

# NATIONAL Assessment Centre Services: MNA 119138916.

Date In: <b>21/10/19 10:15</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>MA1MSG19018492/h4</b>	E-mail (within 2hrs, A/C 2hrs)		
Cell No: <b>SJU 84756</b>	I-Motor Claim Form		
Phone: <b>19110119 14:15</b>	I-Motor W/O (within OD 2hrs, TP 4hrs)		
OT: <b>Reporting Only</b>	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SJS 1771H</b>	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 ( )		

**General Remarks:**

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

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

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

**Remarks:** (INC/Non-INC/6/8/6/16)

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

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

Date/Time	Actions

<p style="text-align: center; font-weight: bold;">MA1907919</p> <p><b>Customer's Particulars:</b></p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p> <p><b>Auditors' Comments:</b></p> <p> </p>	<p><b>Invoice Preparation Checklist:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100) INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming status: INC Only (w/c 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>  OR:</td> <td></td> </tr> <tr> <td>    * NS: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>    * NG: Repair Coordination \$10</td> <td></td> </tr> <tr> <td>    * NT: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>    * NR: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>    TP (Nil): TP (Non-INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) NI2: Idao Mobile \$30</td> <td></td> </tr> </table> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>	1) AR: Accident Reporting (\$30)	30.00	2) DA: Damage Assessment (\$100) INC (\$30)		3) TP: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) FT: Follow-Through Survey (Resurvey) \$30		For claiming status: INC Only (w/c 10 Jan 2003)		6) TR: Re-Inspection \$75		7) NI: Idao DA + SMRT Survey \$160		8) NTUC Additional Services:		OR:		* NS: Courtesy Car / Tpt Allowance \$5		* NG: Repair Coordination \$10		* NT: Post Repair Inspection \$25		* NR: DV / Collect Excess Coordination \$5		TP (Nil): TP (Non-INC) against INC \$20		9) NI2: Idao Mobile \$30	
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## 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	21/10/2019 10:15
Date Of Accident	19/10/2019 14:15
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8475G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAZRUL HADY ANG HOCK LENG
NRIC No	S0143274E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98297228
Alternative Phone No	OFFICE-98297228

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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	B 27471877 QMX
Cover Note Number	

### Driver

Name of Driver	ANG FADZLIN NURAZUIN BINTE NAZRUL HADY ANG
NRIC No	S8611330I
Date Of Birth	21/04/1986
Occupation	INDOOR
Date Of Driving Pass	16/05/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91477308
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 161 BEDOK SOUTH AVE 3 #01-505
Postcode	460161
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Foreign Vehicle Registration Number	JKM8279 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	5
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191019/2093

#### 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	SJS1771H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JKM8279

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGP2273Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SKH7389K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

ANG FADZLIN NURAZUIN BINTE NAZRUL HADY ANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJU8475G

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:

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



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A: SJU 8445G  
B: SJS 1771H  
C: JKM 8279  
D: SGP 2273Z  
E: SKH 7389K

\* Refer to the attached Police Report No : T/2019/019/2093

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

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

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

Date of Accident : 19/10/19 Accident Time: 14.15 (24-HR-Format)  
 Accident Place : Along PIE towards Changi Airport Before Toa Payoh Exit.  
 Vehicle No. (Car Plate No.) : <sup>Vehicle A</sup> STU 845G Make/Model: Mercedes E200K.  
 Insurance Company : MSIG Policy No: B 27471877 84X  
 Owner or Company Name /IC No. : Nazrul Hady Ang Hock Leng (S0143274E).  
 Owner or Company Contact No. : 9829 7228 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Ang Fadzlin Nurazvin Binte Nazrul Hady Ang (S8611330I)  
 DRIVER'S Date Of Birth : 21 Apr 1986 DRIVER'S License Pass Date 16 May 2009.  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : \_\_\_\_\_  
 DRIVER'S Contact No./ Alt No. : 1) 914 77308 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): Driver Only  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes ( Neck )

**Other Party Driver's Particular (if any)**  

<sup>Vehicle B</sup>	<sup>Vehicle C</sup>
Vehicle No: <u>93S 1771H</u>	Vehicle No: <u>JK4 8279</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender: <sup>Vehicle D</sup> : SEP 2273Z  
<sup>Vehicle E</sup> : SEH 7389K







# SINGAPORE POLICE FORCE



T/20191019/2093

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 5

Report No. T/20191019/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2019 17:10		Vide Report No.: E/20191019/0091		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: ANG FADZLIN NURAZUIN BINTE NAZRUL HADY ANG			Address: APT BLK 161 BEDOK SOUTH AVENUE 3 #01-505 SINGAPORE 460161		
ID Type / ID No.: NRIC NO / S8611330I			Contact No.: Home/Office: Mobile: 91477308		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 21/04/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MARKETING AND COMMUNICATION			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/10/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi Airport before Toa Payoh Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKM8279	Car	NISSAN	Latio		Seriously Damaged	0
SGP2273Z	Car	TOYOTA	Corolla Altis	Silver	Slightly Damaged	0
SJS1771H	Car	HONDA	Stream	Black	Seriously Damaged	1
SJU8475G	Car	MERCEDES BENZ	E200K	Black	Seriously Damaged	0





# SINGAPORE POLICE FORCE



T/20191019/2093

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Report No. T/20191019/2093

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH7389K	Car	HONDA	Airwave	Black	Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Cheah Kian Kong	ID No.	NIL
Related Vehicle	JKM8279 (Car)	Contact No.	0197722885
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	Chan Gek Teck	ID No.	NIL
Related Vehicle	SGP2273Z (Car)	Contact No.	92979707
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	Rahim Shah	ID No.	NIL
Related Vehicle	SJS1771H (Car)	Contact No.	98191941
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/20191019/2093

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20191019/2093

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ANG FADZLIN NURAZUIN BINTE NAZRUL HADY ANG		ID No.	S8611330I
Related Vehicle	SJU8475G (Car)		Contact No.	91477308
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	Tan E-Hoe		ID No.	NIL
Related Vehicle	SKH7389K (Car)		Contact No.	96687781
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

**Brief Details.**

On 19/10/2019, at 1415hrs, I was driving along PIE towards Changi Airport before Toa Payoh Exit at the lane one. The traffic was quite heavy at that point of time and I saw the car in-front of me bearing the registration number SKH7389K had came to stop. I slow down my vehicle and eventually came to a stop. About 2 seconds later there was a huge impact on my rear of my vehicle and I realized that the vehicle behind me bearing the registration number SJS1771H had hit on to my rear of my vehicle. My vehicle move forward and hit on to my vehicle in-front. About 2 seconds later there was another impact on my rear as there was another vehicle bearing the registration number JKM8279 had hit on to the vehicle behind me. Due to the second impact, my vehicle hit the front of the vehicle again. The vehicle plate number that was also involved was SGP2273Z which is the first vehicle of the chain collision.

I then came out of my vehicle and subsequently police and ambulance came. One of the passenger was then conveyed to the hospital by the ambulance. Subsequently we exchange particulars and was advised by the police to make a police report.

I wish to state that I do not have an in-car camera in my vehicle and my vehicle suffered seriously damage on the front and the rear of the vehicle.

I also like to state that after the accident, I start to feel pain on my base of my head and I will be seeing a doctor.



**SINGAPORE  
POLICE FORCE**



T/20191019/2093

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Report No. T/20191019/2093

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20191019/2093

5 of 5

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20191019/2093

**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:

G /

Sgt 2 CHUA CHANG YU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Signature Of Informant:

Date/Time:

19/10/2019 17:10

Classification Of Case:

Authentication Stamp

NP168

**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

MSIG Insurance (Singapore) Pte. Ltd.  
Tel: 6827 7888  
Mon to Fri (excluding PH)  
(9.30 am - 6.45 pm)

## 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.1  
Individual Ownership

**MOTOR MAX**  
**Comprehensive**

Certificate No. B 27471877 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SJU8475G

2. Name of Policyholder  
Nazrul Hady Ang Hock Leng

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
01/04/2019

4. Date of Expiry of Insurance  
31/03/2020

5. Persons or Classes of Persons entitled to drive\*

Nazrul Hady Ang Hock Leng  
Ang Fadzlin

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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT 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 offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Officer