

NATIONAL Assessment Centre Services. [Ref: 1-800-654-92] **NA 20065492**

Date In: 03/08/2020 19:42	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG200079974	SAS e-filing		
Veh No: FF 20665	E-mail (Ljale this, AIC this)		
D.O.A: 31/07/2020 07:00	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (with/od this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

Performed When / INC Ass'ts When / QW: () Tels: Fax: ()

TP Modifications: Vch No: **SMS 6794** 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reporter.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Defect: ()

NA 2003992

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Eng-In-Charge):	4) PT: Follow-Through Survey \$170	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (cost to Ins 2000)	
	6) TR: Re-inspection \$75	
	7) NI: 1000 DA + SMRT Survey \$160	
	8) NI UC Additional Services	
	9) NI: Courtesy Car / Tpl Allowance \$3	
	10) NI: Repairs Coordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$3	
	13) NI: TR (HII) / TP (HII) INC against INC \$50	
	14) NI: 1000 DA + SMRT Survey \$160	
	15) NI: 1000 DA + SMRT Survey \$160	
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	100) NI: 1000 DA + SMRT Survey \$160	

Fee Charged: () 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	03/08/2020 19:42
Date Of Accident	31/07/2020 07:00
Exact Location Of Accident	NO 4 GEYLANG LOR 13 NEAR SHI HAO HUO GUO C/SHOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2066S
Insured/Policyholder	
Name Of Registered Owner	TECHELM TECHNOLOGIES PTE LTD
Co Reg No	-
Email Address	JAKER@TECHELM.COM
Mobile Phone No	(LOCAL) +65-96692846
Alternative Phone No	OFFICE-62708852

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)

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	MSD/VMT/20-412836-CA
Cover Note Number	

Driver

Name of Driver	HOSSAIN MOHAMMED JAKER
Passport No/FIN	GXXXX361W
Date Of Birth	03/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96692846
Fax Number	
Contact Number	OFFICE-62708852
Email Address	JAKER@TECHELM.COM

Address BLK 426 CLEMENTI AVENUE 3
#06-500
Postcode 120426
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 COLLISION - CHANGE/CROSS LANE
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: MIAH MITHU
GENDER: MALE

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 POST
Police Station Address ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200801/2048

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 SMJ6179Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR FOO
NRIC/Passport Number
Contact Number 88662835

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HOSSAIN MOHAMMED JAKER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF2066S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MIAH MITHU
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF2066S
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.



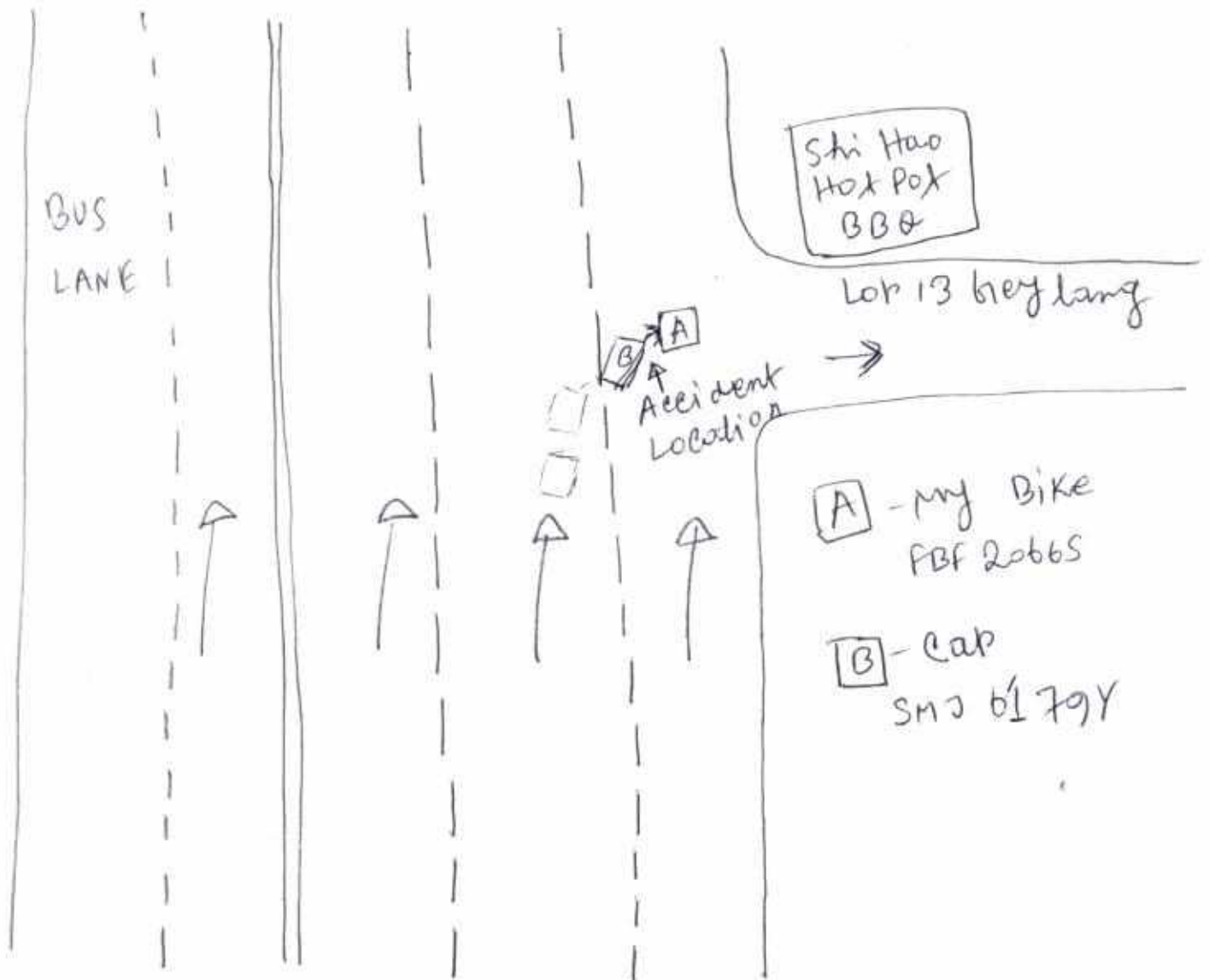
Policyholder's Signature
Date & Time:

[Signature]
03/08/2020 (14:40)

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

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

Accident Location at Lorong 13 Koylang
31st - July 20, FRIDAY at 7:01 PM.



Koylang Rd

Signature

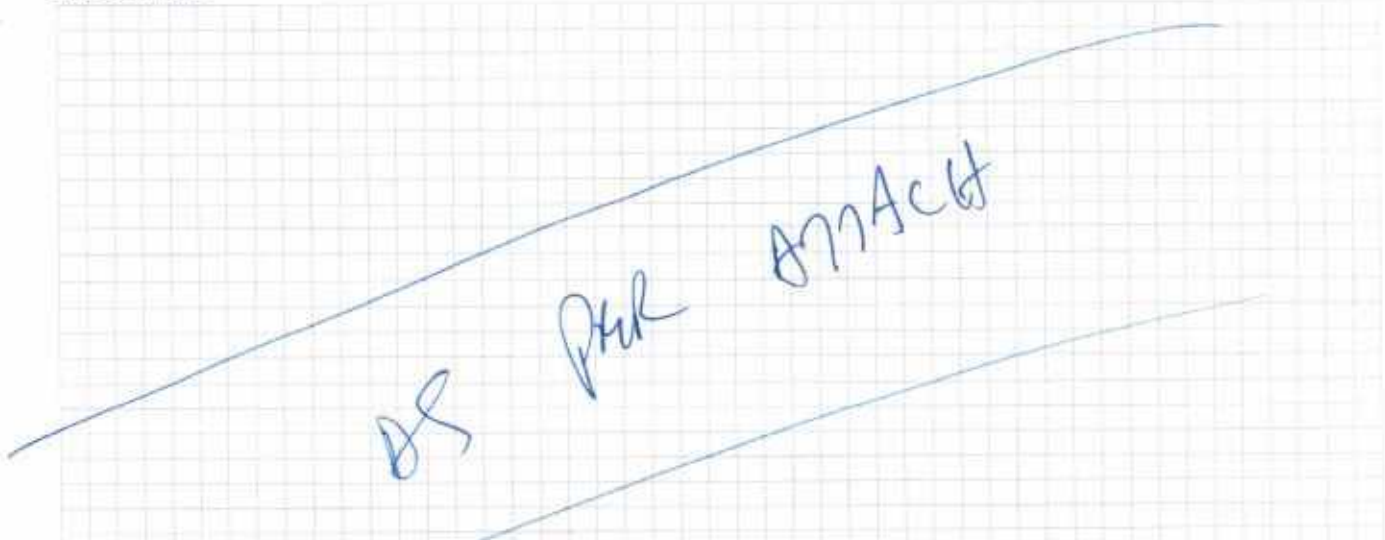
HOSSAIN MOHAMMED JAKER

03/08/2020



Signature 03/08/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200801/2048

The other party vehicle SM36179Y got front & back cameras inside the car.

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:

14:40

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

03/08/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/2020 (DD/MM/YYYY), TIME: 07:00 (HH:MM)(PM)

LOCATION: 4 Lorong 13, (Koylang Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF2066S
 b) INSURANCE COMPANY: MST Insurance (Singapore) pte. Ltd.
 c) POLICY NUMBER: MSD/YMT/20-V12876-C8
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: Tech elm Technologies pte. Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 62908852
 c) ADDRESS: #01-05, 1003 Bukit Meban Central.
159836

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HOSSAIN MOHAMMED JAKER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 67948361W CONTACT: 96692846
 c) ADDRESS: 426 Clementi, Ave 3
#06-500

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05-12-2019

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: Clementi NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMJ 6179 Y MODEL: Honda Fit
 b) DRIVER'S NAME: HR FOO
 c) NRIC/FIN/PASSPORT: CONTACT: 88662835

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = JAKER@techelm.com

VIDEO



SINGAPORE POLICE FORCE



T/20200801/2048

1 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20200801/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2020 14:01	Vide Report No.:	Station Diary No.: 13
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: HOSSAIN MOHAMMED JAKER			Address: APT BLK 426 CLEMENTI AVENUE 3 #06-500 SIMS VISTA SINGAPORE 120426		
ID Type / ID No.: FIN NO / G7948361W			Contact No.: Home/Office: Mobile: 96692846		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 03/04/1984	Type of Informant: Rider		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: Assistant electrical engineer			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2020 19:15	Type of Location: T-Junction
Location: Along Road 1 LORONG 13 GEYLANG				
At the T-Junction of Geylang Lorong 13, near Shi Hao Huo Guo Coffeeshop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
FBF2066S	Motorcycle	YAMAHA	YBR125	Black	Totally Damaged	1
SMJ6179Y	Car	HONDA	FREED HYBRID 1.5G AUTO	Grey	Slightly Damaged	2



SINGAPORE
POLICE FORCE



T/20200801/2048

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20200801/2048

CONTINUATION OF REPORT

Brief Details.

On 31/07/2020 at about 1915hrs, I was riding in my motorvehicle (FBF2066S) along Geylang Lorong 13 towards City. My friend was my pillion and his name is Miah Mithu (G6979862X), HP: 98974283.

At the T-Junction of Geylang Lorong 13, near Shi Hao Huo Guo Coffeeshop, I was riding on the right lane and there was a vehicle (SMJ6179Y) on the left lane. Out of a sudden, the said vehicle cut into my lane as he wanted to turn right at the T-Junction. He did not signal his vehicle to change lane. The said vehicle hit onto the centre left of my motorvehicle. I and my friend fell off from the motorvehicle. The gear for my motorvehicle was broken and towed to workshop. The driver of said vehicle handphone number is HP: 88662835.

Ambulance and police came to the scene.

On 01/08/2020, I went to LC Clinic Medical Surgery Aesthetics and was given 3 days of medical leave. The medical bill is about SGD \$170.10.

I then came to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200801/2048

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 3

Report No. T/20200801/2048

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 3 TAN WEN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

01/08/2020 14:01

Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 7888, Fax: +65 6827 7800
msig.com.sg

CA 540596

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, 1966 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO: NSD/VNT/20-412836-CA 40074-001/10300

SUMINSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle : FBF20065
YAMAHA 124 c.c.

2. Name of Policyholder : TECHELM TECHNOLOGIES PTE LTD

3. Effective date of the Commencement of Insurance
for the purposes of the Act : 1201AM 06/06/2020

4. Date of Expiry of Insurance : 05/06/2021

5. Persons or Classes of Persons entitled to drive
a. Any person who is driving on the Policyholder's order
or with their permission.

Provided that the person driving is permitted in accordance with the licensing
or other 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. And provided further that
the Motor Vehicle is registered and licensed under the Road Traffic Act and its
registration and licensing under the Road Traffic Act has not been cancelled at the
time of the accident loss or damage.

6. Limitation as to Use:

Use for social domestic and pleasure purposes and in
connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for any purpose in connection with the Motor Trade.

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

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.

11/05/2020 (SL)
CA 540596

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.