

# NATIONAL Assessment Centre Services.

(ver 1 Jan'06)

NA91914175

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 29/08/2019 15:20 | Job description                          | Date & Time Completed | Done by |
| Ref No: NBA/MSG/9015290/4 | SAS e-filing                             |                       |         |
| Veh No: GV 5225L          | E-mail (24hrs, AIC 2hrs)                 |                       |         |
| D.O.A: 07/08/2019 18:00   | I-Motor Claim Form                       |                       |         |
| OD / TP / Reporting Only  | I-Motor W/O (Within OD 2hrs, TP 4hrs)    |                       |         |
| TP Insurer:               | I-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Whar |                       |         |

|   |                       |      |
|---|-----------------------|------|
| Preferred Wksp / INC Assign Wksp / QW: (  | Tel:                  | Fax: |
| TP Particulars: Veh No: SGX 828 R   | INC ( ) / Non-INC ( ) |      |
| Owner / Driver: (   | Tel:                  |      |
| Policy No: ( ) Period: ( ) Cover Type: ( )  |                       |      |
| Confirmed by: ( ) Date: ( ) Time: ( )   |                       |      |
| Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] |                       |      |
| Year of Registration: ( ) Warranty: YES ( ) / NO ( )                                    |                       |      |
| Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  |                       |      |

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

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

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

|   |  |
|---|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |
| 2) QC Check / Post Repair Inspection ( )                |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |

Injury: ( )

|                           |  |
|---------------------------|--|
| Date of Claim: 29/08/2019 |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |

NA1906024

|                                 |   |             |
|---------------------------------|---|-------------|
| Driver/Owner:                   | 1) All: Accident Reporting (\$30)               |             |
| Contact No:                     | 2) DA: Damage Assessment (\$100) INC (\$10)     |             |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120              |             |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |
|                                 | For claiming against INC Only (ver 10 Jan 2005) |             |
|                                 | 6) TR: Re-inspection \$75                       |             |
|                                 | 7) NI: Idas DA + SMRT Survey \$160              |             |
|                                 | 8) NIUC Additional Services:                    |             |
|                                 | ON:   |             |
|                                 | *NS: Courtesy Car / Tpl Allowance \$3           |             |
|                                 | *NG: Repair Coordination \$10                   |             |
|                                 | *NT: Post Repair Inspection \$25                |             |
|                                 | *ND: DV / Collect Excess Coordination \$3       |             |
|                                 | TP (NI): TP (Non-INC) against INC \$20          |             |
|                                 | 9) NI: Idas Mobile \$30                         |             |
|                                 | Invoice dated                                   | Fee Charged |
|                                 | Invoice dated                                   | Fee Charged |



## 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             | 29/08/2019 15:20 |
| Date Of Accident           | 07/08/2019 18:00 |
| Exact Location Of Accident | ISLAND CLUB ROAD |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | GV5225L                                      |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | CIVILLAND CONSTRUCTION & ENGINEERING PTE LTD |
| Co Reg No                   | 199900253C                                   |
| Email Address               | CIVILLAND@MSN.COM                            |
| Mobile Phone No             | (LOCAL) +65-96323191                         |
| Alternative Phone No        | OFFICE-96323191                              |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | MITSUBISHI             |
| Model  | L200 DOUBLE CAB 2.4 AT |
| Exact Purpose for which vehicle was being used at time of accident           | VEHICLE WAS PARKED     |
| Are you claiming under your own insurance policy 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             | A 29073057 MKC                       |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM KAY KWANG         |
| NRIC No              | S1445026B             |
| Date Of Birth        | 29/07/1960            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 20/04/1981            |
| Driving Experience   | 38 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96323191  |
| Fax Number           |                       |
| Contact Number       | OTHERS-96323191       |
| EMail Address        | CIVILLAND@MSN.COM     |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 507 WEST COAST DRIVE<br>#03-231 |
| Postcode  | 120507                              |
| 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   | NO COLLISION |
| 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   |
| 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)   | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | CLEMENTI NEIGHBOURHOOD POLICE CENTRE                                   |
| Police Station Address                    | ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8729999 - FAX NO: 67748639                                |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190829/2061

#### 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 | SCY8228R    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |



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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid: "PUS REFER TO POLICE REPORT 1/2019 0829/2019"

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
29/08/2019.  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 29/08/2019  
Reporting Centre Personnel's Signature  
Name: *Kes di An Ho?*  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190829/2061

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20190829/2061

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>29/08/2019 12:25 | Vide Report No.: | Station Diary No.:<br>79 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>LIM KAY KWANG      |            |                              | Address:<br>APT BLK 507 WEST COAST DRIVE #03-231 SINGAPORE<br>120507 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1445026B |            |                              | Contact No.:<br>Home/Office: Mobile: 96232191                        |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>59 | Date of Birth:<br>29/07/1960 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                         |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>Company director          |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3,4 Date of Expiry:   |  |                            |

**General Information of the Accident**

|   |                      |                    |  |                               |
|---|----------------------|--------------------|--|-------------------------------|
| General Information of the Accident           |                      |                    |  |                               |
| Type of Accident:                             | Non-Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>07/08/2019 18:00 | Type of Location:<br>Car Park |
| Location:<br>Along Road 1<br>ISLAND CLUB ROAD |                      |                    |  |                               |
| Carpark                                       |                      |                    |  |                               |
| Weather:                                      |                      | Road Surface:      | Road Speed Limit:                          |                               |
| Traffic Flow:                                 |                      | Traffic Control:   | Traffic Volume:                            |                               |
| Type of Collision:                            |                      |                    | Anyone conveyed by ambulance:<br>No        |                               |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| GV5225L     |      |      |       |       |           | 0               |
| SCY8228R    |      |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20190829/2061

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20190829/2061

**CONTINUATION OF REPORT**

| Driver                            |               |  |   |
|-----------------------------------|---------------|--|---|
| Name                              | LIM KAY KWANG | ID No.                                 | S1445026B                                 |
| Related Vehicle                   | GV5225L       | Contact No.                            | 96232191                                  |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4<br>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 23/08/2019, I received a letter from the traffic police, stating that I am to lodge a police report regarding an accident involving my vehicle at Island Club Road at 1800hrs.

I wish to state that I was not aware that any accident had taken place. My vehicle had no damage. I believe that my vehicle was parked at the time in which the accident was said to have taken place.



**SINGAPORE  
POLICE FORCE**



T/20190829/2061

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190829/2061

**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 KANG HUI MING, DON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/08/2019 12:25

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

SN 37

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



NAI 906024

# ACCIDENT STATEMENT

ACCIDENT DATE: (07.08.2019) (DD/MM/YYYY), TIME: (00:00) (HH:MM)

LOCATION: \_\_\_\_\_

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GV5225  
 b) INSURANCE COMPANY: GU M&I G  
 c) POLICY NUMBER: 2907305 FMC  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Passing car parts  
 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: Civilland Lim Kay Kwai (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 314450281B CONTACT: 9632291  
 c) ADDRESS: 1 Yishun St 23 #07-32 T5 ONE  
Spoa 78041

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Kay Kwai (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 314450281B CONTACT: 9632291  
 c) ADDRESS: 507 West Coast Dr #03-231 (12057)

\*d) DATE OF BIRTH: (29/11/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1979

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Staff

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Clement

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCY8228R MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = civilland@msn.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1445026B



**For LKK/NAC Use Only**

LIM KAY KWANG

林 啓 光

Race  
CHINESE  
Date of birth  
29-07-1960  
Country/Place of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S1445026B



LIM KAY KWANG

**For LKK/NAC Use Only**

Birth Date: 29 Jul 1960

Issue Date: 12 Nov 2003



5855606



NRIC No. S1445026B



**For LKK/NAC Use Only**

Date of issue  
19-01-2018

APT BLK 507 WEST COAST DRIVE #03-231  
SINGAPORE 120507

NRIC No. S1445026B Date: 23/12/2018

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 05 Sep 1979 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 05 Sep 1979 |
| Class 2 Motorcycles exceeding 400 cc   | 05 Sep 1979 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 20 Apr 1981 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   | 27 Nov 1962 |

**For LKK/NAC Use Only**

NP 428A







MSIG

IG Insurance (Singapore) Pte. Ltd.  
 100 Raffles Place, # 21-01, SGX Centre 2, Singapore 068807  
 +65 6827 7888, Fax +65 6827 7800  
 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.X.4  
 Company Ownership

COMMERCIAL VEHICLE  
 Comprehensive

Certificate No. A 29073057 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle  
 GV5225L

2. Name of Policyholder  
 Civilland Construction & Engineering Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 06/02/2019

4. Date of Expiry of Insurance  
 05/02/2020

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 only for social domestic and pleasure purposes and for the Policyholder's business.  
 The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

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).

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, passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

  
 for Chief Executive Officer