

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAN0037275

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 7/7/00-17/53     | Job description                          | Date & Time Completed | Done by |
| Ref No: 10/10/20007091/24 | SAS e-filing                             |                       |         |
| Veh No: 483414            | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 3/7/00-17/12       | i-Motor Claim Form                       |                       |         |
| OD / TP / Reporting Only  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 5UC 4569A

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

|  |   |             |          |          |
|--|---|-------------|----------|----------|
| <p>MAN0037275</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref 1:</p> <p>Ref 2 / 3:</p> | Invoice Preparation Checklist                   |             | Amr (\$) | Amr (\$) |
|  | 1) AR: Accident Reporting (\$30);               |             | 1st Bill | Add Bill |
|  | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |          |
|  | 3) TF: Towing Fee \$40/\$45                     |             |          |          |
|  | 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:-                   |             |          |          |
| Q1*  |   |             |          |          |
| *N5: Courtesy Car / Tpt Allowance \$5  |   |             |          |          |
| *N6: Repair Co-ordination \$10   |   |             |          |          |
| *N7: Post Repair Inspection \$25   |   |             |          |          |
| *N8: DV / Collect Excess Coordination \$5  |   |             |          |          |
| TR (N11): TP (Non INC) against INC \$20  |   |             |          |          |
| 9) N12: Idac 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             | 07/07/2020 17:53          |
| Date Of Accident           | 03/07/2020 17:20          |
| Exact Location Of Accident | JLN BOON LAY NEAR L/P: 77 |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | YP8341H                         |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | UNI-TAT ICE & MARKETING PTE LTD |
| Co Reg No                   | 1XXXXX736C                      |
| Email Address               | NOEMAIL                         |
| Mobile Phone No             |                                 |
| Alternative Phone No        | OFFICE-899999999                |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | HINO                |
| Model  | HINO XZU710R-HKFMS3 |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING             |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                  |
| If No, Please state action to be taken                                       | REPORTING ONLY      |
| Vehicle Category   | COMMERCIAL VEHICLE  |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | B400000412MKF                        |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | VEERAPPAN ELAIYARAJA |
| Passport No/FIN      | GXXXX393L            |
| Date Of Birth        | 04/05/1991           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 26/05/2017           |
| Driving Experience   | 3 YEARS AND 1 MONTH  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-93361458 |
| Fax Number           |                      |
| Contact Number       | OFFICE-93361458      |
| EMail Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | 51 UBI AVENUE 1<br>#01-26 PAYA UBI INDUSTRIAL PARK |
| Postcode  | 408933   |
| 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?  | YES                  |
| Foreign Vehicle Registration Number   | JTW6251 (MOTORCYCLE) |
| Number of vehicles (including own vehicle) involved in the accident                         | 3                    |
| 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                       | MACPHERSON NEIGHBOURHOOD POLICE POST                                      |
| Police Station Address                    | ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-7449999 - FAX NO: 65476366                                   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200706/2080.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SLK4569A     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | LEO ANN KHEE |
| NRIC/Passport Number        | SXXXX498H    |
| Contact Number              | 96610573     |
| Address                     |              |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JTW6251

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver TEO LEK POK

NRIC/Passport Number

Contact Number 88173989

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2



## 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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2220 0706/2020.

*[A large diagonal line is drawn across the remaining lines of the form.]*

DECLARATION

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

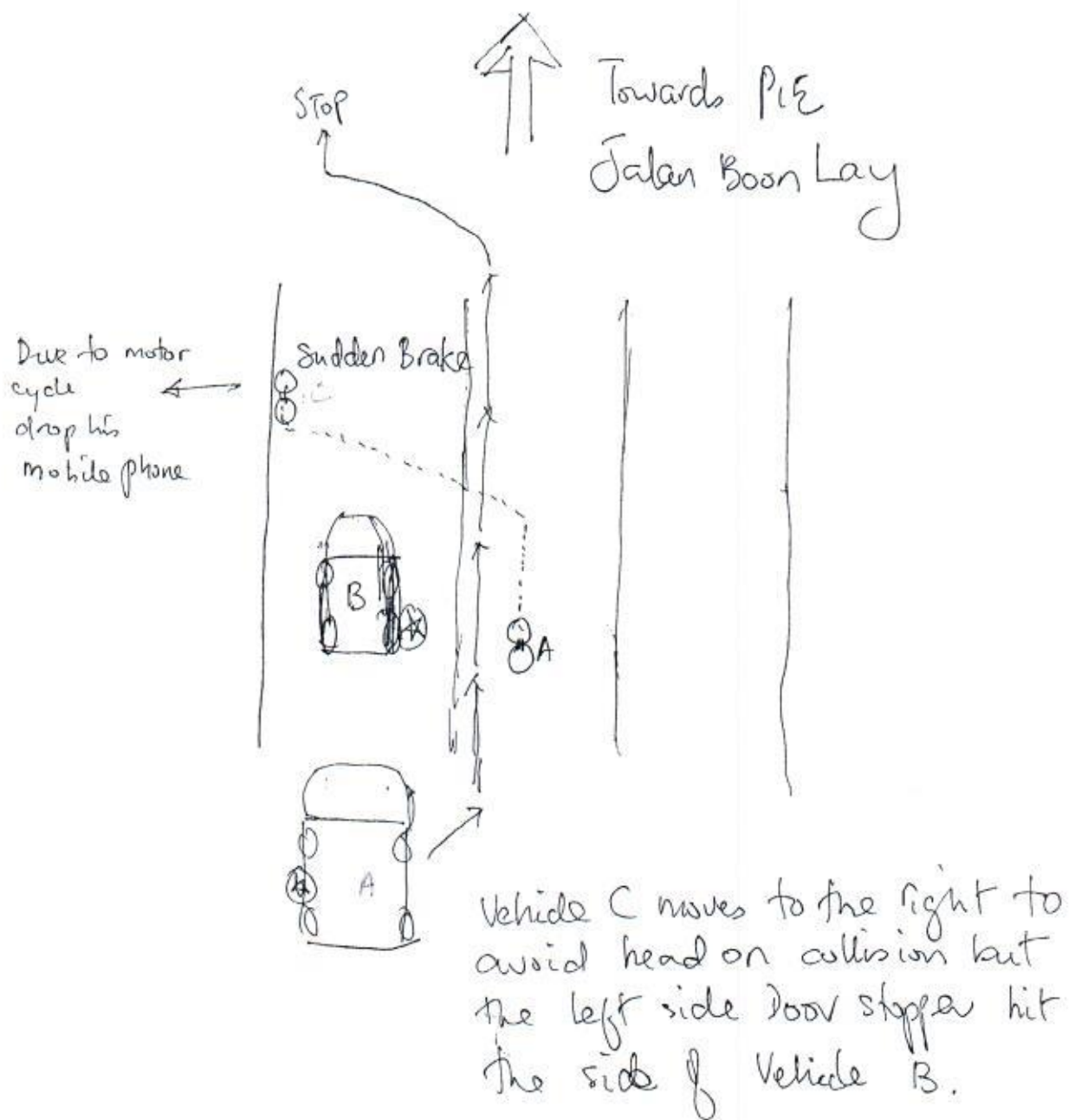
Policyholder's Signature  
Date & Time:



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

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

Date 3/7/2020 Time 17.20 pm



C - Motor Cycle JTW 6251

B - SLK 4569A

A - YP8341H

Note : Video recording



WAIT for POLICE REPORT

## ACCIDENT STATEMENT

ACCIDENT DATE: (03/07/20) (DD/MM/YYYY), TIME: (17:20) (HH:MM)

LOCATION: Jalan Boon Lay Lamp Post 77

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP8341H  
b) INSURANCE COMPANY: Uni Taka Marketing Pte Ltd  
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: 17.20 PM  
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: UNI Taka (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

### DRIVER

- a) NAME: V. Elayaraja (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: UT21583931 CONTACT: 9336 1458  
c) ADDRESS: 51 Ubi Ave 1 #01-26 Paya Ubi Industrial Park, Singapore - 408933

\*d) DATE OF BIRTH: (04/05/20) (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:

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:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 4569A MODEL:  
b) DRIVER'S NAME: LEO ANN KHEE (LIANU ANU)  
c) NRIC/FIN/PASSPORT: S78214984 CONTACT: 9661 6573

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: ITW 6251 MODEL:  
e) DRIVER'S NAME: 910122136217 TED LEK POK  
f) NRIC/FIN/PASSPORT: 910122136217 CONTACT: 8817 3989

Email = chiake@iceman.com.sg

fax =

VIDEO = yes





# SINGAPORE POLICE FORCE



T/20200706/2080

1 of 4

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20200706/2080

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>06/07/2020 18:25 | Vide Report No.: | Station Diary No.:<br>25 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>VEERAPPAN ELAIYARAJA |            |                              | Address:<br>APT BLK 51 UBI AVENUE 1 #01-27 PAYA UBI INDUSTRIAL<br>PARK SINGAPORE 408933 |                            |
| ID Type / ID No.:<br>FIN NO / G2158393L    |            |                              | Contact No.:<br>Home/Office:  | Mobile: 93361458           |
| Nationality:<br>INDIAN                     |            |                              | Email:  |                            |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>04/05/1991 | Type of Informant:<br>Driver  |                            |
| Race:<br>Indian                            |            |                              | Language:   | Institution / School Name: |
| Occupation:<br>Lorry driver                |            |                              | Driving Licence Information:<br>Class: 3  | Date of Expiry: 25/05/2022 |

**General Information of the Accident**

|  |                      |                                    |   |  |
|--|----------------------|------------------------------------|---|--|
| Type of<br>Accident:   | Non-Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>03/07/2020 17:20 | Type of Location:<br>Straight Road     |
| Location:<br>Along Road 1<br>JALAN BOON LAY<br>PAN ISLAND EXPRESSWAY<br>JALAN BOON LAY TOWARDS PIE<br>Lamp Post Number: 77 |                      |                                    |   |  |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               | Road Speed Limit:                             |  |
| Traffic Flow:<br>One Way   |                      | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |  |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction  |                      |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Condition           | No of Passenger |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| JTW6251     | Motorcycle |      |       |       | No<br>Damage        | 1               |
| SLK4569A    | Car        |      |       |       | Slightly<br>Damaged | 0               |
| YP8341H     | Lorry      |      |       |       | Slightly<br>Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20200706/2080

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No T/20200

**CONTINUATION OF REPORT**

|                                   |                      |  |  |
|-----------------------------------|----------------------|--|--|
| <b>Details of Person Involved</b> |                      |  |  |
| Any Pedestrian Involved: No       |                      |  |  |
| No. of Pedestrians Injured: NIL   |                      | Use of Pedestrian Crossing: NA         |  |
| Name                              | TEO LEK POK          | ID No.                                 | NIL                                    |
| Related Vehicle                   | JTW6251 (Motorcycle) | Contact No.                            | 88173989                               |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL      |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                    |
| <b>Driver</b>                     |                      |  |  |
| Name                              | LEO ANN KHEE         | ID No.                                 | S7821498H                              |
| Related Vehicle                   | SLK4569A (Car)       | Contact No.                            | 96610573                               |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL      |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                    |
| <b>Driver</b>                     |                      |  |  |
| Name                              | VEERAPPAN ELAIYARAJA | ID No.                                 | G2158393L                              |
| Related Vehicle                   | YP8341H (Lorry)      | Contact No.                            | 93361458                               |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: 25/05/2022 |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                    |

**Brief Details.**

On 03/07/2020, at about 1720hrs. I was driving my company lorry (UNI-TAT ICE & MARKETING PTE LTD), vehicle number YP8341H. I was driving along the most left lane of Jalan Boon Lay towards PIE, where by a vehicle in front of me suddenly brake and came to a stop. I immediately change lane and swerve to the right next lane to avoid head on collision, while doing that, my left side of my truck swiped onto the vehicle SLK4569A. I immediately pull over my lorry in front. When i come to a stop in front of the vehicle. I spotted there is a Malaysia motorcycle JTW6251 stopped in front of the SLK4569A. The driver of the car told me that the motorcycle stopped abruptly to pick up something on the road. I called my office to report the incident. I then exchanged particulars with the driver however the Malaysia rider did





**SINGAPORE  
POLICE FORCE**



T/20200706/2080

Police Station Of Origin:

MacPherson NPP

54 Pipit Road #01-82/84 SINGAPORE

370054

Tel No: 1800-7449999

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Report No. T/20200706/2080

**CONTINUATION OF REPORT**

not provide any particulars. The car driver then provided me the footage of his in-car dash camera which showed that the motorcycle rider and his pillion dropped something and they stopped abruptly to pick up something from the ground; hence, the car driver then emergency brake to prevent collision. No one is injured. My rear left side of my lorry door stopper was stuck onto the right rear side of the car during the side swipe.



**SINGAPORE  
POLICE FORCE**



T/20200706/2080

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

Report No. T/20200706/2080

**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:

G /

Sgt 1 YIP YONG NAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

06/07/2020 18:25

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE





**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  
Comprehensive**

Certificate No. B 400000412 MKF

Excess : SGD800

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
YP8341H

2. **Name of Policyholder**  
Uni-Tat Ice & Marketing Pte Ltd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
11/05/2020

4. **Date of Expiry of Insurance**  
09/05/2021

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 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