

# NATIONAL Assessment Centre Services

Ref: Jan 05/ **MAA 0054780**

|                                |   |                       |         |
|--------------------------------|---|-----------------------|---------|
| Date In: <b>25/6/20-10:36</b>  | Job description                                 | Date & Time Completed | Done by |
| Ref No: <b>NA/mch20w666664</b> | SAS e-filing                                    |                       |         |
| Veh No: <b>5UP1004</b>         | E-mail (within 3hrs, AIC 2hrs)                  |                       |         |
| D.O.A: <b>25/6/20-11:10</b>    | i-Motor Claim Form                              |                       |         |
| OD: <b>TP</b> Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                                | i-Photo Uploaded                                |                       |         |
| TP Insurer:                    | Assessment/Survey Report                        |                       |         |
|                                | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: <b>SL29027</b>                                  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| <b>NA 200386</b>                | <b>Invoice Preparation Checklist</b>            | Amf (\$)<br>Est Bill | Amf (\$)<br>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:-                   |                      |                      |
|                                 | QD*   |                      |                      |
| 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 (Non INC) against INC \$20        |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |                      |
|                                 | 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             | 25/06/2020 10:36              |
| Date Of Accident           | 24/06/2020 11:10              |
| Exact Location Of Accident | GUILLEMARD RD TWDS NICOLL HWY |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SCP1001X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | YAP SAY YEE EDWIN    |
| NRIC No                     | SXXXX321C            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96355744 |
| Alternative Phone No        | OFFICE-96355744      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | PICNIC AUTO W/O ROOF RACK |
| 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   | PRIVATE CAR               |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | P90331075DMA                         |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | EDWIN YAP SAY YEE     |
| NRIC No              | SXXXX321C             |
| Date Of Birth        | 22/12/1963            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 01/03/1984            |
| Driving Experience   | 36 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96355744  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96355744       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 856C TAMPINES STREET 82<br>#13-164 |
| Postcode  | 523856                                 |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | WET                      |

#### 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?  |     |
| 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/20200624/7011.

#### Attachment(s)

|   |                                   |
|---|-----------------------------------|
| Are accident photos available for attachment? | YES                               |
| Was there any video captured by Car Camera?   | YES                               |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH TRAFFIC POLICE |
| Was there any audio recorded?                 | NO                                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SLZ902T      |
| Vehicle Make/Model/Colour   | VOLVO        |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | NGO SIEW POD |
| NRIC/Passport Number        | SXXXX165J    |
| Contact Number              | 96642173     |
| Address                     |              |
| Postcode                    |              |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)




## SKETCH PLAN


### IMPORTANT NOTICE

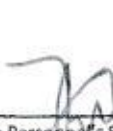
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

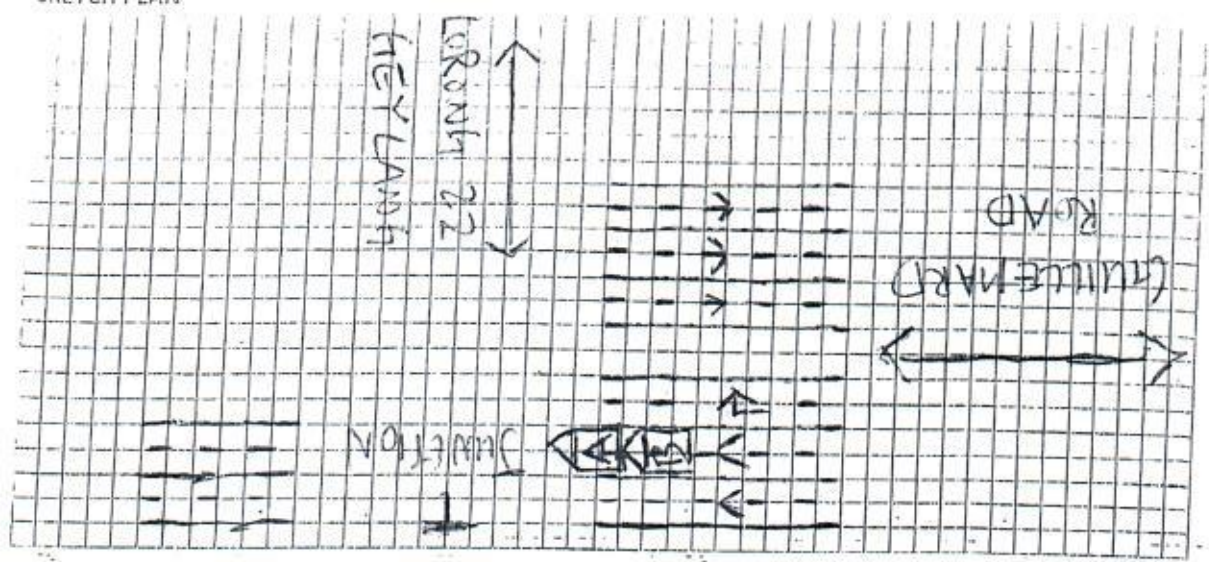
  
Policyholder's Signature  
Date & Time:

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

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

CAR 'A'  
SCPI00IX

CAR 'B'  
SL2902T




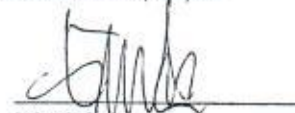
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT, THANK YOU!

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.:



Date of Accident : 24/06/2020 Accident Time: 1111 hrs (24-HR-Format)  
Accident Place : GUILLEMARD RD TOWARD NICOLL HIGHWAY LP22  
Vehicle Reg. No. (Car Plate No.) : SCP1001X  
Vehicle Make/Model : TOYOTA PICNIC  
Insurance Company : MSIH Policy No. 90381075  
Owner or Company Name /IC No. : EDWIN YAP SAY YEE  
Owner or Company Contact No. : 96355744 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : EDWIN YAP SAY YEE  
DRIVER'S Date Of Birth : 22/12/1963 DRIVER'S License Pass Date 01/03/1984  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 856C TAMPINES ST 82 #13-164  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : edwin@inter-finish.com.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera? YES NO with TP  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SL2 902T  
Vehicle Make/Model: Volvo  
Name Driver: NGO SIEW POO  
IC No. Driver: 511271655  
Driver's Contact & Add: 96642173

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200624/7011

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

1 of 3

Report No. T/20200624/7011

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>24/06/2020 14:03 |            | Vide Report No.:<br>G/20200624/0096 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>EDWIN YAP SAY YEE    |            |                                     | Address:<br>APT BLK 856C TAMPINES STREET 82 #13-164 SINGAPORE 523856 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1602321C   |            |                                     | Contact No.:<br>Home/Office: Mobile: 96355744                        |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>edwin@interfinish.com.sg                                   |                    |                            |
| Sex:<br>Male                               | Age:<br>56 | Date of Birth:<br>22/12/1963        | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Interior designer           |            |                                     | Driving Licence Information:<br>Class: 3 Date of Expiry:             |                    |                            |

**General Information of the Accident**

|  |                              |   |   |   |
|--|------------------------------|---|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>24/06/2020 11:10 | Type of Location:<br>T-Junction         |
| Location:<br><br>GUILLEMARD ROAD                             |                              |   |   |   |
| Weather:<br>Drizzling  |                              | Road Surface:<br>Wet                        |   | Road Speed Limit:<br>50 Km/h            |
| Traffic Flow:<br>Dual Carriage Way                           |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |   |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                      | Color | Condition            | No of Passenger |
|-------------|------|--------|----------------------------|-------|----------------------|-----------------|
| SCP1001X    | Car  | TOYOTA | PICNIC<br>AUTO W/O<br>ROOF | Red   | Seriously<br>Damaged | 0               |
| SLZ902T     | Car  | VOLVO  | S60                        | Red   | Seriously<br>Damaged | 1               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                       | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SCP1001X    | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | 90331075     | 20/05/2020 | 19/05/2021  |





**SINGAPORE  
POLICE FORCE**



T/20200624/7011

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

2 of 3

Report No. T/20200624/7011

**CONTINUATION OF REPORT**

| Details of Person Involved        |                   |  |                                 |
|-----------------------------------|-------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                   |  |                                 |
| No. of Pedestrians Injured: NIL   |                   | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                   |  |                                 |
| Name                              | EDWIN YAP SAY YEE | ID No.                                 | S1602321C                       |
| Related Vehicle                   | SCP1001X (Car)    | Contact No.                            | 96355744                        |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | NIL                             |
| Driver                            |                   |  |                                 |
| Name                              | NGO SIEW POD      | ID No.                                 | S1127165J                       |
| Related Vehicle                   | SLZ902T (Car)     | Contact No.                            | 96642173                        |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | Slight                          |

**Brief Details.**

I (VEC SCP1001X) was travelling along guillemard rd towards nicoll highway on the centre lane on the junction of lorong 22 geylang near lamp post 22. As the traffic light turn amber , i slow down , a car (VEC SLZ902T) could not react in time and collided onto the rear of my car. The other driver complaint of chest discomfort and was convey by the ambulance. There were video footage captured and was taken by the traffic police.



**SINGAPORE  
POLICE FORCE**



T/20200624/7011

3 of 3

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

Report No. T/20200624/7011

**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 / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476232

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:  
24/06/2020 14:03

Classification Of Case:



**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.

**DRIVESHIELD - PREMIER**  
**Comprehensive**

**Certificate No.** P 90331075 DMA

**Excess :** SGD700

**Windscreen Excess :** SGD100

**1. Index Mark and Registration Number of Vehicle**  
 SCP1001X

**2. Name of Policyholder**  
 Yap Say Yee Edwin

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**  
 20/05/2020

**4. Date of Expiry of Insurance**  
 19/05/2021

**5. Persons or Classes of Persons entitled to drive\***  
 Yap Say Yee Edwin

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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