

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA 2002230

Date In: 10/03/2020 17:25	Job description	Date & Time Completed	Done by
Ref No: X118A/m86 200038414	SAS e-filing		
Veh No: SGT 3255R	E-mail (by John 2hrs, AIC 2hrs)		
D.O.A: 01/03/2020 08:10	I-Motor Claim Form		
<input checked="" type="radio"/> 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: SGT 8308Y	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 repair.

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

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

- Customer's Instructions:
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Location	Remarks
	CALC 198	

NA 2002230		
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1*	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (NIL) / TP (NIL) / INC against INC \$20	
	9) N13: Idea Mobile \$0	
	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	10/03/2020 17:25
Date Of Accident	07/03/2020 09:10
Exact Location Of Accident	BEFORE COMPLEX CIQ (JOHOR CUSTOM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3255R
Insured/Policyholder	
Name Of Registered Owner	YEW CHEE KUM
NRIC No	SXXXX734C
Email Address	CHEEKUMYEW@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98526120
Alternative Phone No	OTHERS-90666272
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300187035 GMX
Cover Note Number	
Driver	
Name of Driver	TAN WAN
NRIC No	SXXXX285I
Date Of Birth	03/05/1982
Occupation	INDOOR
Date Of Driving Pass	11/10/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98526120
Fax Number	
Contact Number	OTHERS-90666272
E-Mail Address	CHEEKUMYEW@YMAIL.COM

Address	27 JALAN HIJAUAN 5/2 HORIZON HILLS ISKANDAR PUTERI JOHOR, MALAYSIA
Postcode	79100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK IPUTERI/002874/20
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK IPUTERI/002874/20

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8308Y
Vehicle Make/Model/Colour	HYUNDAI VERNA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RASHID
NRIC/Passport Number	SXXXX810F
Contact Number	96935883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 members of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archival and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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 thereafter.
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 be 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 agencies/entities such as the police, for the purposes:
 - (i) providing, 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 third parties outside of Singapore) and/or 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 insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 not be collected and used to enhance claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

10/10/2020

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

10/10/2020
Signature
Date & Time

SKETCH PLAN

IMPORTANT NOTICE

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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.
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 - (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:

10. 3. 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

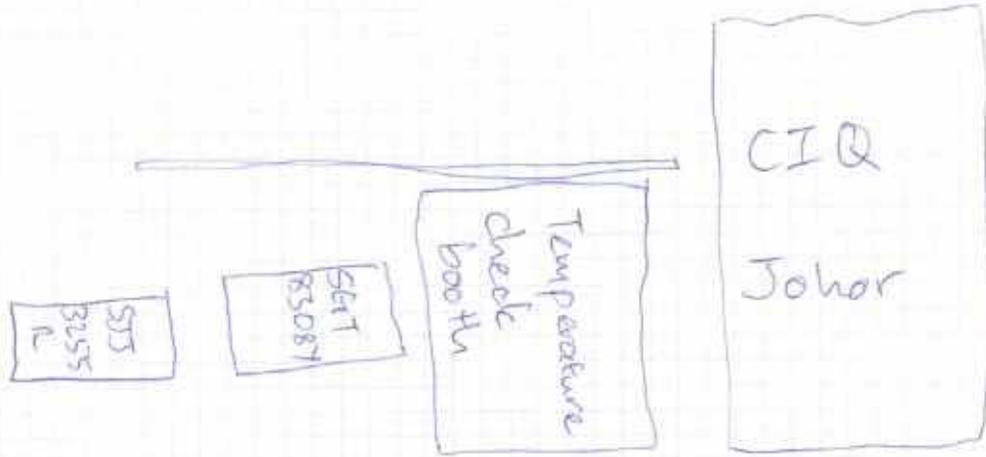
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/03/2020
Koh S. Hock

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/03/2020 AT ABOUT 0910HRS I WAS DRIVING MY MPV SJS 3255 R FROM SINGAPORE TO MALAYSIA TRAFFIC WAS HEAVY SUDDENLY I ACCIDENTALLY HIT THE CAR INFRONT OF ME SGT 83087. MY CAR HAD A SOME DAMAGE ON MY BUMPER & NOBODY INJURED

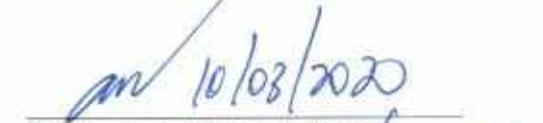
TROPIC BUKHRI / 002874 / 20

DECLARATION

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


Policyholder's Signature
Date & Time:
10.3.20

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: 7/3/20 (DD/MM/YYYY), TIME: 9:10 (HH:MM)

LOCATION: Before Kompleks CIQ (Johor Custom)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ3255R
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: A300187035 Quix
- d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: TOYOTA WISH
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: YEW CHEE KUM (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 58485734C CONTACT: 98526120
 - c) ADDRESS: 27, Jalan Hijauan 5/2, Horizon Hills Iskandar Puteri, 79100, JOHOR, MALAYSIA
- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN WAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 58263285I CONTACT: 90666272
- c) ADDRESS: 27, Jalan Hijauan 5/2, Horizon Hills Iskandar Puteri, 79100 JOHOR, MALAYSIA
- d) DATE OF BIRTH: 03/05/1982 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) Pass 11/10/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Indah

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGT 8308 Y MODEL: Hyundai Verna
- b) DRIVER'S NAME: ABDUL RASHID
- c) NRIC/FIN/PASSPORT: 50093810F CONTACT: 96935883

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
(2)

No of passenger
(Including driver)
()

email = cheekumyew@gmail.com
VIDEO



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : BUKIT INDAH
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No. Repot : TRAFIK IPUTERI/002874/20
Tarikh : 09/03/2020
Waktu : 0843 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641

Butir-butir Penerima Repot :

Nama : KARIM BIN MUHAMMAD No. Badan : R120682 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : --- No. Polis/Tentera : ---
No. Pasport : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu :

Nama : TAN WAN
No. K/P (Baru) : 820503105554 No. Polis/Tentera : --- No. Pasport : ---
No. Sijil Beranak : --- Jantina : Perempuan Tarikh Lahir : 03/05/1982
Umur : 37 Tahun 10 Bulan Keturunan : Cina Warganegara : Malaysia
Pekerjaan : KASINO
Alamat Tinggal : NO 27 JLN HIJAUAN 5/2H HORIZON HILLS, 79100 JOHOR.
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 016-5913941
Emel : MANDYTAN0305@HOTMAIL.COM

Pengadu Menyatakan :

PADA 07/03/2020 JAM L/KURANG 0910HRS SEMASA SAYA SEDANG MEMANDU MPV NO PENDAFTARAN SJJ 3255 R DARI SINGAPURA KE MALAYSIA ARAH UTARA DAN APABILA SAMPAI DI KOMPLEKS CIQ BANGUNAN SULTAN ABU BAKAR TANJUNG KUPANG DAN PADA KETIKA ITU JALAN SESAK TIBA TIBA SAYA TELAH TERLANGAR BELAKANG SEBUAH MOTORKAR NO PENDAFTARAN SGT 8308 Y JENIS HYUNDAI VERNA. DALAM KEJADIAN INI MPV SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN DAN LAIN LAIN KEROSAKAN TIDAK DAPATI PASTIKAN LAGI. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R120682 | 09/03/2020 09:01:26 AM

KAUNTER ADUAN
BALAI POLIS BUKIT INDAH
IPD ISKANDAR PUTERI, JOHOR.



CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH
POLIS DIRAJA MALAYSIA

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : TAN WAN
No Kad Pengenalan / Pasport : 820503105554
No Repot Polis : TRAFIK IPUTERI/002874/20
Tarikh @ Masa Repot Polis : 09/03/2020 @ 08:43
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R175641) SJN MOHD ALHARIZ BIN ISMAIL
Tempat Tugas : JOHOR , ISKANDAR PUTERI
No Telefon Pejabat :
No Telefon Bimbit : 012-3883605

Tarikh @ masa Perjumpaan : 9/3/20 P

Pengesahan Penerimaan Repot : 1635H

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama :
No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis	<input type="checkbox"/>
2. Gambar Kenderaan	<input type="checkbox"/>
3. Rajah Kasar Kemalangan	<input type="checkbox"/>
4. Keputusan Siasatan	<input type="checkbox"/>
5. Lain-lain Dokumen	<input type="checkbox"/>

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
Dokumen :

.....
Tandatangan Pegawai Kaunter
Pembekalan Dokumen

PENDUA

Borang 1
Form 1

[perenggan 2 (a)]
[paragraph 2 (a)]

AKTA PENGANGKUTAN JALAN 1987
ROAD TRANSPORT ACT 1987

REGISTRATION NOTICE UNDER SUBSECTION 5(1) RULE 2003

AFLA CODE			
0	2	2	6

Kepada / To **TAN WAN**

No. Kad Pengenalan / NRIC No. **8 2 0 5 0 3 1 0 5 5 5 4**

Alamat / Address **NO 27 JLN HIJALAN 5/2H (H)**

RIZON HILLS

79100

No. Pendaftaran Kenderaan / Motor Vehicle Registration No. **S 4 J 3 2 5 5 R**

Jenis Kenderaan / Vehicle Type **MPV**

BALAWASANYA saya mempunyai sebab-sebab yang munasabah untuk mempernyatakan bahawa kamu telah melakukan kesalahan yang berikut di bawah:

WHEREAS I have reasonable ground to believe that you have committed an offence as follows:

Sekiranya / If **Akta Pengangkutan Jalan 1987**

Kesalahan / Offence **Kesalahan / Kesalahan**

di (tempat) / at (place) **LEBUHRAYA LINK KEDUA**

pada (tarikh) / on (date) **07/03/2020** jam (pagi/petang) / time (a.m./p.m.) **09:10 PAGI**

Kesalahan / Offence **1) L1N166/59 010 - TIDAPAT KAWAL SEMASA PANDU**

KAMU ADALAH DENGAN INI DIPERINTAHKAN supaya hadir sendiri atau melalui penguasa / YOU ARE HEREBY COMPELLED to appear in person or by a constable di hadapan Mahkamah Majistret di MAHKAH MAJISTRET JOHORE BAHRU before Magistrate Court at

Pada / On **12/05/2020** pukul / time **9:00** (pagi/petang) / (a.m./p.m.)
Diketamatkan pada / Issue on **09/03/2020** pukul / time **04:21** (pagi/petang) / (a.m./p.m.)


Penerima / Receiver


Pegawai Polis / Police Officer
RE: 75641
MOHD .A.L. HAFIZ BIN ISMAIL

NOTA : Kesalahan ini boleh/tidak boleh dikompromi / NOTE : This offence is compoundable/not compoundable

* Jika kesalahan ini boleh dikompromi, kamu dinasihatkan boleh mengkompromikannya / * If the offence is compoundable, you are advised to have the offence compounded

Kesalahan ini ditamatkan dengan pembayaran denda / The offence is terminated by payment of a fine

sebelum / before **10/05/2020**

di / at **MAHKAH MAJISTRET JOHORE BAHRU** / **12/05/2020**



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

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.

**MOTORMAX
Comprehensive**

Certificate No. A 300187035 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SJJ3255R
2. **Name of Policyholder**
Yew Chee Kum
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
01/10/2019
4. **Date of Expiry of Insurance**
08/09/2020
5. **Persons or Classes of Persons entitled to drive***
Yew Chee Kum

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 only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA420030810 Vehicle Registration No: SJJ3255R
Name (as shown in NRIC) : TAN WAN NRIC/FIN/Passport No : SXXXX2851
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90666 272 / 98526120
Email Address : _____
Date of Accident : 07/03/2020 Time of Accident : 09:10
Place of Accident : Before Company Car (before custom)
Insurance Company : M816

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF PASSING TO 11/10/2011

Policyholder / Driver's Signature
Date:

[Signature] 23/03/2020
Reporting Centre Personnel's Signature
Name: Rosalina
NRIC/FIN No.: MNA420030810
Date: