

# NATIONAL Assessment Centre Services

Ref: JAN05/NA20023056

Date In: 21/2/10-14:15	Job description	Date & Time Completed	Done by
Ref No: NA/PC20023056/24	SAS e-filing		
Veh No: G49308L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 21/2/10-15:10	i-Motor Claim Form		
OD: TP 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: 49308L

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 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

NA200146	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile 30		
Ref 2 / 3:	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	21/02/2020 14:13
Date Of Accident	20/02/2020 13:10
Exact Location Of Accident	BLK 824 TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU9368L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEW LYE ELECTRICAL & SANITARY COMPANY
Co Reg No	2XXXX300B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97501762
Alternative Phone No	OFFICE-97501762

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE MNL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19092821MCVP
Cover Note Number	

### Driver

Name of Driver	ANG YEW LYE
NRIC No	SXXXX581B
Date Of Birth	29/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97501762
Fax Number	
Contact Number	OFFICE-97501762
EMail Address	NOEMAIL

Address	BLK 824 TAMPINES STREET 81 #04-38
Postcode	520824
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	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/20200221/7007.

#### 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	YP9703R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ANG YEW LYE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GU9368L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

**YEW LYE ELECTRICAL & SANITARY CO.**  
MR ANG HP : 97501762  
PUB ECL NO. 323864 PUB LEW NO. 7/043795  
122 EUNOS AVENUE 7 #03-08  
FUCHFIELD INDUSTRIAL CENTRE  
SINGAPORE 409575

Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:



# SKETCH PLAN



A: GUA368L  
B: YP9703L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle, was stationary after coming out from the parking lot. As I saw vehicle B was reversing his car, I quickly sounded my horn to warn him. However he ignored my horn and continue to reverse and collided onto my right side of vehicle.

## DECLARATION

I, **YEN YE ELECTRICAL & SANITARY CO.** declare that the above particulars are true in every respect.

MR ANG HP : 97501782  
FUE ECL NO. 3/23984 PUB LEW NO. 7/043795  
122 EUNOS AVENUE 7 #03-08  
RICHFIELD INDUSTRIAL CENTRE  
SINGAPORE 408575

*[Signature]*

*[Signature]*

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.  
Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
  - ❖ Information provided must be as fruitful 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.
  - ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	20/02/2020	(DD/MM/YY)
Time of accident	1:10pm	(HH:MM)
Exact location of accident	Blk 824 Tampines Street 81	

## DETAILS OF VEHICLE

Vehicle registration number	GV9368L		
Vehicle make and model	Toyota Lite		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	First Capital		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	YEW LYE ELECTRICAL & SANITARY CO.		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	M1 ANG HP : 97501762			
Contact	PUB ECL NO. 323984 PUB LEW NO. 7/043785			
Address	122 EUNOS AVENUE 7 #03-08 FUCHFIELD INDUSTRIAL CENTRE SINGAPORE 403575			

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	ANG YEW LYE	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S0063581B		
Contact	97501762		
Address	Blk 824 Tampines Street 81 #04-38 S(820824)		
Email address			
Date of birth	29/06/1941		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	28/11/1974		



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	_____ (Inclusive of driver)

PASSENGER 1	
Name	_____
Gender	Male <input type="checkbox"/> Female <input 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"/>

PASSENGER 6	
Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

WITNESS 1	
Name	_____

WITNESS 2	
Name	_____



THIRD PARTY VEHICLE 1	
Vehicle registration number	YP9703 R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	ANG YEW LYE
Injuries sustained	NECK AND BACK
Which vehicle person in?	GV93696
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





# SINGAPORE POLICE FORCE



T/20200221/7007

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

1 of 3

Report No. T/20200221/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2020 12:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG YEW LYE			Address: APT BLK 824 TAMPINES STREET 81 #04-38 SINGAPORE 520824		
ID Type / ID No.: NRIC NO / S0063581B			Contact No.: Home/Office: Mobile: 97501762		
Nationality: SINGAPORE CITIZEN			Email: angyewlye123@gmail.com		
Sex: Male	Age: 68	Date of Birth: 29/06/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical household appliance repairer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2020 13:10	Type of Location: Car Park
Location:  TAMPINES STREET 81				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: rear to side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU9368L	Van					0
YP9703R	Lorry					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200221/7007

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

2 of 3

Report No. T/20200221/7007

**CONTINUATION OF REPORT**

Driver			
Name	ANG YEW LYE	ID No.	S0063581B
Related Vehicle	GU9368L (Van)	Contact No.	97501762
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2020	Date Discharge	21/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

My vehicle was stationary after coming out from the parking lot, as i saw vehicle B was reversing his car i quickly sounded my horn to warn him. However he ignored my horn and continue to move backward and resulted in colldiing onto my right hand side of vehicle.





**SINGAPORE  
POLICE FORCE**



T/20200221/7007

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

3 of 3

Report No. T/20200221/7007

**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 / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
21/02/2020 12:16

Classification Of Case:

**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy

Type of Cover

Certificate No

Vehicle No / Chassis No

Name of Insured

Period Of Insurance

Insured Estimated Value

Excess

SGD1,500.00 ALL CLAIMS

SGD3,500.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW  
 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver\*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive\*

Any person who is driving on the insured's order or with their permission.

\* 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.

Limitations as to use\*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover -

- (1) Use for hire or reward or for racing, pacemaking, 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

MS First Capital Insurance Limited  
 (Approved Insurers)

TTM/INA/80019/MZ300C

Issued at Singapore on 19.02.2019

Authorised Signature