

# NATIONAL Assessment Centre Services

SM822/00001

|                           |   |                       |         |
|---------------------------|---|-----------------------|---------|
| Date In: 24/01/2022 10:21 | Job description                           | Date & Time Completed | Done by |
| Ref No: N/A/MS620007934   | SAS e-filing                              |                       |         |
| Veh No: SMT 8824C         | E-mail (within 3hrs. After 2hrs.)         |                       |         |
| DOA: 29/12/2021 11:45     | I-Motor Claim Form                        |                       |         |
| OD TP Reporting Only      | I-Motor W/O (Within 01. 2hrs. 1P 4hrs)    |                       |         |
|                           | I-Photo Uploaded                          |                       |         |
| TP Insurer:               | Assessment/Survey Report                  |                       |         |
|                           | Ass't Report by Pass / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: BICYCLE   | 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%, F: 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 (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                       |                       |
| Auditors' Comments:-            | 5) FT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2015) |                       |                       |
| Cat. 2 / 3:                     | 6) TR: Re-Inspection \$75                       |                       |                       |
|                                 | 7) NI: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | 9) NI2: Blue Mobile \$30                        |                       |                       |
|                                 | Invoice dated                                   | Fee Charged           |                       |
|                                 | Invoice dated                                   | Fee Charged           |                       |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Date of Submission              | 24/01/2022 10:21 (SGT)               |
| Date of Accident                | 29/12/2021 11:45 (SGT)               |
| Exact Location of Accident      | Anchorvale St, Singapore             |
| Additional Location Information | SLIP ROAD TOWARDS SENGKANG EAST ROAD |
| Country/State of Loss           | Singapore                            |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMT8824C             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | TEE KIAN CHAI        |
| NRIC No                     | SXXXX582F            |
| Email Address               | belvistee@yahoo.com  |
| Mobile Phone No             | (Phone) +65-83391089 |
| Alternative Phone No        | +65-83391089         |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Mercedes            |
| Model  | Gla180              |
| 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 - Reporting only |
| Vehicle Category   | Private car         |
| Transmission   | Auto                |
| CC   | 1595                |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | A 300338457 QMX                      |
| Cover Note Number         | -                                    |

### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TEE KIAN CHAI |
| NRIC No        | SXXXX582F     |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 19/06/1981                        |
| Occupation   | Indoor                            |
| Date Of Driving Pass   | 29/10/2015                        |
| Driving experience   | 6 YEARS AND 2 MONTHS              |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-83391089              |
| Alt. Phone Number  | +65-83391089                      |
| Email Address  | belvistee@yahoo.com               |
| Address  | BLK 52 ANCHORVALE CRESCENT #13-10 |
| Address complement   | -                                 |
| Postcode   | 544630                            |
| 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   | Collided into Bicyclist |
| Weather Conditions | Clear                   |
| Road Surface       | Dry                     |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle 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   | WIFE   |
| Gender | Female |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police?  | Yes                                  |
| Police Station Name                       | Sengkang Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18003438999              |
| Alt. Police Station Phone No              | (Fax) +65-63438939                   |
| Police Station Address                    | 2 Sengkang Square #01-02             |
| Was notice of intended Prosecution given? | No                                   |
| If yes, against whom?                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211229/2063

#### 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 | - |
| Vehicle Manufacturer        | - |

|   |              |
|---|--------------|
| Vehicle Model                           | -            |
| Vehicle Variant                         | -            |
| Vehicle Colour                          | -            |
| Vehicle Category                        | NA / Unknown |
| Name of Driver                          | -            |
| Contact Number                          | -            |
| Address                                 | -            |
| Address complement                      | -            |
| Postcode                                | -            |
| Insurance Company Name                  | -            |
| Nature Of Damage                        | -            |
| Details of property damaged in accident | BICYCLE      |
| No. Of Passenger (Including Driver)     | -            |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

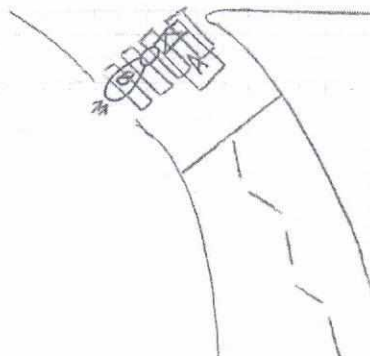
Policyholder's Signature / Date & Time

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

  
24/01/2022  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

Anchorvale St Slip  
Road towards  
Sengkang East  
Road



VehicleA: SMT6846  
VehicleB: Bicycle

Refer to Police Report No. T 20211229 2063

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre  
Personnel



Date of Accident : 29/12/2021 Accident Time: 1145hrs (24-HR-FORMAT)  
Accident Place : Anchorvale St Slip Road towards Sengkang East Road  
Vehicle Reg. No (Car plate No.) : SMT8824C Vehicle Make/Model: M/B GLA180  
Insurance Company : MSIG Policy No. A300338457 QMX  
Name of Registered Owner : Company/Individual Tee Kian Chai  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8166582F  
Co Contact No: - Owner's Contact No: 83391089

DRIVER'S Name : Tee Kian Chai DRIVER'S NRIC No: S8166582F  
DRIVER'S Date of Birth : 19 June 1981 DRIVER'S License Pass Date: 29 Oct 2015  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner  
DRIVER'S Address : Blk 52 Anchorvale Crescent #13-10 S (544630)  
DRIVER'S Contact No. / Alt No. : 1) 83391089 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : belvistee@yahoo.com  
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): 02 Passenger Name: Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Injured Name:  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: Bicycle       | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____         | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



**SINGAPORE  
POLICE FORCE**



T/20211229/2063

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20211229/2063

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                            |  |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>29/12/2021 17:51 |            | Vide Report No.:   |                              | Station Diary No.:<br>48   |  |
| <b>Informant's Particulars</b>             |            |  |                              |                            |  |
| Name of Informant:<br>TEE KIAN CHAI        |            | Address:<br>52 ANCHORVALE CRESCENT #13-10 SINGAPORE 544630 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S8166582F   |            | Contact No.:<br>Home/Office:                               |                              | Mobile: 83391089           |  |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                            |  |
| Sex:<br>Male                               | Age:<br>40 | Date of Birth:<br>19/06/1981                               | Type of Informant:<br>Driver |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English                                       |                              | Institution / School Name: |  |
| Occupation:<br>SENIOR PROGRAM MANAGER      |            | Driving Licence Information:<br>Class: 3                   |                              | Date of Expiry:            |  |

|  |                                |                      |  |                                     |
|--|--------------------------------|----------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                                |                      |  |                                     |
| Type of Accident:  | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No   | Date/Time of Accident:<br>29/12/2021 11:45 | Type of Location:<br>Bend           |
| Location:<br><br>SENGKANG EAST ROAD                          |                                |                      |  |                                     |
| Weather:<br>Clear  |                                | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:  |                                | Traffic Control:     |  | Traffic Volume:                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                                |                      |  | Anyone conveyed by ambulance:<br>No |

|                                    |      |                  |                                     |       |                      |                 |
|------------------------------------|------|------------------|-------------------------------------|-------|----------------------|-----------------|
| <b>Details of Vehicle Involved</b> |      |                  |                                     |       |                      |                 |
| Vehicle No.                        | Type | Make             | Model                               | Color | Condition            | No of Passenger |
| SMT8824C                           | Car  | MERCEDES<br>BENZ | GLA 180<br>URBAN<br>EDITION<br>AUTO | White | Seriously<br>Damaged | 1               |

|                                     |   |              |            |             |
|-------------------------------------|---|--------------|------------|-------------|
| <b>Details of Vehicle Insurance</b> |   |              |            |             |
| Vehicle No.                         | Insurance Company                       | Insurance No | Effective  | Expiry Date |
| SMT8824C                            | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | 300338457    | 22/07/2021 | 21/07/2022  |





**SINGAPORE  
POLICE FORCE**



T/20211229/2063

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20211229/2063

**CONTINUATION OF REPORT**

|                                   |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| <b>Details of Person Involved</b> |                |  |                                 |
| Any Pedestrian Involved: No       |                |  |                                 |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                |  |                                 |
| Name                              | TEE KIAN CHAI  | ID No.                                 | S8166582F                       |
| Related Vehicle                   | SMT8824C (Car) | Contact No.                            | 833910589                       |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On 29/12/2021 at about 1.34pm, I received a call by a lady Traffic Police Investigation Officer (HP: 91761411) enquiring if I was involved in a traffic accident recently.

I said I was and I was subsequently advised to lodge a Traffic Police report for the incident.

Earlier on the same date, at about 11.45am, I was driving my white Mercedes SMT8824C with my wife as passenger.

At that time we were on a 2-lane bend. We were from Anchorvale Street and was going to turn left into Sengkang East Road (near The Vales condominium).

My car was on the right lane behind the zebra crossing. In front of me on the same lane was another car. On my left, there was a car on the zebra crossing itself which was blocking my view if there was anyone crossing from the left.

The next moment, the car in front of me moved off. I made a check and as the traffic in front of me was clear, I also moved off. The front of my car was already over the zebra crossing when a cyclist crashed into the front left side of my car.

I immediately stopped my car to check on the cyclist. I could see that he had landed on his side onto the road. His leg was bleeding, I forgot which side, but he was conscious and responsive.

I went on to help him up as well as to move his bicycle onto the roadside pavement for his own safety.

I asked the guy, a Chinese youth, if I could take him to the hospital but he declined my offer. However he did mention that his phone screen had cracked.

So I got his phone number (HP: 96969706) and told him to keep in touch with me about the repair costs and everything related. I then left the scene.

Minutes later, after arriving at my own destination, I sent the cyclist an SMS stating as such, "Bro sorry. Hope u are alright. Anything can text me or call me. Pls let me know how much to compensate u after u



**SINGAPORE  
POLICE FORCE**



T/20211229/2063

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Report No. T/20211229/2063

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

repair ur phone screen. I'm very sorry. Apologize."

The cyclist afterwards replied saying that as he was bleeding, he was adviced by Grab to call for an ambulance. He also said that the phone's damage is \$590/- while the bicycle was \$200/-. He further added that he will update me on the medical costs as well.

We both left the matter at that until I received the phone call from the IO. In addition, I have a dashcam and am able to provide the memory card to the IO for investigations.

I am lodging this report for Traffic Police action.





**SINGAPORE  
POLICE FORCE**



T/20211229/2063

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20211229/2063

**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 LUBIS RATNO BIN  
REDWAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/12/2021 17:51

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

SINGAPORE  
POLICE FORCE

Classification Of Case:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
 A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX**  
**Comprehensive**

Certificate No. A 300338457 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SMT8824C

2. Name of Policyholder  
 Tee Kian Chai

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 22/07/2021

4. Date of Expiry of Insurance  
 21/07/2022

5. Persons or Classes of Persons entitled to drive\*  
 Tee Kian Chai

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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use \*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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