

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/10/19	Job description	Date & Time Completed	Done by
Ref No NA/22619018024/13	SAS e-filing		
Veh No: 5M75074	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/10/19 1210	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( TAN LIM Tel: Fax: )

TP Particulars: Veh No: 5LQ 68324 INC ( ) / Non-INC ( )

Owner / Driver: ( Tel: )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( Date: Time: )

Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA1907873

## Invoice Preparation Checklist

Amr (\$) Amt (\$) 1st Bill Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD\*
- \*N5: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

7-11



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	14/10/2019 10:45
Date Of Accident	12/10/2019 12:10
Exact Location Of Accident	KPE TWDS CITY B4 PIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM7507Y
Insured/Policyholder	
Name Of Registered Owner	QUEK CHEE WEI
NRIC No	S7144698J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98789567
Alternative Phone No	OTHERS-98789567
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 90303734 DMA
Cover Note Number	
Driver	
Name of Driver	QUEK CHEE WEI
NRIC No	S7144698J
Date Of Birth	15/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98789567
Fax Number	
Contact Number	OTHERS-98789567
EMail Address	NOEMAIL

Address	BLK 45B EDGEFIELD PLAINS #08-11
Postcode	828712
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	CHAIN 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	3
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : MYO QUEK XIANG KAI GENDER: : MALE
Passenger 2	NAME: : MYU QUEK JIANG XUAN GENDER: : FEMALE
Passenger 3	NAME: : KWANG SHWEE GEOK GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191014/2154

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6832U
-----------------------------	----------

Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEE CHAN FAI,ANTHONY  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMJ5006U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LIM LENG TECK  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name QUEK CHEE WEI  
Approximate Age  
Injuries Sustain NECK PAIN & GIDDY  
Injured person in which vehicle? SJM7507Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **8. Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

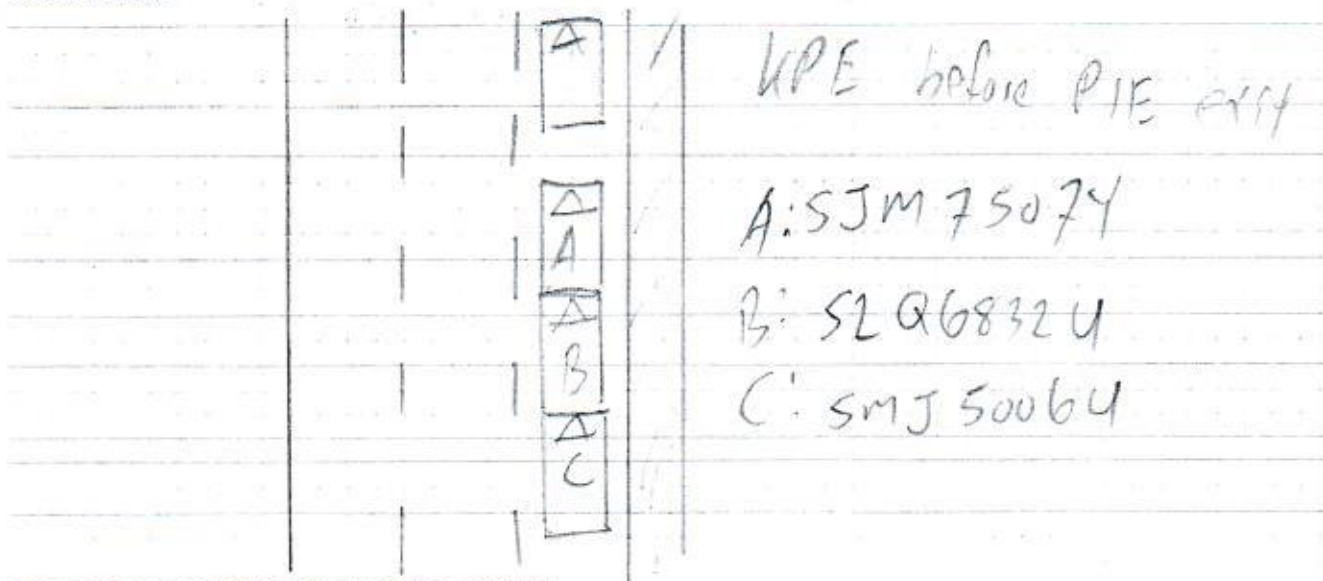
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



14/10/19

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2019 at about 1207 hrs, I was driving my vehicle (A: SJM 7507Y) in the first lane along KPE towards CTE direction before PIE exit. The vehicles in front of me slowed down and stopped due to heavy traffic and I follow suit. Suddenly, an impact on my vehicle's rear portion. I alighted and discovered that is a chain collision total involve 3 vehicles. A vehicle (C: SMJ 5006U) hit onto rear portion of vehicle (B: SLQ 6832U) and vehicle B hit onto rear portion of my vehicle. After the accident, I felt giddy and neck pain.

Vehicle A (SJM 7507Y) - 1 male children, 1 female children and 1 female adult on board.

Vehicle B (SLQ 6832U) - 2 passenger on board.

Vehicle C (SMJ 5006U) - unknown.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

 14/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

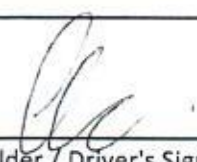
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

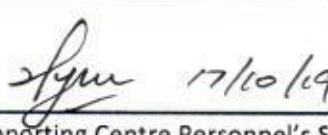
Original Report No : MNA119135711 Vehicle Registration No: SJM75074  
Name (as shown in NRIC) : Quek Chee Wei NRIC/FIN/Passport No : S7144698J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 12-10-2019 Time of Accident : 12:00 h.  
Place of Accident : PTE towards city before PTE exit.  
Insurance Company : MSIG Insurance (Singapore) Pte Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



**SINGAPORE  
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 4

Report No. T/20191014/2154

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2019 17:46		Vide Report No.:	Station Diary No.: 75
<b>Informant's Particulars</b>			
Name of Informant: QUEK CHEE WEI		Address: APT BLK 45B EDGEFIELD PLAINS #08-11 SINGAPORE 828712	
ID Type / ID No.: NRIC NO / S7144698J		Contact No.: Home/Office: Mobile: 98789567	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 15/12/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2019 12:10	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY  Along KPE towards CTE direction before PIE exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM7507Y	Car	SUBARU	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG	Silver	Slightly Damaged	3
SLQ6832U	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Slightly Damaged	2
SMJ5006U	Car	KIA	CERATO 1.6(A) EX	Red	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 4

Report No. T/20191014/2154

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM7507Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	90303734	15/01/2019	14/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	QUEK CHEE WEI		ID No.	S7144698J
Related Vehicle	SJM7507Y (Car)		Contact No.	98789567
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2019		Date Discharge	12/10/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LIM LENG TECK		ID No.	S7881200A
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LEE CHAN FAI		ID No.	S7827983D
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 4

Report No. T/20191014/2154

**CONTINUATION OF REPORT**

**Brief Details.**

On the 12/10/2019 at about 1207hrs, I was driving my vehicle bearing SJM7507Y on the first lane along KPE towards CTE direction before PIE exit. The vehicles in-front of me slowed down and stopped due to the heavy traffic flow and I follow suit. Suddenly, I felt the impact on my vehicle's rear. I alighted from my vehicle to make a check and discovered that there is a chain collision total of 3 vehicles involved. The vehicle are as follows:

- 1) SJM7507Y (myself)
- 2) SLQ6832U
- 3) SMJ5006U

I wish to state that no Traffic police attended at scene. No one is conveyed by the ambulance. All 3 drivers exchanged particulars and took photos at scene. After the accident, I felt giddy and neck pain. I went to make a check and was given 03 days of MC by the doctor and suffered a whiplash. There is in-car camera in my vehicle. That is all.





**SINGAPORE  
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

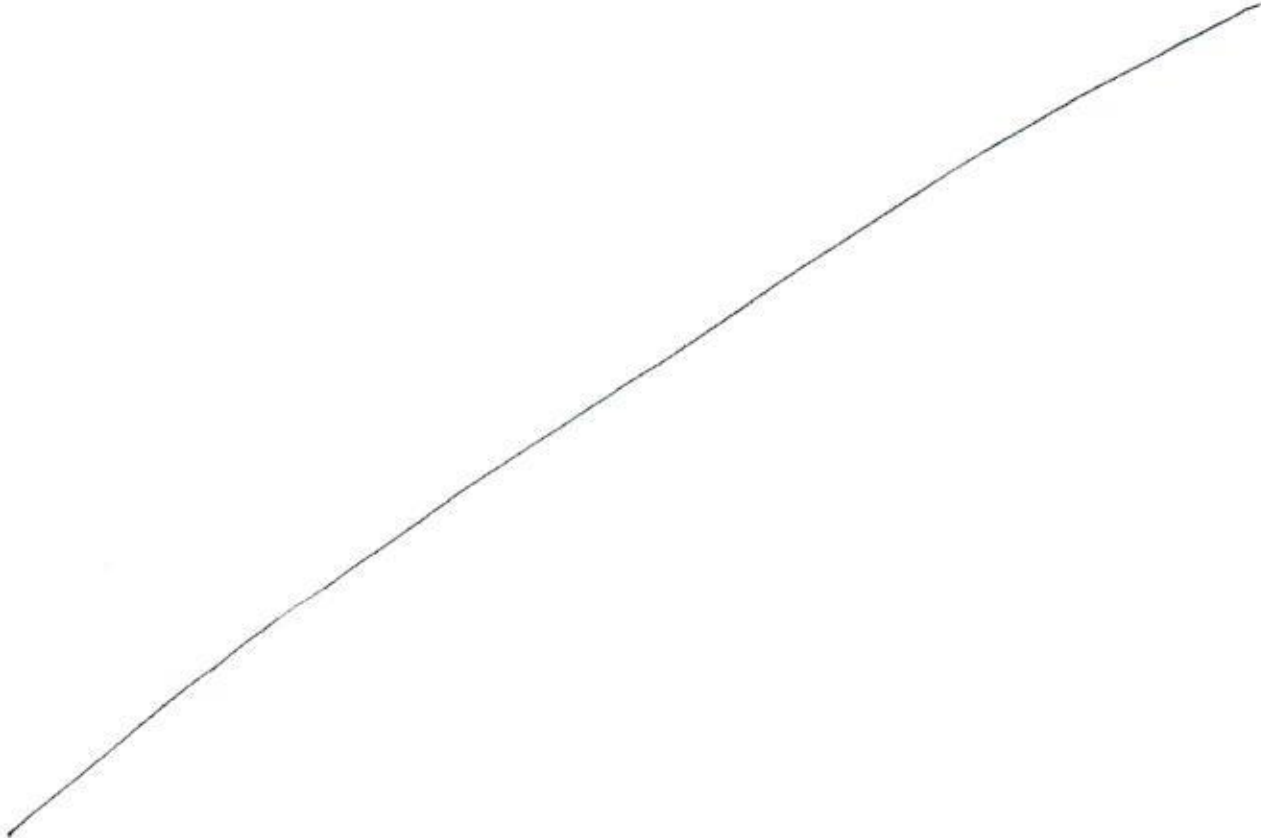
4 of 4

Report No. T/20191014/2154

**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:

F /

Sgt 2 NUR EMILIAH BINTE HAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

SN 085

Signature:

Authentication Stamp

NP168 Singapore Police Force

Signature Of Informant:

Date/Time:

14/10/2019 17:46

Classification Of Case:

# 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.
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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

Date of Accident 12/10/19 @ 1207h

Exact Location of Accident KPE towards city before PIE exit

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM 7507 Y

### Insured/ Policyholder

Name of Registered Owner Quek Chee Wei

FIN/ Passport Number S 7144698J

### Vehicle Particulars

Vehicle Make Subaru

Type of Vehicle Impreza

Exact Purpose for which vehicle was being used at the time of accident Private use

Are you claiming under your own insurance policy for repair to your vehicle? Yes/ No Third party

Vehicle Category Private car

### Insurance Company

Name of Insurance Company MSIG Insurance

Type of Policy Comprehensive

Fleet Policy No

Policy Number P90303734 DMA

Motor CI 15/01/2019 to 14/01/2020

### Driver

Name of Driver Quek Chee Wei

FIN/ Passport Number S 7144698J

Date of Birth 15/12/1971

Occupation outdoor

Year of Driving Experience 26/04/2002

Gender

Male/ Female

Contact Number 9878 9567

Address Block 45B Edgefield Plains H08-11 Singapore 828712

Email Address

Was driver an employee of the Insured's Company? NO - owner

If no, Relationship of the Driver with the Insured

TAM Lim





**MSIG**

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  
A Member of **MS&AD** INSURANCE GROUP

### 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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### DRIVESHIELD - PREMIER Comprehensive

Certificate No. P 90303734 DMA

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SJM7507Y

2. Name of Policyholder  
Quek Chee Wei

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
15/01/2019

4. Date of Expiry of Insurance  
14/01/2020

5. Persons or Classes of Persons entitled to drive\*  
Quek Chee Wei

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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense 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

Michael W Gourlay  
Chief Executive Officer

SGSGFDWC201901101123