

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA002475

Date In: 24/10-10:31	Job description	Date & Time Completed	Done by
Ref No: 16/MNH2009/29/24	SAS e-filing		
Veh No: FBEL5WE	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/10-18:45	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: JM335714

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

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 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	29/08/2020 10:31
Date Of Accident	08/08/2020 18:45
Exact Location Of Accident	AMK ST 22 NEAR AMK CC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6528E
Insured/Policyholder	
Name Of Registered Owner	TANG MUN LOK
NRIC No	SXXXX459C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97847795
Alternative Phone No	OFFICE-97847795

Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R 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/20-145539-CA
Cover Note Number	

Driver

Name of Driver	TANG MUN LOK (DENG MINLE)
NRIC No	SXXXX459C
Date Of Birth	11/02/1959
Occupation	INDOOR
Date Of Driving Pass	08/07/1983
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97847795
Fax Number	
Contact Number	OFFICE-97847795
Email Address	NOEMAIL

Address	BLK 229 ANG MO KIO AVENUE 3 #02-1278
Postcode	560229
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 - MAJOR/MINOR RD
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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200817/2045 & T/20200821/2057.

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	SMS3571U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM YI YONG
NRIC/Passport Number	
Contact Number	97837334
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TANG MUN LOK (DENG MINLE)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE6528E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

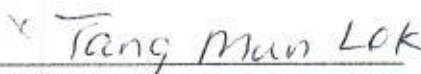
IMPORTANT NOTICE

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.:

B:SMS3571U

Please refer to Police report T/20200817/2045
T/20200821/2057

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

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:

Date of Accident : 08/08/2020 Accident Time: 18:45 (24-HR-Format)
Accident Place : Ang Mo Kio Street 22 near to AMK CC
Vehicle Reg. No. (Car Plate No.) : FBE 6528 E
Vehicle Make/Model : Honda / Motorcycle
Insurance Company : MSIG Policy No. MSD TMT 20415539
Owner or Company Name /IC No. : TANG MUN LOK S1362459C
Owner or Company Contact No. : Owner's Hp 97847795 Company Tel
DRIVER'S Name / IC No. : TANG MUN LOK S1362459C
DRIVER'S Date Of Birth : DRIVER'S License Pass Date
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 229 Ang mo Kio Avenue 3 #02-1278 (560229)
DRIVER'S Contact No./ Alt No. : 1) 97847795 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : NA
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
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: SMS3571 U
Vehicle Make/Model:
Name Driver: Lam Yi Yung
IC No. Driver:
Driver's Contact & Add: 97837334

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



Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 4

Report No. T/20200817/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 13:32		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: TANG MUN LOK		Address: 229 ANG MO KIO AVENUE 3 #02-1278 SINGAPORE 560229			
ID Type / ID No.: NRIC NO / S1362459C		Contact No.: Home/Office: Mobile: 97847795			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 61	Date of Birth: 11/02/1959	Type of Informant: Rider		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: PART TIME		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2020 18:45	Type of Location: X-Junction
Location: ANG MO KIO STREET 22				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBE6528E	Motorcycle	HONDA	CBR 150R M	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6528E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20415539	24/07/2020	23/07/2021



Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TANG MUN LOK	ID No.	S1362459C
Related Vehicle	FBE6528E (Motorcycle)	Contact No.	97847759
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	08/08/2020	Date Discharge	09/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LAM YI YONG	ID No.	NIL
Related Vehicle	NIL	Contact No.	97837334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/08/2020 at around 6.45pm, I am riding my motorcycle registration plate FBE6528E on my way back home. While I am along Ang Mo Kio Street 22 near to Ang Mo Kio CC towards Blk 226H Ang Mo Kio Hawker Centre, I noticed a salon car white in colour coming out from the carpark on my left.

At that point of time, I am riding at about 40km/hr on a one lane traffic. When I was approaching the junction of Ang Mo Kio street 22 and Ang Mo Kio Street 23, I started to slow down and checked for any vehicle coming from Ang Mo Kio Street 23. When I turned back, the white salon car had hit onto me. After the impact, I fall down and my left leg was stuck under the said salon car and I was unable to move.

Subsequently, the said salon car reverse back and passerby assisted me up to sit at the side of the road. The driver of the salon car came and checked on me if I am ok. Shortly, the ambulance came to check on me.

While I was inside the ambulance, The driver passed me a piece of paper with his name and contact number on it. I gave him my contact number. After that I was conveyed to Tan Tock Seng Hospital and warded in the hospital from 08/08/2020 till 09/08/2020. I was given 7days MC by the doctor.

My injuries are as follow:

1. Abrasion on left knee cap
2. Pain on the right calf area



**SINGAPORE
POLICE FORCE**



T/20200817/2045

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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20200817/2045

CONTINUATION OF REPORT

- 3. Blue black on my right eye area
- 4. Closed Fracture at the front chest and back of my body.

I wish to state that according to the doctor, for my condition I am suppose to stay in the hospital for a few more days and the doctor checked with me to see if I wish to be discharge and rest at home. I agreed to be discharge and to rest at home.

I am lodging this report as I received letters from the traffic police ref TP/IP/33595/2020.



**SINGAPORE
POLICE FORCE**



T/20200817/2045

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20200817/2045

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:

F /

Staff Sgt TAN CHENG HEONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Tang Mun Lok

Date/Time:

17/08/2020 13:32

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE POLICE FORCE



T/20200821/2057

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20200821/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/08/2020 14:29

Vide Report No.:
T/20200817/2045

Station Diary No.:
9

Informant's Particulars

Name of Informant:
TANG MUN LOK

Address:
APT BLK 229 ANG MO KIO AVENUE 3 #02-1278
SINGAPORE 560229

ID Type / ID No.:
NRIC NO / S1362459C

Contact No.:
Home/Office: Mobile: 97847795

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 61
Date of Birth: 11/02/1959

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
PART TIME

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2020 18:45	Type of Location: X-Junction
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Location:
ANG MO KIO STREET 22

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

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
SMS3571U	Car			White		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200821/2057

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20200821/2057

CONTINUATION OF REPORT

Driver			
Name	LAM YI YONG	ID No.	NIL
Related Vehicle	SMS3571U (Car)	Contact No.	97837334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	TANG MUN LOK	ID No.	S1362459C
Related Vehicle	NIL	Contact No.	97847795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/08/2020 at 1332hrs, I had lodged a Traffic Accident Report ref T/20200817/2045. I would like to add one additional information that I had received.

The vehicle number of the car is SMS3571U, driven by the driver Lam Yi Yong (HP:97837334).

I am lodging this report for my own record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200821/2057

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20200821/2057

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:

F /

Sgt 2 IZWAN BIN SANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Tang Man Lok

Date/Time:

21/08/2020 14:29

Classification Of Case:

Authentication Stamp

NP168

CA 543694



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

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1999 (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.

CERTIFICATE NO : MSD/VMT/20-415539-CA A0074-001/10147

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle F8E6528E
HONDA 150 c.c.
2. Name of Policyholder TANG MUN LOK
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0200PM 24/07/2020
4. Date of Expiry of Insurance 23/07/2021
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

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 the carriage of goods (other than samples) in connection with any trade or business.
4. 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."

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

24/07/2020 (CG)

CA/CJ-08 (08/13)