: YES( )/ NO	manufacture and the second sec		14	
Remarks 1 P. (INC) harling: 6788 [6616]	Date&Tunk Com	pletode Arti	Done by	-
1) Apply for Transport Allowance ( ) / Courtesy Car ( )				-
2) QC Check / Post Repair Inspection ( )				
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )				
Injury:	OPEN STREET, S		1	
Datectime Actions 489 1279	HOP IN THE PROPERTY AND DESCRIPTION OF A LEGISLAND	A STATISTICS OF STATISTICS		
			(12) west of the s	hi (\$)
MINIGIOSITY "	Invaice Preparation Chich	<b>加斯拉克斯</b>	1 m 2 m 1 m 1	(4) (4)
/WITV 933/	1) AR : Accident Reporting (\$30);			
Chanant's Patriculars :	2) DA : Dumoge Assessment (\$100); 3) TF : Towing Fee	\$40/\$45		
Driver/Owner:	4) ET   Fallow-Through Survey	\$120		
Contact No:	5) VT : Follow-Through Survey (Rem For claiming against NC Only (w	et to turt tobby	1	
	6) TR : Ite-inspection	575		
Damaged Portion:	7) N1 : Idau DA + SMRT Survey  6) NTUC Additional Serviness	3100		2011
QC Checked by (Engr-In-Charge):	* N3: Courtesy Car / Tpt Allowants	10 55	Charles and the contract of th	
	*No Repair Co-ordination	510		-
Addition Comments :	*N/: Fost Repair Inspection  *N8: DV / Collect Excess Coordin	S21	5	
Cal. J.	Tr (Nit) : Tr (Nin INC) egainst	INC \$2	0	
	9) N12: Idia Mobile Involce dated	For Charged	- 37	70
Cnt. 2/3:	t the detail	Fue Chargad	SHIP!	
1 1/1 .9		8:38	18Y-2018 16	H-L

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 misropresentation 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.

Any false reporting may be referred to the Police for investigation.

- 5. This report will be forwarded by the insurers of the GIA Records Management Contre 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 indgement 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

THE STATE OF	ACCIDENT STATEMENT
Date Of Report	25/07/2019 12:48
Date Of Accident	18/07/2019 22:50
Exact Location Of Accident	JLN ANAK BUKIT TURN TO DUNEARN RD TOWARDS FARRER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ7218K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FEROZ S/O EGUEYAMARECAR
NRIC No	S8222343F
Email Address	FEROZYAHYA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91085235
Alternative Phone No	OTHERS-91085235
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA GT200A-198CC
Exact Purpose for which vehicle was being used at ime of accident	RIDING HOME AFTER WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
/ehicle Category	MOTORCYCLE
nsurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
ype Of Coverage	THIRD PARTY
leet Policy	NO
olicy Number	MSD/VMT/18-995010-WTT
Cover Note Number	
Driver	
lame of Driver	MOHAMED FEROZ S/O EGUEYAMARECAR
IRIC No	S8222343F
Date Of Birth	15/07/1982
Occupation	OUTDOOR
Pate Of Driving Pass	28/12/2012

**6 YEARS AND 6 MONTHS** 

(LOCAL) +65-91085235

FEROZYAHYA@GMAIL.COM

OTHERS-91085235

MALE

Address

BLK 90 TANGLIN HALT ROAD

#26-328

Postcode

141090

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

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

2

YES

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190723/2028

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

XB6647PTRC4674A

Vehicle Make/Model/Colour

TRAILER

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)

# Name MOHAMED FEROZ S/O EGUEYAMARECAR Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 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)
  - (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
- (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, (d) investigation and management in present and all future claims.
- 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:

Name: NRIC/FIN No.:

Troiler USED
Loso too on
DUNIFACIAL ROPO
B) FZ 728 K  B) YD 66478 / TRC4674 A SCIO FALL SEID FALL
paren polaris
We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell's Signature Worth?
NRIC/FIN No.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190723/2028

# REPORT OF A TRAFFIC ACCIDENT

	me Report N 019 10:45	Made:	Vide Report No.: Station Dias		
Informa	int's Partic	ulars			
Name o MOHAN EGUEY	f Informant: MED FEROZ AMARECA	Z S/O	Address: APT BLK 90 TANGLIN HALT SINGAPORE 141090	ROAD COMMONWEALTH VIEW	
	/ ID No.: O / S82223	43F	Contact No.: Home/Office:	Mobile: 91085235	
National SINGAR	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age; 37	Date of Birth: 15/07/1982	Type of Informant: Rider		
Race: Indian	Race:		Language:	Institution / School Name:	
Occupat COACH	ion: /SELF-EMP	LOYED	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location: Along Road 1 JALAN ANAK TURNING TO Weather: Clear	BUKIT	TOWARDS FARRER Road Surface:	18/07/2019 22:50	Road Speed Limit:
Traffic Flow: One Way		Oily Traffic Control: Traffic Light - Wo	orking	Traffic Volume:
Type of Collisi SELF-SKIDDE	on; ED			Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ7218K	Motorcycle	PIAGGIO	VESPA GT200A	Blue	Slightly Damaged	0

Details of V	ehicle Insurance	2 ratios to 1		
Vehicle No.	Insurance Company	Insurance No	Effective	F
FZ7218K	MSIG INSURANCE (SINGAPORE)	The state of the s		Expiry Date
	PTE. LTD.	MSDTMT18995010	01/11/2018	31/10/2019





2 of 3

Report No. T/20190723/2028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

### Brief Details.

On the above mentioned date, time and location
I was travelling along the said location. I was riding, the road was empty. When I make a left turn, my bike skid along the road surface. I initially thought a vehicle collided onto my bike, but there was no one. I picked up my bike and push to the side. I was trying to figure out how did I skid even though I was going really slow. I found out that the entire road was covered with oil spill. There was a construction site nearby as well. One of the construction worker started approaching me. I enquire if this particular area is part of their construction works. I went to NUH and was granted 9 days of mc.





20190723/2028

3 of 3

Report No. T/20190723/2028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### 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: TP / NG JIN SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2019 10:45
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:  SINGAPONE  CLE FORCE
Authentication Stamp	





1 of 3

Report No. T/20190719/2198

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report I 019 23:18	Made:	Vide Report No.: Station Diary		
Informa	nt's Partic	ulars			
Name o MOHAN EGUEY	f Informant IED FEROZ AMARECA	Z S/O	Address: APT BLK 90 TANGLIN HALT 141090	T ROAD #26-328 SINGAPORE	
NRIC N	/ ID No.: O / S82223	43F	Contact No.: Home/Office:	Mobile: 91085235	
National SINGAR	ity: 'ORE CITIZ	EN.	Email:		
Sex: Male	Age: 37	Date of Birth: 15/07/1982	Type of Informant:		
Race: Indian	200 D		Language:	Institution / School Name:	
A THE RESERVE THE PARTY OF THE	Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3	Date of Evolution	

General Infor	mation of the Acci	dent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 18/07/2019 22:5	1150	Type of Location: X-Junction
ADAM ROAD JUNCTION O Weather: Clear		BUKIŢ TIMAH	l ROAD Surface:			l Speed Limit:
Traffic Flow: Traffi			Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collis SLIPPED ON				1	Anyo	ne conveyed by llance:

Details of V	ehicle Involve	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ7218K	Motorcycle	PIAGGIO	VECDA			INO DI Passenger
111.111.00.111.2.111.11	word by die	FIAGGIO	VESPA GT200A	Blue	Seriously	0
XB6647P	TRAILER		0,1200,1		Damaged	
					No Damage	0

Vehicle No.	Insurance Company	January N		
		Insurance No	Effective	Expiry Date
LIZION	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18995010	01/11/2018	31/10/2019





/20190719/2198

Report No. T/20190719/2198

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Any Pedestrian I	involved, No						
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA					
Name	MOHAMED FEROZ S/O EGUEYAMARECAR			ID No	).	S8222343F	
Related Vehicle	FZ7218K (Motorcycle)			Conta	ect No. 91085235		-
Hospital/Clinic	NUHEALTH MEDICAL CENTRE			Class Drivin Licent	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment				Expiry Date			
No. of Days granted Medical Leave 09		Degree o	Discharge NIL e of Injury Slight				

### Brief Details.

I am the Rider of Vehicle FZ7218K (V1), on the 18/7/2019 at about 2250hrs while I was riding at the junction of Dunearn road and Bukit Timah road towards Adam road. While I was turning towards Adam Road Slowly My vehicle had actually slipped and I fell, I then noticed that there was an oil spill on the floor. I had asked some construction workers nearby if it was due to the construction nearby however they informed that it was not due to the construction, they told me that earlier the heavy vehicle XB6647P (V2) which was carrying a heavy pipe on the Trailer bed TRC4674A which had burst a tire and caused some oil to spill on the road and that the vehicle was still in front. I approached the Cisco officer assisting V1 to put up cones and they confirmed that the vehicle had confirmed that V2 did spill some oil on the floor. The Driver then approached me and told me that their company (Peck Tiong Choon) will settle the matter with me privately and I had spoke to the manager. The manager told me that they will cover all my losses and told me to proceed with bringing my vehicle to the workshop and to see the doctor. I had suffered injuries on my Left Shoulder, Left Elbow, Left Wrist, Left hip, Left Knee and Left ankle.

I was given 9 days Outpatient Sick Leave from 18/7/2019 to 26/7/2019 by SWA LIANG YEAN STEVE from NUH A&E. MC serial number NUH19196803.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20190719/2198

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 2 ANG KHENG HAOU, THAWAT	t: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2019 23:18
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP158	SINGAPORE SN 49

SIGNATURE

JAS -

ACCIDENT STATEMENT

ACCIDE	NT DATE: 17 57	219 HODIMMY	YYY) TIME! 22	· 50 MILLIAMI
LOCATIO	N: Jh Anot But			- Itu enant
1. 1	DETAILS OF VEHICLE	10.5		
100	ALVERIOR OF VEHICLE	G 73130		
-	VEHICLE NUMBER:	I L TZITE	•	
	INSURANCE COMPA	NY: MSIG		
C	POLICY NUMBER:	50TMT 189950	10	
0	POLICY TYPE: (COMP	REHENSIVE THIRD	PARTY / TUIOD BAS	DTV CIDE ATLICET
Θ	MAKE & MODEL: VE	SPA 675200	LOBH / THIRD PAI	KIT FIKE WITHERI
· · · · · · · · · · · · · · · · · · ·	TYPE: (SALOON / COU	PE / MPV /VAN / 10	nny triangent	200
• g	VEHICLE CATEGORY:	(PRIVATE / COLLUE	KKI AMOTORCY	CLE. / OTHERS)
h	PURPOSE OF USING A	T ACCIDENT TIME	KCIAL / MOTORC	YCLE) .
1) /	PURPOSE OF USING A ARE YOU CLAIMING UI	ACCIDENT TIME	FIDING HOME	AFTER LOOPK
	F NO. PLEASE STATE (TI	HIPD PARTY CLAIM	SURANCE (YES/N	01
2, IN	SURED / POLICY HOLD	ED TAKIT CLAIM	KEPORTING ONL	Y) .
A	NAME: MOHAMED	56001 5/ F	Control of the Contro	A Marian Constant
	NRIC/FIN/PASSPORT:	7.7		LE / FEMALE)
				91085235
	Contract of the Contract of th	sta Holf Rs,	#26-328	
**			- 1	* * *
tho of passanges DR	CONTINUE TO 3.d IF DR	IVER ALSO POLICY I	HOLDER	
() die	NAME:	in the second		
	NRIC/FIN/PASSPORT:	S ABOUE	(MAL	E / FEMALE)
(1)	ADDRESS:		CONTACT:_	Participation of the Control of the
(	.DOMEOU.		•	
*d)	DATE OF BIRTH: (_15	107,1931 Upo		
eld	OCCUPATION: (INDOC	D. COURS	MM/YYYY)	
FINA	MIE DEDRIVING DA	K OULDOOK!	erie a	- CT - ATT
4. WA	TE OF DRIVING PA	SS 13.12.2	71 Z	ANNOTE DESCRIPTION
IF I	S DRIVER AN EMPLO	THE OF THE INSU	RED'S COMPANY	? (YES / NO)
5. alv	NO, RELATIONSHIP	IF THE DRIVER WI	TH INSURED:	where
blR	VEATHER CONDITION:	CLEAR / RAINING /	OTHERS	
6. WA	OAD SURFACE: (DRY) S ANYBODY INJURED (	WEI / OTHERS	1124.	
7. alr	EPORTED TO POLICE	TES / NO)		T. 80
IF.	YES BLEASE STATE WILL	(ES/NO)	and the same of	- 100 COM
	YES, PLEASE STATE WH. D PARTY VEHICLE	CH POLICE STATION	N. WALENDLOWN	# TP.
to of passenger a)	VEHICLE MUMBER, VE	(117P / 700 4/2	10 00	S Day Store
including driver) bi	VEHICLE NUMBER: XE	664TI / IKC TON	MODEL: WALL	IER HEAD AND E
/ `` cl	NRIC/FIN/PASSPORT:_			
() 9. THIRD	PARTY VEHICLE		CONTACT:	
No all poconia d)	VEHICLE NUMBER:		Hallatan skilestick	
	DRIVER'S NAME:		MODEL:	
1 4 11	NRIC/FIN/PASSPORT:_		CONTACT:	
()	7	18	AND SECURITY AND	†
12			¥3	
•	¥ ====================================		36	
				*1

email = ferozyahya agmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8222343F



MOHAMED FEROZ S/O

முகமட் பிரோஸ்

Herre INDIAN 15-07-1982 Country/Frace of birth





5183049



For LKK/NAC Use Only

17-06-2013

APT BLK 90 TANGLIN HALT ROAD #26-328 SINGAPORE 141090

YOU ARE LICENSED TO DRIVE VEHICLES U. THE FOLLOWING CLASS Motorcein ~ 200 CC Motorcein ~ 2000 kg with ~ 7 passengers, exclusive of the driver; and motor fraction/chicles ~ 2300 kg For LKK/NAC Use Only \$8711141F S / No. 9000170233

are rarty Risks and Compensation) Act (CAP, 189 of the Revised Edition) (Republic of Singapore) (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore) Or any Amendment, Act or Acts passed in substitution thereof. CERTIFICATE NO MSD/VNT/18-995010-WTT A0633-001/W0803 SUM INSURED TPL NIL EXCESS 19 S8222343F 1. Index mark and Registration Number of Vehicle T/18-F27218K VESPA 198 C.C. MOHAMED FEROZ S/O EGUEYAMARECAR 2. Name of Policyholder 3. Effective date of the Commencement of Insurance 134 0001AM 01/11/2018 for the purposes of the Act 19 4. Date of Expiry of Insurance 31/10/2019 5. Persons or Classes of Persons entitled to drive a. The Policyholder. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. 6. Use for social domestic and pleasure purposes connection with the Policyholder's business or profession. 198 71. The Policy does not covered. ON: 2. Use for racing, pace-making, reliability trial or speed-testing. 3. Use for the carriage of goods (other than samples) in connection with any trade or business. 4. Use for any purpose in connection with the Motor Trade. Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party FR Risks and Compensation) Act (Chapter 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings. red ! I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act. 1987 (Malaysia). APP Tel: 62946259, 62965445 Contact Us: 40 0 WIT INSURANCE MINCIES PTE LTD mod. Jangniz Wantilw : Underwriting Agent 20/09/2018 (L) 9.80 For MSIG Insurance (Singapore) Pte. Ltd. WTT-GI-04/04/14) 9.80