

# NATIONAL Assessment Centre Services.

(over 1 Jan 2003)

NA419159400

Date In: 07/12/2008 12:39	Job description	Date & Time Completed	Done by
Ref No: 3411861502287/4	SAS e-filing		
Veh No: 8CP 1225Z	E-mail (Within 3hrs, AIC 2hrs)		
D.O.A: 01/12/2008 13:55	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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: WYP 8217	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 reprior.	
( ) 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/Time:	

NA109091	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: 1 day DA + SMRT Survey	
	8) NTUC Additional Services:-	
	On:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NG: Repairs Co-ordination	\$10
	* NI: Post Repair Inspection	\$25
	* NO: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Run INC) against INC	\$20
	9) NI: 1 day Mobile	\$30
	Invoice dated	Pee Charged
	Invoice dated	Pee 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 willful 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	03/12/2019 12:30
Date Of Accident	01/12/2019 13:55
Exact Location Of Accident	PETALING JAYA TOWARDS SINGAPORE (ELITE HIGHWAY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1225Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOQ BIZ HUB PTE LTD
Co Reg No	201723514D
Email Address	WIND_DREAMZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92785219
Alternative Phone No	OFFICE-92785219

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80466499 MCX
Cover Note Number	

### Driver

Name of Driver	LIM SIONG CHIAN
NRIC No	S9080945H
Date Of Birth	05/04/1990
Occupation	INDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92785219
Fax Number	
Contact Number	OFFICE-92785219
Email Address	WIND_DREAMZ@HOTMAIL.COM

Address 21 JALAN MEMBINA  
#08-48  
Postcode 163021  
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 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 8  
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) 2  
Passenger 1 NAME: : GIRLFRIEND  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFIK SUBANG JAYA  
Police Station Address ROAD: IBU PEJABAT POLIS DAERAH SUBANG JAYA , POSTCODE: 47610 , COUNTRY: MALAYSIA  
Police Station Contact TEL NO: 03-78627222 - FAX NO: 03-56319815  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO TRAFIK SUBANG JAYA/023915/19

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WVP8217  
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 WMK9892  
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 UNKNOWN  
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 UNKNOWN  
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 5

Vehicle Registration Number SMH4489B  
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 6

Vehicle Registration Number WKW8228  
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 7

Vehicle Registration Number JPB4846  
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)



### 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: 2 / 12 / 10

Reporting Centre Personnel's Signature  
Name: P. J. W.  
NRIC/FIN No.: 9201 1234 5678 9010

SKETCH PLAN Perumahan Jaya Lumbas Sipora (ELITE Highway)

REFER to Police Report  
SUBONG TWP/023915/19

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

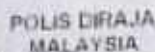


Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 2/12/19

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

03/11/2019  
Centre Personnel's Signature





WILEY-INTERSCIENCE, JOHN WILEY & SONS, INC.  
 605 THIRD AVENUE, NEW YORK, N.Y. 10016  
 U.S.A. AND CANADA  
 WILEY-BROS., LTD., 100 BROOKLYN AVENUE, LONDON, E.C.4, ENGLAND

FIK  
ILIS DAERAH SUBANG JAYA,  
ALAYSIA,  
AN KEWAJIPAN USJ 8,  
IAYA, SELANGOR

4G CHAN  
15627  
SUBANG JAYA/023915/19  
19 @ 17 42

ngan Ketua Pejabat Pertanyaan

1) S.JN MUHAMMAD HAZWAN BIN SHAARI  
MAN, Jabatan KDNKA

No. Telepon Bimbit : 019-2597731

(JAMES WATSON, JR., 1200 100TH  
 N.E.C. BENTLEY ST. ALBANY, N.Y.  
 CAN. S. 100TH ST. ALBANY, N.Y.

ngan Pegawai Penyiasat

Jury Gambiar

74 [www.pearson.com](http://www.pearson.com)

## No Eladon

Pangkat

Tarikh @ Masa Gambar Diambil

Pengesahan Gambar Diambil

Tandatangan Juru Gambar

Unit Pembekatan Dokumen Siasatan:

No Telefon Unit Pembekatan Dokumen

Waktu Pelatihan:

Jarim - Khamis :

08:00 Pagi - 01:00 Tengah Hari

02:00 Petang - 04:30 Petang

Jumaat:

08:00 Pagi - 12:15 Tengah Hari

02:45 Petang - 04:30 Petang

Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu:

### 1. Salinan Repot Polis

## 2. Gambar Kendaraan

### 3. Rajah Kasar Kemalangan

#### 4. Keputusan Siasatan

## 5. Lain-lain Dokumen

Tarikh & Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan  
Dokumen

Tandatangan Pegawai Kaunter  
Pembekalan Dokumen



Salinan Repot Polis



# **POLIS DIRAJA MALAYSIA** **REPOt POLIS**

Balai: Jabatan KDN/KA  
 Daerah: Jabatan KDN/KA  
 Kontinjen: BUKIT AMAN  
 No Repot: TRAFIK SUBANG JAYA/023915/19  
 (K023903/2019)  
 Tarikh: 01/12/2019  
 Waktu: 1742 PM  
 Bahasa Diterima: B. Malaysia

Pegawai Penyiasat: R194821  
 No Repot Bersangkut: TRAFIK SUBANG  
 JAYA/023900/19

Butir-butir Penerima Repot  
 Nama: MUHAMMAD HAZWAN BIN SHAARI  
 Butir-butir Jurubahasa (Jika Ada)  
 Nama: —  
 No Paspot: —  
 Alamat: —

No Personel: R194821  
 No K/P (Baru): —  
 Bahasa Asal: —

Pangkat: SJN

No Polis/Tentera: —

Butir-butir Pengadu  
 Nama: LIM SIONG CHIAN  
 No K/P (Baru): 900405015627  
 No Sijil Beranak: —  
 Jantina: Lelaki  
 Keturunan: Cina  
 Pekerjaan: JURU JUAL  
 Alamat Tempat Tinggal: 270 TAMAN SAUJANA PARIT SEMERAH, 82000 JOHOR  
 Alamat Ibu/Bapa: —  
 Alamat Pejabat: —  
 No Tel (Rumah): —

No Polis/Tentera: —  
 Tarikh Lahir: 05/04/1990  
 Warganegara: Malaysia

No Paspot: —

Umur: 29 tahun 7 bulan

No Tel (Pejabat): —

No Tel (HP): 017-7459917

## **Pengadu Menyatakan:-**

PADA 01/12/2019 JAM LEBIH KURANG 1355HRS, SAYA MEMANDU MKAR NO. SLD1225Z JENIS MERCEDES DARI PETALING JAYA MENGHALA KE SINGAPORE MELALUI L/RAJA ELITE. APABILA SAMPAI DI KM 13.1 (S), KETIKA ITU SAYA MEMANDU DI LORONG KANAN. WAKTU ITU KEADAAN CUACA HUJAN. TIBA-TIBA KENDERAAN DI HADAPAN SAYA MEMBREK MENGEJUT. SAYA SEMPAT MEMBREK DAN BERHENTI, TIBA-TIBA SEBUAH MKAR NO. WWP6217 JENIS K/FORTE TELAH MELANGGAR MKAR SAYA DI BAHAGIAN BELAKANG DAN MENYEBABKAN MKAR SAYA MENGELUNGSUR KE HADAPAN LALU MELANGGAR MKAR NO. SMH4489B JENIS T/PREVIEW. KEMUDIAN, TIBA-TIBA MKAR SAYA TELAH DILANGGAR SEKALI LAGI DARI ARAH BELAKANG MENYEBABKAN MKAR SAYA MENGELUNGSUR LAGI KE HADAPAN LALU MELANGGAR PULA MKAR NO. WKKW8228 JENIS MIC200. SAYA TIDAK MENGALAMI KECEDERAAN. KEROSAKAN MKAR BUMPER, BELAKANG, SENSOR, LAMPU BELAKANG, BONET BELAKANG, FENDER BELAKANG, BUMPER HADAPAN, BONET HADAPAN, RADIATOR, AIRCOND, LAMPU HADAPAN, GRILL, FENDER HADAPAN KIRI DAN KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R1153763 | 02/12/2019 12:05:06 PM

SALINAN YANG DISAHKAN  
 TIDAK BOLEH DIJUAL  
 DI MANA MANA

KE TUA POLIS DAERAH SEPRANG

<http://10.1.1.199/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenis...> 2/12/20

SHARON HAW

## ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2019) (DD/MM/YYYY), TIME: (13:55) (HH:MM)

LOCATION: L/Raya Elite KM 13.1 (Kuala Lumpur)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 1225 Z  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 80466499 MCX  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: GLA 180 MERCEDES BENZ  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: LIM SIONG CHIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9080945 H CONTACT: 92785219  
c) ADDRESS: 150 Orchard Road, Orchard Plaza #07-08  
Singapore 238841

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

### DRIVER

- a) NAME: SOO BIZ HUB (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24 Nov 2016

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

### 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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: WVP 8217 MODEL: Car

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: WMK 9892 MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = wind-dreamz@hotmail.com

VIDEO = yes



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SCX 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), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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.

Form M.2.300  
 Goods Carrying Vehicle - Sch I

**MOTORMAX-COMMERCIAL**  
**Comprehensive**

Certificate No. A 80466499 MCX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle  
 SLD1225Z

2. Name of Policyholder  
 SOQ BIZ HUB PTE LTD

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 21/01/2020

4. Date of Expiry of Insurance  
 02/06/2020

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

LIM SIONG CHIAN

Any other person provided he is in the Policyholder's employ and 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 in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing 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 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