

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA2002292

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 24/03/2000 17:13 | Job description | Date & Time Completed | Done by |
| Ref No: 1189/m8620004456/y | SAS e-filing | | |
| Veh No: Ym 6965L | E-mail (within 5hrs, AIG 2hrs) | | |
| D.O.A: 24/03/2000 02:30 | I-Motor Claim Form | | |
| OD: TP Reporting Only | I-Motor W/O (Within: GD 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: FBE 2889P INC () / Non-INC ()

Tel: ()

Owner / Driver: ()

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| NA2002292 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30) | In Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: 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:- | | |
| | DD: | | |
| | *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 | | |
| | *N12: Idac Mobile \$0 | | |
| QC Checked by (Engr-In-Charge): | Invoice date: | Fee Charged | |
| Auditors' Comments:- | | | |
| Car 1: | | | |
| Car 2 / 3: | | | |

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 | 24/03/2020 17:13 |
| Date Of Accident | 24/03/2020 02:30 |
| Exact Location Of Accident | ALONG WEST COAST ROAD TURNING TO WEST COAST PLAZA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------|
| Vehicle Registration Number | YM6965L |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG KEE FISH TRADING |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98216825 |
| Alternative Phone No | OFFICE-64326009 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | FE83BEOSRDEA-3.0 D B31 (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | P 90304671 MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HAO DAINING |
| Passport No/FIN | GXXXX869M |
| Date Of Birth | 11/03/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/2019 |
| Driving Experience | 1 YEAR AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98216825 |
| Fax Number | |
| Contact Number | OFFICE-64326009 |
| Email Address | NOEMAIL |

Address BLK 374 CLEMENTI AVENUE 5
#06-164

Postcode 120825

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 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? 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 CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200324/2030

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH THE POLICE OFFICER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBE2889P

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)

2

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBE2889P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBE2889P
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:

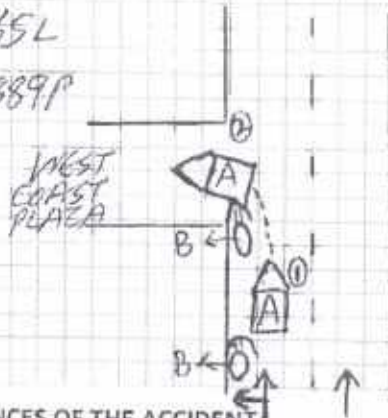
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ALONG WEST COAST RD TURNING TO WEST COAST PLAZA

VEH. A - YM6965L

VEH. B - FR2889P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200324/2030



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.:

SINGAPORE ACCIDENT STATEMENT

| | | | |
|---|--|----------------------------|----------------------------|
| ACCIDENT DATE: | 24/03/2020 | TIME: | 0230 (hh:mm) 24 hrs Format |
| LOCATION | ALONG WEST COAST RD TURNING TO WEST COAST PLAZA | | |
| VEHICLE NUMBER | YM6965L | | |
| INSURED NAME | ANG KEE FISH TRADERS | | |
| NRIC / FIN | CONTACT: 64326009 | | |
| MAKE | mitsubishi | MODEL | FEB3BE0SRDEA |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | |
| () Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only | | | |
| INSURANCE COMPANY MSIG | | | |
| TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT | | | |
| POLICY NUMBER : P90304671 MKC | | | |
| NAME DRIVER : HAO DAINING | | () SAME AS INSURED | |
| NRIC / FIN | G8028869M | CONTACT: | 98216825 |
| DATE OF BIRTH: | 02/11/03/1980 | | |
| DRIVING PASS DATE: | 03/01/2019 | | |
| OCCUPATION : | () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR | | |
| GENDER : | (<input checked="" type="checkbox"/>) MALE () FEMALE | | |
| EMAIL ADDRESS: | (<input checked="" type="checkbox"/>) NO EMAIL | | |
| ADDRESS OF DRIVER: BLK 374 CLEMENTI AVE 5 #06-164 S120347 | | | |
| Number Of Passenger Include Driver: 01 | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO | | | |
| If No, Relationship Of The Driver With The Insured | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others | | | |
| Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | |
| Insurance Company Of Driver's Own Vehicle | | | |
| Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others | | | |
| Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO | | | |
| If YES, Injured details : | | | |
| Convey By Ambulance: (<input checked="" type="checkbox"/>) YES () NO | | | |
| Was There Any Video Capture By Car Camera? () YES () NO | | | |
| Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report | | | |
| Police Report Number (if any) | | | |
| Details Of 3rd Party | Name / NRIC | No. of Pass (incl' driver) | Contact |
| Veh B | FBC 2889 P | () / Not Sure () | |
| Veh C | | () / Not Sure () | |
| Veh D | | () / Not Sure () | |
| Veh E | | () / Not Sure () | |
| Veh F | | () / Not Sure () | |
| Veh G | | () / Not Sure () | |



**SINGAPORE
POLICE FORCE**



T/20200324/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20200324/2030

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 24/03/2020 10:57 | Vide Report No.: D/20200324/0024 | Station Diary No.: 36 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: HAO DAINING | | | Address: 374 Clementi Avenue 5 #06-164 SINGAPORE 120347 | | |
| ID Type / ID No.: FIN NO / G8028869M | | | Contact No.: Home/Office: Mobile: 98216825 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 11/03/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/03/2020 02:30 | Type of Location: Straight Road |
| Location: Along Road 1 WEST COAST ROAD Along West Coast Road towards Pasir Panjang, near LP 41, at West Coast Plaza entrance Lamp Post Number: 41 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBE2889P | Motorcycle | | | | Seriously Damaged | 1 |
| YM6965L | Lorry | | | | Slightly Damaged | 0 |

Details of Person Involved

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



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20200324/2030

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-----------------------|--|--|-----------------------------------|
| Rider | | | | |
| Name | Unknown Rider | | ID No. | NIL |
| Related Vehicle | FBE2889P (Motorcycle) | | Contact No. | NIL |
| 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 | Serious |
| Driver | | | | |
| Name | HAO DAINING | | ID No. | G8028869M |
| Related Vehicle | YM6965L (Lorry) | | Contact No. | 98216825 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 24/03/2020 at about 0230hrs, I was driving my lorry bearing the registration plate number YM6965L along West Coast Road towards Pasir Panjang. I intended to go West Coast Plaza to deliver goods. At the point of time, the road was dry and there was no traffic. I was traveling on the left lane of 2 lane road.

Upon arriving the entrance of West Coast Plaza (near LP24), I had checked my left mirror and I noticed there was no other vehicle thus I proceeded to turn left into West Coast Plaza. Out of sudden, I felt an impact from the center left of my vehicle and I immediately jammed brake.

When I alighted my vehicle, the pillion was shouting that his friends was underneath my lorry and I immediately make a check. I noticed that there was a person conscious shouting in pain and one of his legs was trap underneath my vehicle front left tire. There was other passerby who called for Police and Ambulance. Shortly after, Police and Ambulance came to render assistance. Both the rider and pillion was subsequently conveyed by Ambulance to hospital.

This is the first time such incident happened. There is in-car camera installed in my vehicle and Traffic Police had taken the micro SD card for investigation. There was visible damaged on the center left of my vehicle. There were CCTV installed at the vicinity of West Coast Plaza.



**SINGAPORE
POLICE FORCE**



T/20200324/2030

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No. T/20200324/2030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20200324/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|---|--|
| Signature Of Officer Recording The Report: D / Sgt 1 NG JIA HAO | Signature Of Informant: <i>Hao Daining</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 24/03/2020 10:57 |
| Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 | Classification Of Case: |
| Authentication Stamp NP168 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> SINGAPORE POLICE FORCE <i>[Signature]</i> SIGNATURE SN 37</div> |



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.

COMMERCIAL VEHICLE

Third Party

Certificate No. P 90304671 MKC

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
YM6965L

2. Name of Policyholder
Ang Kee Fish Traders

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/03/2020

4. Date of Expiry of Insurance
28/02/2021

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making 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 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.

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 offence 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