

# NATIONAL Assessment Centre Services.

[part 1 Jan 2003]

MMA 1200 33852

Date In: 18/13/20 09:55	Job description	Date & Time Completed	Done by
Ref No: NAL MS 9 2000 4165144	SAS e-filing		
Veh No: PN 7535H	E-mail (within 3hrs, AIC 2hrs)		
IP: 1413120 18:35	I-Motor Claim Form		
IP: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: FBP 5365 G. 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 2100111 07014610) 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: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

Particulars	Amount (\$)	Amount (\$)
1) All: Accident Reporting - (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q1:		
* N5: Courtesy Car / Tpt Allowance	\$5	
* N6: Repair Co-ordination	\$10	
* N7: Post Repair Inspection	\$25	
* N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao 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	18/03/2020 09:55
Date Of Accident	14/03/2020 18:35
Exact Location Of Accident	PASIR RIS DR 6 ENTRANCE OF 473A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN7535H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO JUN KAI
NRIC No	SXXXX318I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82232948
Alternative Phone No	OFFICE-82232948

### Vehicle Particulars

Manufacturer	HONDA
Model	NNSR250
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	-
Cover Note Number	72237740

### Driver

Name of Driver	TEO JUN KAI
NRIC No	SXXXX318I
Date Of Birth	11/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82232948
Fax Number	
Contact Number	OFFICE-82232948
EEmail Address	NOEMAIL

Address	BLK 51 SUNRISE AVE #04-02
Postcode	806745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : JOCEL REYES LOH JIN YU GENDER: : FEMALE

#### 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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200316/7028 & T/20200316/7030.

#### 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	FBP5365G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 TEO JUN KAI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name JOCEL REYES LOH JIN YU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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.:

A = FN7535H  
B = FBP 5365G

Refer to Police Report

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 3 / 2014 (DD/MM/YYYY), TIME: 18 : 35 (HH:MM)

LOCATION: Pasir Ris Dr G. Entrance of 473A

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FM7535H  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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: Teo Jun Kai (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8223 2948  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO) Rider & Pillion

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBP 5365G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* police Report

email = teojunka88@gmail.com

fax =

video = No.

\* No of passengers  
(Including driver)  
(2)

Jocel Reyes

Loh Jin Yu

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )



# SINGAPORE POLICE FORCE



T/20200316/7028

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

1 of 3

Report No. T/20200316/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 18:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO JUN KAI			Address: BLK 51 SUNRISE AVENUE #04-02 SINGAPORE 806745		
ID Type / ID No.: NRIC NO / S9624318I			Contact No.: Home/Office: Mobile: 82232948		
Nationality: SINGAPORE CITIZEN			Email: teojunkai88@gmail.com		
Sex: Male	Age: 23	Date of Birth: 11/07/1996	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Student		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 18:35	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5365G	Motorcycle					0
FN7535H	Motorcycle	HONDA	NSR250RSP	Orange		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FN7535H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72237740	12/03/2020	11/03/2021





# SINGAPORE POLICE FORCE



T/20200316/7028

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

2 of 3

Report No. T/20200316/7028

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	JOCEL REYES LOH JIN YU	ID No.	S9709739I
Related Vehicle	FN7535H (Motorcycle)	Contact No.	87985245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Rider			
Name	TEO JUN KAI	ID No.	S9624318I
Related Vehicle	FN7535H (Motorcycle)	Contact No.	82232948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was riding together with my friend as my pillion along pasir ris drive 6 right before when i was about to turn right with my signal indicating right in to the carpark while still being in my lane, Motorcycle B: abruptly rode pass me from the right side of my motorcycle and collided on to my handle bar and caused me to crash and fall. The motorcycle rode off immediately upon the collision and only made a U turn after i shouted out loud to ask him to come back. About 3 passerby then came and render assistance and assist me to get the bike off me and pushed the bike to the road side.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20200316/7028

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

3 of 3

Report No. T/20200316/7028

**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 /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

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:  
16/03/2020 18:27

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20200316/7030

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

1 of 3

Report No. T/20200316/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2020 18:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JOCEL REYES LOH JIN YU			Address: APT BLK 467 PASIR RIS DRIVE 6 #07-422 SINGAPORE 510467		
ID Type / ID No.: NRIC NO / S9709739I			Contact No.: Home/Office: Mobile: 87985245		
Nationality: SINGAPORE CITIZEN			Email: jocelloh21@hotmail.com		
Sex: Female	Age: 22	Date of Birth: 21/03/1997	Type of Informant: Pillion		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Magician			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 18:35	Type of Location:
Location: PASIR RIS DRIVE 6				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5365G	Motorcycle					0
FN7535H	Motorcycle					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200316/7030

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

2 of 3

Report No. T/20200316/7030

**CONTINUATION OF REPORT**

Pillion			
Name	JOCEL REYES LOH JIN YU		ID No. S9709739I
Related Vehicle	FN7535H (Motorcycle)		Contact No. 87985245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was the pillion on my friend bike where suddenly a motorcycle suddenly came and rode pass us on the right side and collided on to my friend's motorcycle and caused me to flew off the bike and caused my friend to crash too.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.





**SINGAPORE  
POLICE FORCE**



T/20200316/7030

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

3 of 3

Report No. T/20200316/7030

**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 /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

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:  
16/03/2020 18:42

Classification Of Case:

**MSIG**

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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd  
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

**MOTOR CYCLE COVER NOTE**  
(Strictly for Motor Cycle Insurance)

MSCN No : 72237740

Agency : A0074-001-10147

Date : 12 Mar 2020

Name : TEO JUN KAI

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED  
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 19:40PM on 12 Mar 2020 to midnight on 11 Mar 2021 unless the  
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of  
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

Registration No.	FN7535H	Insured Value	Third Party Liability (TPL)
Engine No.	MC16E1500490	C.C.	249
Chassis No.	MC281200485		
Year Manufactured	1996	Year of Registration	1996
Make & Model	HONDA [NSR250RSP]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

**CERTIFICATE OF INSURANCE**

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.

**IMPORTANT**

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate  
of insurance from the respective agents within 14 days hereof.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)