	e Services (Met Harry)		
Date in 10 18 1 2	Job description Date & Time Completed	Done	py
Ref No NA/MS4 2000/505/1	SAS e-filing		
Veh No SJZ7622D.	E-mail (within 8hrs, AIC 2hrs)		
DOA 25/1/20	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		(10) = 1 = 1 = 0
OD (3) Reporting Only	i-Photo Uploaded		
TD become	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax:		
TP Particulars: Veh No:	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: () Cover Type: ()	
Confirmed by : (Date: Time:	.)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 30-100	%]	
Year of Registration: () V	Varranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()		
General Remarks:-		W	
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done	by
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done	by
Apply for Transport Allowance ()/C	ourtesy Car ()		
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()		
	()		
2) QC Check / Post Repair Inspection	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 2001449 Claimant's Particulars:- Driver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$4. 4) FT: Follow-Through Survey \$120. 5) FT: Follow-Through Survey (Resurvey) \$30. For claiming against INC Only (wef 10 Jan 2005)	Ist Bill	3.5
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 2001#49 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$4 4) FT: Follow-Through Survey \$12/\$ 5) FT: Follow-Through Survey (Resurvey) \$36/\$ For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$7. 7) N1: Idae DA + SMRT Survey \$16/\$ 8) NTUC Additional Services:- OD: *N5: Courtesy Car / Tpt Allowance \$.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.5
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 2001#49 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$4 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$7 7) N1: Idae DA + SMRT Survey \$160 *N1: Courtesy Car / Tpt Allowance \$100.50 *N6: Repair Co-ordination \$100.50	1 st Bill 5	3.5
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-	Invoice Preparation Checklist	1st Bill	3.5
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 2001449 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$4 4) FT: Follow-Through Survey (Resurvey) \$36 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$77 7) N1: Idae DA + SMRT Survey \$16 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$400.0000000000000000000000000000000000	1st Bill	3.5

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 witholding 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	28/01/2020 17:09
Date Of Accident	25/01/2020 21:30
Exact Location Of Accident	EXIT CARPARK GANTRY HOUGANG ST 91(HDB HG 78 SREX1)
Country/State of Loss	SINGAPORE
Maked threatening to prepare the care	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJZ7622D
nsured/Policyholder	
Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Co Reg No	2XXXXX381M
Email Address	EKARZRENTAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96855067
Alternative Phone No	OFFICE-96855067
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at ime of accident	t PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A28927339MKF
Cover Note Number	
Driver	
Name of Driver	ANG WAN SENG
NRIC No	SXXXX646B
Date Of Birth	23/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96855067

NOEMAIL

BLK 124A RIVERVALE DRIVE #06-191 Address

541124 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE GENDER:

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO CIRCUMSTANCES OF THE ACCIDENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC6980S Vehicle Registration Number

Vehicle Make/Model/Colour

LORRY

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

MIRO PHILIP JOHN VERCIDE Name of Driver

GXXXX077W NRIC/Passport Number

Contact Number

94891537

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 16

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.
- 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:
 - 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 articipations are general assist in evaluating, investigating, controlling or managing fraud,

(vholder)

(ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Driver's Signature
Date & Time: (If driver is not the pol

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No

Veh A: SJZ 7622D Veh B: GBC 6980S

HOB HG 78 SR EXITI

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. OH 25/01/2020 @ DIZOH, I WAS BEHIND VEH GEC 69808
MAKING EXIT OUT OF CARPARK AT GANTRY.
21 YEH GREE EGROS SUDDENLY MAKE FAST REVERVE & HIT ON
MY CAR FRONT EVENTHOUGH I HORNED LOUALY & WAS AT
JEAST HAIT PAR LENETH.
3, IT WAS VERY FAST 2 SUDBEH. NO TIME FOR ME TO BEVERVE &
Avois .
4. THE YELL GREGOED BRIVER, MR MIRO PHILLS PAME OUT
OF YEAROOF & APONOPISE PROFUSE) ON THE ACCORDENT.
DATE & STATEIM EIGH CAM DILASARY TIMOR SH
CONTACT HIS COMPANY.
5, BEING 25/81/2020 WAS PUBLIC HOLLDON, REPORT WAS
MADE 02 19 ON DR/01/2020 CHORMAL NORTE DAY),
,

DECLARATION

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

Policyholder's Signature Date & Time: Onver's Signature (If driver is not the policyholder) Date & Time: Reporting Atta Personnal's Signature
Name

NRIC/FIN No.

ACCIDENT STATEMENT

ACCID	ENT DATE: (35/01/3030)(0	OD/MM/YYYY), TIME:(2)	(MM:MM)
	ION: EXIT CARPARK GANTI	RY CHOR HE 78 S	C EXIT /)
LOCAT	ION: TANK PAIR OF OT		
1.	GIVEHICUE NUMBER: SJZ	CE637	
	CIVEHICLE NUMBER, NAS	16	
	BINSURANCE COMPANY: MS	037338 MKF	
	CIPOLICY NUMBER: A 28	191901	O A DITY FIRE & THEFT!
	dIPOLICY TYPE: (COMPREHENSIV	E/HIRD PARTY THIRD	PARIT FIRE GITTELL
	e MAKE & MODEL: HYUNGAI	ABYANTZ 1.6 HT	TOTHERS!
	FITTYRE: (SALOON / COUPE / MPV	/VAN/LORRY/MOTOR	CYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE	COMMERCIAL / MOTO	Private use
	h) PURPOSE OF USING AT ACCIDE	ENT TIME:	
	I) ARE YOU CLAIMING UNDER YO	UP OWN INSURANCE (YE	2/NO)
	IF NO, PLEASE STATE (THIRD PAR	TY CLAIM REPORTING	DINETT
2.	INSURED / POLICY HOLDER A) NAME: E-KARZ RENTAL	NTS ITA	MALE / FEMALE)
	VALUE OF	SOLA CONTA	CT. (bx S) Uh T
	CIADDRESS: 18 VBI ROAD	# # 01-10 VBI C	AR MARI
	S 408616	T	
	* CONTINUE TO 3.d IF DRIVER ALS		
d., 0 .			
the of passenger	DRIVER ANG WAN SCH	NA (MALE A FEMALE)
(Including driver)		CONTRACTOR OF THE PARTY OF THE	CT: 96855667
(3)	CLADDRESS: BIK 124A RIV	ERVALE DRIVE #	06-191
- Calley -	9541134		
	*d) DATE OF BIRTH: (33 / 05 /	1958 (IDD/MM/YYYY)	
	eloccupation: (INDOOR / OU	IDØOR)	
	TYEARS OF DRIVING EXPRERIENCE	E:35T	DANYS (VED / NO)
4,	WAS DRIVER AN EMPLOYEE OF	- THE INSURED S COM	PANT? (1237 NO)
	IF NO, RELATIONSHIP OF THE	DRIVER WITH INSURE	CTEAR
5.	a) WEATHER CONDITION: CLEAR	OTHERS	DRY
	b)ROAD SURFACE: (DRY) WET /	1515	
6.	WAS ANYBODY INJURED (YES / ()) REPORTED TO POLICE (YES / ())	3	
7.	IF YES, PLEASE STATE WHICH PC	DUCE STATION:	NA ·
8. No of passenger	THIRD PARTY VEHICLE O) VEHICLE NUMBER: GRC 6 D) DRIVER'S NAME: MIRO	5980S MODEL	TORRY .
He of lessential	DI DRIVER'S NAME: MIRO	BHILD JOHN ALK	CIDE
	c) NRICCEMPASSPORT: 633	1007- W - CONT.	ACT: 44841221
(<u>a</u>) 9.	THIRD PARTY VEHICLE		
POST NE	a) VEHICLE NUMBER:	MODEL	
. No of passenger	A SECULE OF STREET		
Induding driver) f) NRIC/FIN/PASSPORT:	CONT	ACT.
	19/		
30 M			

email: examprental@gmail.com

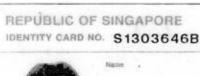
fax =

VIDEO =

Transaction ref 20191017114642941436

Please check that the owner and vehicle details are correct:

1.	Name	: E-KARZ RENTAL PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 201608381M
4.	Country/Region	:
5.	Vehicle Registration No.	: SJZ7622D
6.	Previous Vehicle Registration No.	:-
7.	Effective Date of Ownership	: 17 Oct 2019
8.	Original Registration Date	: 24 Dec 2010
9.	First Registration Date	: 24 Dec 2010
10.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	:-
14.	Attachment 3	1-
15.	Vehicle Make Description	: HYUNDAI
16.	Vehicle Model	: AVANTE 1.6 AT ABS D/AB 2WD 4DR
17.	Year of Manufacture	: 2010
18.	Primary Colour	: Black
19.	Secondary Colour	:-
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: KMHDU41BMAU989103 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: G4FCAU825468 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1591 / -
25.	Maximum Power Output(kW/bhp)	: 89.7 / 120
26.	Unladen Weight(kg)	: 1264
27.	Maximum Laden Weight(kg)	: 1760
28.	Open Market Value	: \$10,722.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 23 Dec 2020
31.	Minimum PARF Benefit	: \$5,361.00
32.	No. of Transfers	: 1



ANG WAN SENG

洪 源 生

CHINESE

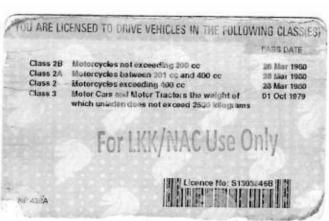
23-05-1958 N

3-05-1958

SINGAPORE









MSIG Insurance (Singapore) Pto. Ltd. 4 Shenton Way, # 21-01, SCX Centre 2, Simpapere 05/2807 Tel + 65 6827 7499, Fax +65/6927 7800 Co. Rep. No. 2064122126 GST Rep. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (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. 2.400 Cars for Rive

COMMERCIAL VEHICLE - FLEET Third Party

Certificate No. A 20927339 MKF

Excess: SGD2,000

1/

- 1. Index Mark and Registration Number of Vehicle SJ27622D
- 2. Name of Policyholder E-Karz Rental Pte Ltd
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act
- 4. Date of Expiry of Insurance 03/04/2020
- 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

Use for racing pace-making reliability trial or speed-testing.
 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.

This Contilicate 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 affence 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 Corepensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer