

Date In: 7/11/19 16:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI MSG19019776/h4	E-mail (update this, AIC this)		
Veh No: SLP 3836J	I-Motor Claim Form		
TP No: 718119 23:45	I-Motor W/O (Within: OD this, TP this)		
TP Insurer: (TP Rep Only)	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wken		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: Unknown	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 repairer.

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

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

Remarks: (INC Ref No: 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	Action

MA1908362		Invoice Description Checklist		AM ( )
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$20			
Auditors' Comments:	For claiming apply: INC Only (ver 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			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TE (N11): TP (Non INC) against INC \$20			
	9) N12: Idao 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	07/11/2019 16:12
Date Of Accident	07/08/2019 23:45
Exact Location Of Accident	BEACH RD NEAR RAFFLES HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3836J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90947206

### Vehicle Particulars

Manufacturer	KIA
Model	K3
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	REPORTING ONLY
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 29100055 MCY
Cover Note Number	

### Driver

Name of Driver	KHAN ZEESHAN AHAD
Passport No/FIN	GJ586894
Date Of Birth	21/10/1988
Occupation	INDOOR
Date Of Driving Pass	19/08/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90947206
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 120A KIM TIAN PLACE #06-52
Postcode	161120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191106/2122

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

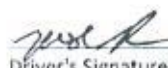
### IMPORTANT NOTICE

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:

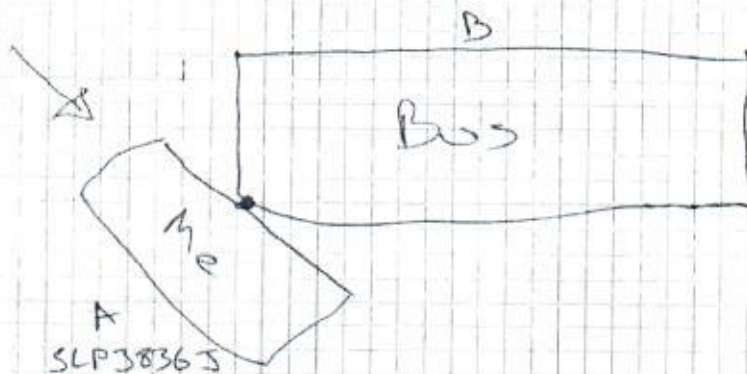
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 8/8/19

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Near Raffles Hotel

B was parked, no driver in vehicle, did not get vehicle info.

A tried to drive around B and got too close.

## 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: 8/8/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# MOTOR ACCIDENT REPORT FORM

Date of Accident: 7/8/19	Time:	Exact Location of Accident: Near Raffles Hotel
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SLP3836J	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only):	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: KIA	Model: K3	
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>	
Vehicle Category: <input type="checkbox"/> Private Car <input type="checkbox"/> Private Hire		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: MISG		
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
<b>DRIVER PARTICULARS</b> <input checked="" type="checkbox"/> Same as Insured Above		
Name of Driver: Zeehan Khan	NRIC / Passport No. / FIN: GJ586894	
Date of Birth: 21/10/88	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 6/8/19 19/08/18	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 416 834 9926	Alternative Phone No.: +65 9094 7206	
*Address as stated in NRIC: 52 Marlham Road, Scarborough, Ontario, Canada		(Post Code: M1M 2T0)
Email Address: zeehan@gmail.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured:	
Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
<b>INFORMATION OF THE ACCIDENT</b>		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
*Number of vehicle involved in the accident		
*Was anybody injured in the Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Was any injured conveyed to hospital by ambulance?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any other material or property damaged?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	2	
Passenger 1	Name: Tameem Ali	Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Passenger 2	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 3	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 4	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 5	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
*Was there any witness?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, please indicate below?	
	Name of Witness:	Contact No:
	Email Address:	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

<b>DETAILS OF OTHER VEHICLE</b> (Please complete Annex A Form if more vehicles involved)	
Vehicles Registration No.:	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle):	
*Vehicle Category: Private Car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private Hire <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods Vehicle <input type="checkbox"/>	
Motor Trade <input type="checkbox"/> Tanker <input type="checkbox"/> Government <input type="checkbox"/> Mobile Equipment <input type="checkbox"/>	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code: )
Insurance Company Name:	
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
<b>DETAILS OF INJURED PERSON</b> (Please complete Annex A Form if more person injured)	
Name:	Approximate Age:
Address:	(Post Code: )
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	



**TYPE OF ACCIDENT** (Please tick the appropriate type)

- |  |   |
|--|---|
| <input type="checkbox"/> Chain Collision                         | <input type="checkbox"/> Collision – Opening Door of Vehicle                |
| <input type="checkbox"/> Collided into Bicyclist                 | <input type="checkbox"/> Collision – Roundabout                             |
| <input type="checkbox"/> Collided into Motorcyclist              | <input type="checkbox"/> Collision – U-Turn                                 |
| <input checked="" type="checkbox"/> Collided into Parked Vehicle | <input type="checkbox"/> Drink Driving / Drugs Influence                    |
| <input type="checkbox"/> Collided into Pedestrian                | <input type="checkbox"/> Fire, Explosion or Lightning                       |
| <input type="checkbox"/> Collided into Property                  | <input type="checkbox"/> Flood  |
| <input type="checkbox"/> Collision – Change / Cross Lane         | <input type="checkbox"/> Hit and Run / Vandalism /<br>Damaged whilst Parked |
| <input type="checkbox"/> Collision – Cross Junction              | <input type="checkbox"/> Hit by Fallen Tree                                 |
| <input type="checkbox"/> Collision – Head on Collision           | <input type="checkbox"/> No Collision                                       |
| <input type="checkbox"/> Collision – Head to Rear                | <input type="checkbox"/> Side Swipe   |
| <input type="checkbox"/> Collision – Major / Minor Road          | <input type="checkbox"/> Theft  |



# SINGAPORE POLICE FORCE



T/20191106/2122

1 of 3

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

Report No. T/20191106/2122

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2019 17:23	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: AUNG KHAING MIN			Address: APT BLK 120A KIM TIAN PLACE #06-52 KIM TIAN TOWERS SINGAPORE 161120		
ID Type / ID No.: NRIC NO / S7366156J			Contact No.: Home/Office: Mobile: 85337214		
Nationality:			Email:		
Sex: Male	Age: 46	Date of Birth: 12/08/1973	Type of Informant: Vehicle Owner		
Race: Burmese			Language: --		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2019 23:45	Type of Location:
Location: Along Road 1 BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP3836J	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191106/2122

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

2 of 3

Report No. T/20191106/2122

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	AUNG KHAING MIN	ID No.	S7366156J
Related Vehicle	SLP3836J (Car)	Contact No.	85337214
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME,

THIS INCIDENT HAPPENED NEAR RAFFLES HOTEL. BUS WAS PARKED AND THERE WAS NO DRIVER IN THE VEHICLE.  
DID NOT GET VEHICLE INFO. MY VEHICLE TRIED TO DRIVE AROUND THE BUS BUT GOT TOO CLOSE AND HIT THE BUS.

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20191106/2122

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

3 of 3

Report No. T/20191106/2122

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

06/11/2019 17:23

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

Signature: 



**MSIG**

2958

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

## 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.Z.400  
 Cars for Hire

### MOTORMAX PLUS-COMMERCIAL Comprehensive

Certificate No. B 29100055 MCY

Excess : SGD1,000  
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SLP3836J

2. Name of Policyholder  
 Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 01/10/2018

4. Date of Expiry of Insurance  
 30/09/2019

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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 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 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