NATIONAL Assessment Contro	e Services :	1.14/754			
Date In 07/08/19 Jeb description Date &Time Completed Done).
Ref No NA/ms6/90/3872/13	SAS e-filing				
Veh No FBP 67955	Fmail (widon Slins	AIC 2hrs)			
DOA 03/08/19 1650	i-Motor Claim I	orm			
	i-Motor W/O (W	ithin: OD 2hrs.	TP 4hrs)		
OD (1) Peporting Only	i-Photo Uploade	d			
TP Insurer	Assessment/Surve	y Report			
11 Hautor	Ass't Report by F	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (- 100 m - 100 m	Tel: Fax:		
TP Particulars: Veh No:	SKE96426	. INC() / Non-INC ()	No.	
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by : (1	Date:	Time:)	
Insured/Driver Liability (%)	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1009	[6]	
Year of Registration: ()	Warranty: YES ()	\NO()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			
General Remarks:-	The Phane Science	ve laves [1]	ela berra Ela el Konson e		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3]	Courtesy Car ()				
Injury:			-		
Date/Time Actions				X.1245.781	
the second secon	1	and a sold of the last		4 - 1 - 1 - 1	-
NA190596	0.69	nvoice Prep	paration Checklist	Amt (\$) 1st Bill	Amt (\$)
	1)	AR : Accident	Reporting (\$30);	A DOMESTICAL LAND	777
Claimant's Particulars :-	1) 2) 3)	AR : Accident DA : Damage TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$80) ce \$40/\$4	1st Bill	130
Claimant's Particulars :- Driver/Owner:	1) 2) 3) 4)	AR : Accident DA : Damage TF : Towing F FT : Follow-T FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill	7,77
Claimant's Particulars :- Driver/Owner: Contact No:	1) 2) 3) 4) 5)	AR : Accident DA : Damage TF : Towing F FT : Follow-T FT : Follow-T For claiming a TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80)	Ist Bill	7,77
Claimant's Particulars :- Driver/Owner: Contact No:	1) 2) 3) 4) 5)	AR : Accident DA : Darnage TF : Towing F FT : Follow-T FT : Follow-T For claiming a TR : Re-inspec N1 : Idac DA NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 brough Survey (Resurvey) \$30 gainst INC Only (wef 10 Jan 2005) etion \$7. + SMRT Survey \$16	Ist Bill	7,70
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) 2) 3) 4) 5)	AR : Accident DA : Darnage TF : Towing F FT : Follow-T FT : Follow-T For claiming a TR : Re-inspec N1 : Idac DA NTUC Additio OD*	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 brough Survey (Resurvey) \$30 gainst INC Only (wef 10 Jan 2005) etion \$7. + SMRT Survey \$16	Ist Bill	7,77
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) 2) 3) 4) 5)	AR : Accident DA : Darnage TF : Towing F FT : Follow-T FT : Follow-T For claiming a TR : Re-inspec N1 : Idac DA NTUC Additio OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 brough Survey (Resurvey) \$30 gainst INC Only (wef 10 Jan 2005) etion \$77 + SMRT Survey \$16 onal Services	1st Bill	7,70
Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	1) 2) 3) 4) 5)	AR: Accident DA: Damage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming a TR: Re-inspec N1: Idac DA NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill	7,77
	1) 2) 3) 4) 5) 6, 7) 8)	AR: Accident DA: Damage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming a TR: Re-inspec N1: Idac DA NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill	777

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 <u>truthful</u> and <u>accurate</u> 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

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	07/08/2019 15:23
Date Of Accident	03/08/2019 16:50
Exact Location Of Accident	SEMBAWANG AVE JUNC OF CANBERRA RD
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP6795S
Insured/Policyholder	
Name Of Registered Owner	NG TECK THIAM
NRIC No	S2771275D
Email Address	DAVIDTHIAM0506@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96219787
Alternative Phone No	OTHERS-96219787
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-400310-CA
Cover Note Number	
Driver	
Name of Driver	NG TECK THIAM
NRIC No	S2771275D
Date Of Birth	05/06/1967
Occupation	INDOOR
Date Of Driving Pass	24/03/1992
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-96219787

DAVIDTHIAM0506@GMAIL.COM

OTHERS-96219787

BLK 313 SEMBAWANG DRIVE Address

#04-470

Postcode 750313

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SEMBANWANG NPC

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190805/2102

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

FOOTAGE FROM THE WITNESS

Remarks/ Reasons: Was there any audio recorded?

NO

Details of Witness 1

Name

MENG FA

Phone Number

90864929

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE9642G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEOW TING TING, JAZQUELINE

Page 2 of 30

NRIC/Passport Number

S8825186E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NG TECK THIAM

FACE, LEFT SHOULDER & RIGHT HAND

FBP6795S

YES

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

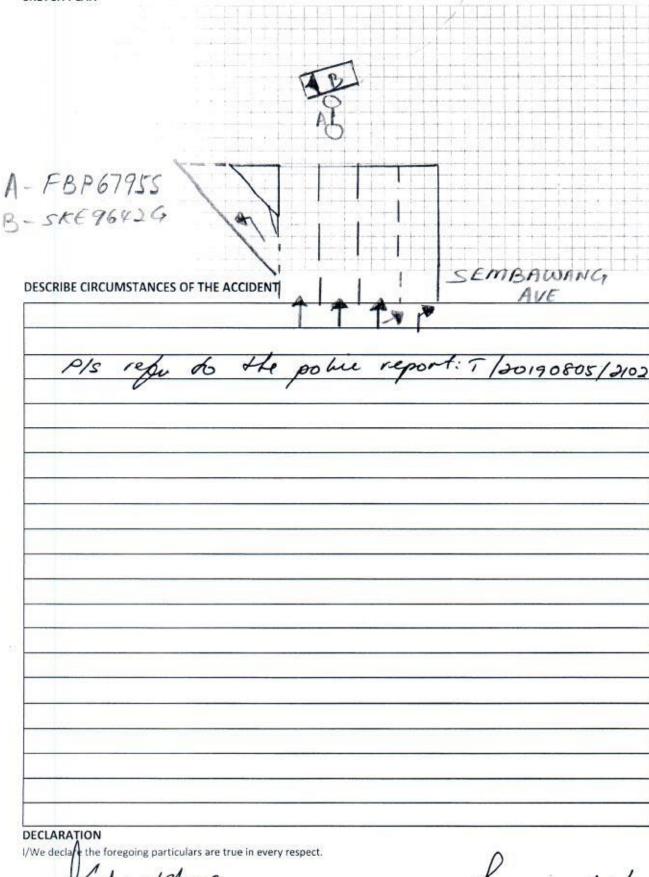
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting dentre Personnel's Signature

Name:

NRIC/FIN No.:

Go gle Maps Sembawang Ave



Image capture: Apr 2018 © 2019 Google

Singapore



Street View - Apr 2018

Old Admiralty House 🦃









Date of Expiry:

1 of 4

Report No. T/20190805/2102

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

Chinese Occupation:

STOREMAN

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 16:50			Vide Report No.:	Station Diary No. 59	
Informa	nt's Partic	ulars			
Name of Informant: NG TECK THIAM		Address: APT BLK 313 SEMBAWANG DRIVE #04-470 SINGAPORE 750313			
ID Type / ID No.: NRIC NO / S2771275D		Contact No.: Home/Office: Mobile: 96219787			
National MALAYS	*		Email:	······································	
Sex: Male	Age: 52	Date of Birth: 05/06/1967	Type of Informant: Rider		
Race:			Language:	Institution / School Name	

Driving Licence Information:

Class: 2B,3

General Infor	mation of the Accident			1100
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 03/08/2019 16:50	Type of Location: X-Junction
SEMBAWANG CANBERRA I SEMBAWANG Lamp Post No	ROAD G AVENUE JUNCTION OF umber: 2)AD	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Fraffic Control: Fraffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				A Year
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP6795S	Motorcycle	YAMAHA	SNIPER T150	Blue	Totally Damaged	0
SKE9642G	Car				Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 75 333 Tel No. 1800 5549999

2 of 4 Report No. T/20190805/2102

CONTINUATION OF REPORT

	ehicle insurance	22		
	Insurance Company	Insurance No	Effective	Expiry Date
1 07933	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72178990	22/05/2019	21/05/2020

Any Pedestrian I	nvolved: No	The state of the s		A CHARLES		
No. of Pedestria	ns Injured: NIL		Use of Pe	dostria	n Cros	alan NA
Rider				Hart State	in Cros	sing: NA
Name	NG TECK THIAM		when well-the meaning	ID No.		\$2771275D
Related Vehicle	FBP6795S (Motorcy	cle)	State Comments of the State of	Cont	act No.	96219787
Huspital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Freatment	03/08/2019 Date Disc					3/2019
No. of Days gran	ted Medical Leave	14	Degree of	Injuny	Sligh	72019
Driver						
Name	Leow Ting Ting, Jazqueline		ID No).	S8825186E	
Related Vehicle	NIL			Contact No.		NIL
Hespital/Clinic	NIL			Class Drivin Licens Expiry	9	Class: NIL Date of Expiry: NIL
20 te Treatment	NIL		Date Disch	narge	NIL	alternative and residence are not by headern and have a strong transcript.
or Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	The Control of the Co

Brief Details.

On 3/8/2019 1650hr, I was riding my motorcycle. Yamaha Sniper T150 bearing the registration No. FBF 6795S along Sembawang Ave towards Sembawang Road.

As I approached Sembawang Rd Junction of Canberra Rd, the traffic light was green and it was in my

One Honda Jazz bearing the registration No SKE9642G, driven by Leow Ting Ting, Jazqueline bearing the registration No. S8825186E, along Sembawang Rd towards Sembawang Ave made a turn into Canberra Rd

I homed her and tried to stop but I was unable to stop and hit the front left passenger door of the vehicle.

I sustained injuries on my face, left shoulder and right hand. I was subsequently conveyed to KTPH and with granted 14days of MC (03/08/2019 to 16/08/2019).





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Report No. T/20190805/2102

3 of 4

Tel No: 1800-5549999

CONTINUATION OF REPORT

There was a Male Chinese, Meng Fa Tel: 90864929, he informed he had witnessed the incident and he have an in car camera in his car. He informed he is willing to be a witness.

Traffic police came to scene reference L/20190803/0112 under TP IO Muhaimin Tel: 97560193 / 65476845.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No. 1800-5549999 4 of 4 Report No. T/20190805/2102

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.

Skinature Of Officer Recording The Report: L : Staff Sgt NUR IMRAN BIN MOHAMED MAZLAN	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 05/08/2019 16:50
Sigt 3 RASHIDAH BINTE AZMAN Gentart No.: 65476216	Classification Of Case:
Authentication Stamp Signature:	e

ACCIDENT STATEMENT

ACCIDENT DATE: 03 , 08 , 19 J(DD/MM/YYYY), TIME: (/6: 10)(HH:MM) LOCATION: SEMBAWANG AUE JUNE OF CANBERRA ROAD 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FB P 67955 DINSURANCE COMPANY: MSC C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / HIRD PARTY FIRE &THEFT) e)MAKE & MODEL: YAMAHA SNIDER f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE) OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: NG JECK THIAM MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 962/9787 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *Ho of passenga. DRIVER a) NAME: AS ABOUT (Induding driver) _(MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: CJADDRESS: *d) DATE OF BIRTH: (05 / 06 / 1967)(DD/MM/YYYY) e)OCCUPATION (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 34/03/1992 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (O) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OCONER 5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES) NO! CONVEY 7. a) REPORTED TO POLICE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 No of pussinger a) VEHICLE NUMBER: SKE 96 42 4 MODEL: (Including driver) b) DRIVER'S NAME: LEOW TING > JAZQUELINE C) NRIC/FIN/PASSPORT: PEFD 51866 CONTACT: 9. THIRD PARTY VEHICLE * No of passenger d) VEHICLE NUMBER: e) DRIVER'S NAME: (Induding driver) f) NRIC/FIN/PASSPORT: CONTACT: email = david thiam 0506@gmail.com waiting for motorcycles VIDEO =

IDENTITY CARD NO. \$2771275D





NG TECK THIAM



05-06-1967







For LKK/NAC Use Only

MALAYSIAN 30-07-2018

APT BLK 313 SEMBAWANG DRIVE SINGAPORE 750313

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

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only



CA 526222



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way. # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

29-195

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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMS/19-400310-CA

40074-001/10139

SUM INSURED :

PM

EXCESS :

\$300(FIRE&THEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle

FBP6795S

YAMAHA

2. Name of Policyholder

NG TECK THIAM

. 150 c,c.

3. Effective date of the Commencement of Insurance

for the purposes of the Act 4. Date of Expiry of Insurance 0358PM 22/05/2019

21/05/2020

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. Limitation as to Use

use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
 - 1. Use for hire or reward.
 - 2. Use for racing.pace-making.reliability trial or speed-testing.
 - 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

Repl CN: 72178990

12/06/2019 (KP)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.