

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

LN292250007

Date In: 27/12/18:03	Job description	Date & Time Completed	Done by
Ref No: 49/MSH2014JTG/24	SAS e-filing		
Veh No: JK569992	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/12/23:12	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 43D2219D	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	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:-				
QJ:				
*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		

Cat. 1:

Cat. 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 Submission	28/12/2020 18:03 (SGT)
Date of Accident	26/12/2020 23:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	twds sle before yio chu kang exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6999Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ENG SAN
NRIC No	SXXXX412F
Email Address	limengsan@gmail.com
Mobile Phone No	(Phone) +65-98005050
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A80427426QMY
Cover Note Number	-

#### DRIVER

Name of Driver	LIM ENG SAN
NRIC No	SXXXX412F
Date Of Birth	24/08/1960
Occupation	Outdoor

Date Of Driving Pass .....	25/09/1978
Driving experience .....	42 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98005050
Alt. Phone Number .....	---
Email Address .....	limengsan@gmail.com
Address .....	BLK 170 BUKIT BATOK WEST AVENUE 8
Address complement .....	#22-361
Postcode .....	650170
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SOH SOCK KHOON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201228/7037.

#### 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 .....	GBD2219D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ARUNAGIRI KANNADHASAN
Passport No/FIN	GXXXX413W
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR5466U
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZAINUL ABIDEEN BIN HASSAN BEK
NRIC No	SXXXX376H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM ENG SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKS6999Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	SOH SOCK KHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SKS6999Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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.

### 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

The sketch plan shows a road layout with dashed lines representing lanes. Arrows indicate the direction of travel. A box contains symbols for a car, a person, and a car with a person, likely representing the vehicles involved in the accident.

A - SKS6999Z  
B - GBD2219D  
C - SLR5466V

**Describe Circumstances of the Accident**

Refer to police report

**Declaration**


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



Witnessed by Reporting Centre Personnel

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### ACCIDENT DETAILS

Date of accident	26 December 2020	(DD/MM/YY)
Time of accident	23 10	(HH:MM)
Exact location of accident	CTE TWDS SLE before Yio Chu Kang Exit	

### DETAILS OF VEHICLE

Vehicle registration number	SKS 6999Z		
Vehicle make and model	Mercedes CLA 180		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

### INSURANCE INFORMATION

Insurance company	MSIG		
Policy number	A 80427426 QMY		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### INSURED / POLICY HOLDER

Name	Lim ENG SAN	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1441412 F		
Contact	9800 5050		
Address	APT BLK 170 Bukit Batok West Avenue 8 # 22-361 Singapore 650170		

### DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	LimEngSan@gmail.com		
Date of birth	24-08-1960		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	25 Sept 1978		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>SOH SOCK KHOO N</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	GBD 2219 D
Vehicle make model	Nissan cabstar
Name	ARUNA GIRI KANNADHASAN
NRIC / Fin / Passport number	G 5179413W
Contact	

B

THIRD PARTY VEHICLE 2	
Vehicle registration number	SLR 5466U
Vehicle make model	Toyota Prius
Name	ZAINUL ABIDEEN BIN HASSAN BEK
NRIC / Fin / Passport number	S 7165376H
Contact	

C

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	LIM ENG SAN
Injuries sustained	stiff neck and back muscle pain and right shoulder pain
Which vehicle person in?	SKS 6999Z
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	SOH SOCK KHOON
Injuries sustained	stiff neck
Which vehicle person in?	SKS 6999Z
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



# SINGAPORE POLICE FORCE



T/20201228/7037

1 of 3

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

Report No. T/20201228/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 15:41	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIM ENG SAN			Address: 170 BUKIT BATOK WEST AVENUE 8 #22-361 SINGAPORE 650170		
ID Type / ID No.: NRIC NO / S1441412F			Contact No.: Home/Office: Mobile: 98005050		
Nationality: SINGAPORE CITIZEN			Email: LIMENGSA@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 24/08/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: General service manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/12/2020 23:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD2219D	Lorry		Nissan Cabstar			0
SKS6999Z	Car					0
SLR5466U	Car		Toyota Prius			0



**SINGAPORE  
POLICE FORCE**



T/20201228/7037

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

2 of 3

Report No. T/20201228/7037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	SOH SOCK KHOON	ID No.	S1243363H
Related Vehicle	SKS6999Z (Car)	Contact No.	93832091
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	LIM ENG SAN	ID No.	S1441412F
Related Vehicle	SKS6999Z (Car)	Contact No.	98005050
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On the stated date and time, i was travelling along CTE towards SLE before Yio Chu Kang Exit on lane 4. While i was travelling at my own lane, all of a sudden the vehicle in front jammed brake. I immediately brake my car and came to a stop with a save distance. After a few seconds later, vehicle B ( GBD2219D) was not able to stop in time and collided with my vehicle. This cause my car to thrust forward and collided on to Vehicle C (SLR5466U).

Total 3 vehicles involved

A-SKS6999Z

B-GBD2219D

C-SLR5466U

Me and my passenger sustained injuries and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**



T/20201228/7037

3 of 3

Report No. T/20201228/7037

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
28/12/2020 15:41

Classification Of Case:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807.  
 Tel: +65 6877 7888, Fax: +65 6877 1800  
 Co Reg No: 2004122120, GST Reg No: 20-04122130

## 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

Form M X 1  
 Individual Ownership

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. A 80427426 QMY

Excess: SGD500

Windscreen Excess: SGD100

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

SKS69992

**2. Name of Policyholder**

Lim Eng San

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

12/03/2020

**4. Date of Expiry of Insurance**

11/03/2021

**5. Persons or Classes of Persons entitled to drive\***

Lim Eng San

Lim Xuan Yu

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 Risks and Compensation) Act (Chapter 189) and Section 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 offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

for Chief Executive Officer