

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA 12006388**

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In: <b>14/12/05-16:59</b>  | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/MS62000088874</b> | SAS e-filing                             |                       |         |
| Veh No: <b>PDA79565</b>         | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>3/12/05-14:40</b>     | i-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                 | i-Photo Uploaded                         |                       |         |
| TP Insurer:                     | Assessment/Survey Report                 |                       |         |
|                                 | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: <b>SLU9880P</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% F: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                        |                       |

**General Remarks:-**

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

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

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

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

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

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| <b>NA 12000523</b>              | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                       |                       |
| QC Checked by (Engr-In-Charge): | 5) RT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |                       |                       |
| Dat 1:                          | 6) TR: Re-inspection \$75                       |                       |                       |
| Dat 2 / 3:                      | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | 9) N12: Idac Mobile 30                          |                       |                       |
|                                 | 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             | 14/01/2020 16:59 |
| Date Of Accident           | 07/12/2019 14:40 |
| Exact Location Of Accident | WOODLANDS AVE 6  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBA7956S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | SHARIF B RUSDI       |
| NRIC No                     | SXXXX247A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91685359 |
| Alternative Phone No        | OFFICE-91685359      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | YAMAHA      |
| Model  | T135        |
| 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   | MOTORCYCLE  |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                          |
| Fleet Policy              | NO                                   |
| Policy Number             | MSD/VMT/19-504164-WTT                |
| Cover Note Number         |                                      |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | MOHAMAD KAHAR BIN SHARIF |
| NRIC No              | SXXXX189E                |
| Date Of Birth        | 16/12/1971               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 08/12/1990               |
| Driving Experience   | 28 YEARS AND 11 MONTHS   |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-91685359     |
| Fax Number           |                          |
| Contact Number       | OFFICE-91685359          |
| Email Address        | NOEMAIL                  |

|   |  |
|---|--|
| Address   | BLK 632 WOODLANDS RING ROAD<br>#02-165 |
| Postcode  | 730632                                 |
| 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   | COLLISION - HEAD TO REAR |
| 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                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191209/7025.

#### 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 | SLU9880P    |
| 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  | MOHAMAD KAHAR BIN SHARIF |
| Approximate Age                                     |                          |
| Injuries Sustain                                    | BODY                     |
| Injured person in which vehicle?                    | FBA7956S                 |
| Were seat belts worn?                               |                          |
| Was this injured conveyed to hospital by ambulance? | YES                      |
| Address   |                          |
| Postcode  |                          |



## SKETCH PLAN

### IMPORTANT NOTICE

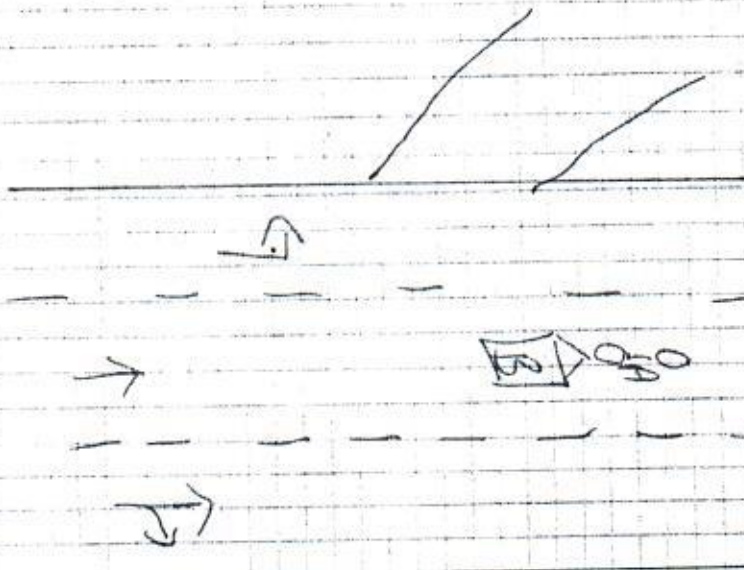
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 :



#### SKETCH PLAN

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

48 per police Repm T/20191209/7035

#### 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:

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



\*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: 07/12/2020 (dd/mm/yy) Time of Accident: 19:40 (24-HR-FORMAT)

Vehicle No.: FBA 79565 Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Woodlands Ave 6

Policyholder's Name / IC No.: Mohamad Kahar Bin Sharif S7145189 E

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

Driver's Contact No.: 91685359 Company Contact No (Company Veh Only): 1

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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*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's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

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

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLU 9880 P

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/20191209/7025

1 of 3

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

Report No. T/20191209/7025

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>09/12/2019 21:16     |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                 |            |                              |   |                    |                            |
| Name of Informant:<br>MOHAMAD KAHAR BIN SHARIF |            |                              | Address:<br>APT BLK 632 WOODLANDS RING ROAD #02-165<br>SINGAPORE 730632 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7145189E       |            |                              | Contact No.:<br>Home/Office:  |                    | Mobile: 91685359           |
| Nationality:<br>SINGAPORE CITIZEN              |            |                              | Email:<br>mohamadkahar71@gmail.com                                      |                    |                            |
| Sex:<br>Male                                   | Age:<br>47 | Date of Birth:<br>16/12/1971 | Type of Informant:<br>Rider   |                    |                            |
| Race:<br>Javanese                              |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Delivery rider                  |            |                              | Driving Licence Information:<br>Class:                                  |                    | Date of Expiry:            |

**General Information of the Accident**

|   |                           |   |  |                                      |
|---|---------------------------|---|--|--------------------------------------|
| Type of Accident:                       | Injury Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>07/12/2019 14:40 | Type of Location:<br>Straight Road   |
| Location:<br>WOODLANDS AVENUE 6         |                           |   |  |                                      |
| Weather:<br>Clear                       |                           | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                      |
| Traffic Flow:<br>One Way                |                           | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Hit from the back |                           |   |  | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBA7956S    | Motorcycle |      |       |       |           | 0               |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191209/7025

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

2 of 3  
Report No. T/20191209/7025

**CONTINUATION OF REPORT**

|                                   |                          |  |                                     |
|-----------------------------------|--------------------------|--|-------------------------------------|
| <b>Rider</b>                      |                          |  |                                     |
| Name                              | MOHD KAHAR BIN SHARIF    | ID No.                                 | S7145189E                           |
| Related Vehicle                   | FBA7956S (Motorcycle)    | Contact No.                            | 91685359                            |
| Hospital/Clinic                   | KHOO TECK PUAT HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B,2A<br>Date of Expiry: NIL |
| Date Treatment                    | 07/12/2019               | Date Discharge                         | 08/12/2019                          |
| No. of Days granted Medical Leave | 14                       | Degree of Injury                       | Serious                             |
| <b>Rider</b>                      |                          |  |                                     |
| Name                              | MOHAMAD KAHAR BIN SHARIF | ID No.                                 | S7145189E                           |
| Related Vehicle                   | FBA7956S (Motorcycle)    | Contact No.                            | 91685359                            |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: N.<br>Date of Expiry: .      |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                                 |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                                 |

**Brief Details.**

I am riding motorbike FBA7956S along woodland avenue 6 towards woodland industrial park E on the middle lane of a total of 3 lane road.  
While riding and about to stop at the traffic light, I was hit from the back by vehicle no SLU9880P. I was flung off my motorbike and hit the roadside curb and blackout for few minutes.  
Then I realise than I am lying beside the roadside and I feel so much pain.  
Later ambulance came and bring me to khoo teck puat hospital.



**SINGAPORE  
POLICE FORCE**



T/20191209/7025

3 of 3

Report No. T/20191209/7025

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

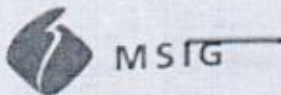
Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/12/2019 21:16

Classification Of Case:





W 719903  
 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

## 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.

CERTIFICATE NO : MSD/VMT/19-504164-WTT A0633-001/W0806

SUM INSURED : TPL

EXCESS : NIL

S0243247A

FBA7956S

1. Index mark and Registration Number of Vehicle

YAMAHA

135 c.c.

2. Name of Policyholder

SHARIF B RUSDI

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 04/10/2019

4. Date of Expiry of Insurance

03/10/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. MOHAMAD KAHAR BIN SHARIF ONLY

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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."

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

03/10/2019 (1)

MSIG

TAX INVOICE

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, #21-01, SGX Centre 2,  
 Singapore 068807