

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MANA/19163790

Date In: 12/12/2009 16:46	Job description	Date & Time Completed	Done by
Ref No: N38/MSG9021940X	SAS e-filing		
Veh No: F85 58352	E-mail (e-filing sheet, AIC sheet)		
DOA: 04/12/2009 19:50	I-Motor Claim Form		
OID: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLP141C	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 rep/lor.
() 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:	Location:

NA1909448	Invoice/Receipt (Invoice/Receipt)
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*N6: Repairs Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (NI) : TP (N-a INC) against inc \$20
	9) NI7: Ideal Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	12/12/2019 16:46
Date Of Accident	04/12/2019 19:50
Exact Location Of Accident	ALONG SIMEI STREET 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5835Z
Insured/Policyholder	
Name Of Registered Owner	HO TIEN HONG
NRIC No	S8073118C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81540773
Alternative Phone No	OTHERS-81540773

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VMS/19-399039-CA
Cover Note Number	

Driver

Name of Driver	HO TIEN HONG
NRIC No	S8073118C
Date Of Birth	11/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81540773
Fax Number	
Contact Number	OTHERS-81540773
Email Address	NOEMAIL

Address	BLK 24 BALAM ROAD #06-120
Postcode	370024
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20191206/2106 AND T/20191206/2106 AND T/20191211/2153

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	SLF141C
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	HO TIEN HONG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ5835Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.



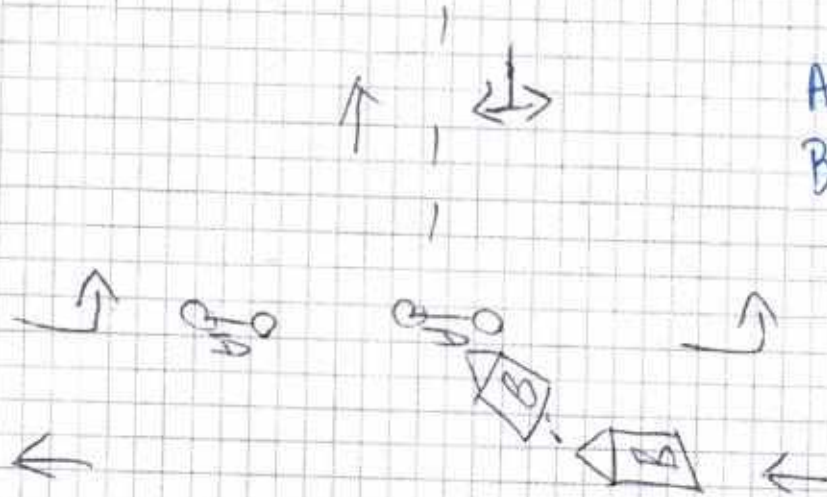
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name: 
NRIC / Fin No:

ALONG SIMEI STREET 5



A) FBJ 5835Z
B) SLF 141C

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS A Police Report T/2019/206/2106
T/2019/211/2153

DECLARATION

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

Dine
Policyholder's Signature Date
& Time:

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

12/12/2019
Reporting Centre Personnel's Signature
Name: Reda
NRIC/FIN No.: 123456789

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/12/2019 (dd/mm/yy) Time of Accident: 19:50 (24-HR-FORMAT)

Vehicle No.: F8J 5835Z Vehicle Make & Model: _____

Exact location of Accident: Simei Street 5

Policyholder's Name / IC No.: Ho Tien Hong 58073118C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 81540773 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: MSIG

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passanger Name: _____ Gender: Male / Female *Passanger Name: _____
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person* Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: F8J 5835Z

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLF141C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20191206/2106

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

1 of 3

Report No. T/20191206/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 15:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HO TIEN HONG	Address: APT BLK 24 BALAM ROAD #06-120 BALAM GARDENS SINGAPORE 370024		
ID Type / ID No.: NRIC NO / S8073118C	Contact No.: Home/Office: Mobile: 81540773		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 39	Date of Birth: 11/10/1980	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/12/2019 19:50	Type of Location:
Location: Along Road 1 SIMEI STREET 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5835Z	Motorcycle	HONDA	ANF125MSS A	Black	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5835Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19399039	16/05/2019	26/06/2020



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

Report No. T/20191206/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HO TIEN HONG	ID No.	S8073118C
Related Vehicle	FBJ5835Z (Motorcycle)	Contact No.	81540773
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/12/2019	Date Discharge	05/12/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS MAKING A DELIVERY AND TRAVELLING ON SIMEI STREET 5, I WANTED TO DRIVE STRAIGHT. THERE WAS A VEHICLE FROM MY RIGHT THAT TURN IN AND HIT THE SIDE OF MY BIKE. I LOST CONTROL OF MY BIKE AND I FELL OFF MY BIKE. THE VEHICLE THAT HIT ME STOPPED AND THE VEHICLE OWNER HELPED ME TO THE SIDE OF THE ROAD. THERE WAS A PASSERBY THAT HELPED ME CALLED THE AMBULANCE. THE AMBULANCE CAME AND CONVEYED ME TO CHANGI GENERAL HOSPITAL.

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20191206/2106

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

3 of 3

Report No. T/20191206/2106

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 /
WINSTON KOH WEN ZHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/12/2019 15:29

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



SINGAPORE POLICE FORCE



T/20191211/2153

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

Report No. T/20191211/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2019 18:18		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: HO TIEN HONG		Address: APT BLK 24 BALAM ROAD #06-120 BALAM GARDENS SINGAPORE 370024			
ID Type / ID No: NRIC NO / S8073118C		Contact No.: Home/Office: Mobile: 81540773			
Nationality: MALAYSIAN		Email:			
Sex: Male	Age: 39	Date of Birth: 11/10/1980	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/12/2019 19:50	Type of Location:
Location: Along Road 1 SIMEI STREET 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5835Z	Motorcycle	HONDA	ANF125MSS A	Black		0
SLF141C	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20191211/2153

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

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Report No. T/20191211/2153

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5835Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19399039	16/05/2019	26/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HO TIEN HONG	ID No.	S8073118C
Related Vehicle	FBJ5835Z (Motorcycle)	Contact No.	81540773
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2019	Date Discharge	05/12/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLF141C (Car)	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

Brief Details.

ON THE STATED DATE, TIME AND LOCATION
I WAS MAKING A DELIVERY AND TRAVELLING ON SIMEI STREET 5, I WANTED TO DRIVE
STRAIGHT. THERE WAS A VEHICLE OF PLATE NUMBER SLF141C FROM MY RIGHT THAT TURN
IN AND HIT THE SIDE OF MY BIKE. I LOST CONTROL OF MY BIKE AND I FELL OFF MY BIKE. THE
VEHICLE THAT HIT ME STOPPED AND THE VEHICLE OWNER HELPED ME TO THE SIDE OF THE
ROAD. THERE WAS A PASSER BY THAT HELPED ME CALLED THE AMBULANCE. THE
AMBULANCE CAME AND CONVEYED ME TO CHANGI GENERAL HOSPITAL.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20191211/2153

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

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Report No: T/20191211/2153

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE

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



TQ0191211/2153

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Report No. TQ0191211/2153

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 /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
SP158

Signature Of Informant:

Date/Time: *Dir*
11/12/2019 18:18

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: *Eugene*

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co-Reg No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 01/06/2019

AGENCY: A0074-001-10001
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/19-399039-CA

INSURED:NAME: HO TIEN HONG
ADDRESS: 24 BALAM ROAD
#06-120
SE 370024NRIC NO: S8073118C
DATE OF BIRTH: 11/10/1980 (38 yrs)
DRIVING EXP: 30/11/2010 (8 yrs)
CONTACT NO: 81540773

BUSINESS OR PROFESSION: TECHNICIAN (COMM. USE)

PERIOD OF INSURANCE FROM: 16/05/2019 TO 26/06/2020
11:58AM

REGISTRATION NUMBER: FB15835Z

CUBIC CAPACITY: 125

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2014

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23 97 - INSURED

EXCESS: \$300(FIRE&THEFT) \$600(ENDT 2K)

PREMIUM: 228.59

GST @ 7% 16.00

TOTAL: 244.59

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 0% IS ALLOWED

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurer