

**NATIONAL Assessment Centre Services**

|                           |                                          |                       |         |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date: 15 / 12 / 2022      | Job description                          | Date & Time Completed | Done by |
| RefNO CA/MSG22012526/r3   | SAS e-filing                             |                       |         |
| VehNO SKK 4321 J          | E-mail (within 8hrs. A/P 2hrs)           |                       |         |
| DOA 13/12/2022            | i-Motor Claim Form                       |                       |         |
| OD/ (TP) / Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs)   |                       |         |
| TP Insurer:               | i-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

|                                 |                                                          |                       |
|---------------------------------|----------------------------------------------------------|-----------------------|
| TP Particulars:                 | Veh No: <b>SKV 8526 13</b>                               | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                        | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|----------------------------------------|-------------------------------------------------|----------------------|----------------------|
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |                      |                      |
| <b>Driver/Owner:</b>                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| <b>Contact No:</b>                     | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| <b>Damaged Portion:</b>                | 4) FT : Follow-Through Survey \$120             |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| <b>Auditors' Comments :-</b>           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| <b>Cat. 1:</b>                         | 6) TR : Re-inspection \$75                      |                      |                      |
| <b>Cat. 2/3:</b>                       | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|                                        | 8) NTUC Additional Services:-                   |                      |                      |
|                                        | OD:                                             |                      |                      |
|                                        | *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 \$0                         |                      |                      |
|                                        | Invoice date: 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 Actual 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 ..... 15/12/2022 09:54 (SGT)  
Reported by ..... Both  
Date of Accident ..... 13/12/2022 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Jalan Bukit Merah (Exit to CTE)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKK4321J

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Wee Hoe Auto Service  
Company Reg No ..... 3XXXX700X  
Email Address ..... weehoeauto@hotmail.com  
Mobile Phone No ..... (Phone) +65-82001770  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Jetta  
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  
Transmission ..... Auto  
CC ..... 1390

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300648407 MTR

#### DRIVER

Name of Driver ..... Lee Xue Pin, Connie  
NRIC No ..... SXXXX346I  
Date Of Birth ..... 20/12/1990  
Occupation ..... Indoor

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| Date Of Driving Pass .....                                         | 28/12/2009             |
| Driving experience .....                                           | 13 YEARS               |
| Gender .....                                                       | Female                 |
| Mobile Number .....                                                | (Phone) +65-91592747   |
| Alt. Phone Number .....                                            | -                      |
| Email Address .....                                                | weehoeauto@hotmail.com |
| Address .....                                                      | 911 Lorong 1 Toa Payoh |
| Address complement .....                                           | #15-01                 |
| Postcode .....                                                     | 319771                 |
| Is the driver the policyholder? .....                              | No                     |
| If No, Relationship of the Driver with the Insured .....           | Spouse                 |
| 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 .....   | Collision - Head to Rear |
| Weather Conditions ..... | Raining                  |
| Road Surface .....       | Wet                      |

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? .....                                                                | Yes |
| Was any injured conveyed to hospital by ambulance? .....                                                  | No  |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....                                                                                   | -   |
| Translator's ID .....                                                                                     | -   |
| Translator's phone number .....                                                                           | -   |
| Translator's email .....                                                                                  | -   |
| Original language used in the statement .....                                                             | -   |

DETAILS OF POLICE ACTION

|                                                 |                                       |
|-------------------------------------------------|---------------------------------------|
| Was the accident reported to the police? .....  | Yes                                   |
| Police Station Name .....                       | Tanglin Division Headquarters         |
| Police Station Phone No .....                   | (Phone) +65-18003910000               |
| Alt. Police Station Phone No .....              | (Fax) +65-63964900                    |
| Police Station Address .....                    | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. E/20221214/7022.

ATTACHMENT(S)

|                                                         |                      |
|---------------------------------------------------------|----------------------|
| Are accident photos available for attachment? .....     | Yes                  |
| Was there any video captured by Car Camera? .....       | Yes                  |
| Reasons for not uploading a video of the accident ..... | Yes with the driver. |

DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKV8526B |
| Vehicle Manufacturer .....        | Toyota   |
| Vehicle Model .....               | Harrier  |

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | S Elamparithi        |
| NRIC No .....                                 | SXXXX517H            |
| Contact Number .....                          | (Phone) +65-94526644 |
| 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 .....                              | Lee Xue Pin, Connie                               |
| Gender .....                                              | Female                                            |
| Phone No .....                                            | (Phone) +65-91592747                              |
| Address .....                                             | 911 Lorong 1 Toa Payoh                            |
| Address Complement .....                                  | #15-01                                            |
| Post Code .....                                           | 319771                                            |
| Approximate Age Years Old .....                           | 31                                                |
| Injuries Sustained .....                                  | Currently 26 weeks pregnant and given 12 days MC. |
| Injured person in which vehicle? .....                    | SKK4321J                                          |
| Were seat belts worn? .....                               | Yes                                               |
| Was this injured conveyed to hospital by ambulance? ..... | No                                                |

# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 12 / 2022) (DD/MM/YYYY), TIME: ( 18 : 30 ) (HH:MM)

LOCATION: Jalan Bukit Merah (Exit to CTE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK 4321 J  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 300648407 MTR  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Volkswagen Jetta AUTO / MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
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: Wee Hoe Auto Service (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 32889700X CONTACT: 9200 1770  
c) ADDRESS: 19 Kim Chuan terrace 537041

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

DRIVER

- a) NAME: Lee Xue Pin, Coinie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 900493461 CONTACT: 9159 2747  
c) ADDRESS: 911 Lorong 1 Tea Payoh #15-01 319771

\*d) DATE OF BIRTH: ( 20 / 12 / 1990 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 281 Aug 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 9526 B MODEL: Toyota Harrier  
b) DRIVER'S NAME: S Elamparithi  
c) NRIC/FIN/PASSPORT: S17055174 CONTACT: 9452 6644

## 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)  
( )

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

Email = Weehoeauto@hotmail.com

Fax =

VIDEO = Yes, with Owner

**SKETCH PLAN**

**IMPORTANT NOTICE**

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**5. Any false reporting may be referred to the Traffic Police Department for investigation.**

6. This report will be forwarded by the insurers to 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.

**WEE HOE AUTO SERVICE**

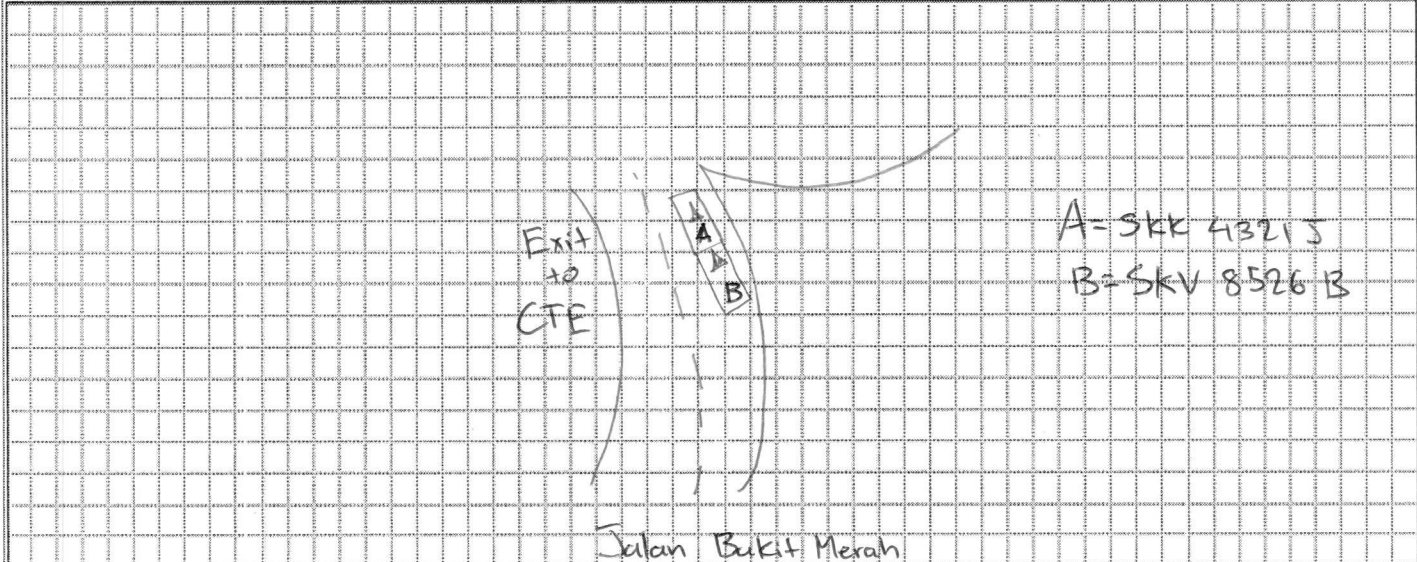
15/12/2022

..... Policyholder's Signature /Date & Time .....

..... Actual Driver's Signature (if driver is not the policyholder) / Date & Time .....

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report No. E/2022/2417022

Declaration

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

WEE HOE AUTO SERVICE



.....  
Policyholder's Signature / Date & Time



.....  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time



15/12/2022

.....  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



E/20221214/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20221214/7022

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

|                                                              |                                                                           |                     |
|--------------------------------------------------------------|---------------------------------------------------------------------------|---------------------|
| Date/Time Report Made<br>14/12/2022 14:05                    | Vide Report No.                                                           | Station Diary No.   |
| Name Of Informant<br>LEE XUE PIN, CONNIE                     | Address<br>911 LORONG 1 TOA PAYOH #15-01 SINGAPORE<br>319771              |                     |
| ID Type / ID No.<br>NRIC NO / S9049346I                      | Contact No.<br>Home/Office:                                               | Mobile:<br>91592747 |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>CONNIE LXP@HOTMAIL.COM                                   |                     |
| Occupation<br>Accountant (excluding tax accountant)          | Sex<br>Female                                                             | Age<br>31           |
| Institution/School Name                                      | Date of Birth<br>20/12/1990                                               | Race<br>Chinese     |
| Date/Time Of Incident<br>13/12/2022 18:30 - 14/12/2022 00:00 | Language<br>English                                                       |                     |
|                                                              | Location Of Incident<br>911 LORONG 1 TOA PAYOH #15-01 SINGAPORE<br>319771 |                     |

**Brief details.**

Traffic accident report with more than 3 days medical leave.

Jalan Bukit merah exit to cte on 13 Dec 2022 6.30pm.

I am the driver of SKK4321J and was rear ended by SKV8526B.

|                                                              |                                                                                                                                        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>14/12/2022 14:05                                                                                                         |
| Officer In-Charge Of Case:                                   | Classification Of Case:                                                                                                                |





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221214/7022

My personal details are: S9049346I, Connie Lee, Connie\_lxp@hotmail.com, Accountant, 9159 2747. I am currently 26 weeks pregnant and given 12 days MC.

His details (driver of SKV8526B) are: S1705517H, S Elamparithi, 9452 6644.

| Subjects Involved |                                       |                        |                                                   |
|-------------------|---------------------------------------|------------------------|---------------------------------------------------|
| <b>Suspect</b>    |                                       |                        |                                                   |
| Person Name       | S Elamparithi                         |                        |                                                   |
| ID Type           | NRIC NO                               | ID No                  | S1705517H                                         |
| Gender            | Male                                  |                        |                                                   |
| <b>Victim</b>     |                                       |                        |                                                   |
| Person Name       | LEE XUE PIN, CONNIE                   |                        |                                                   |
| ID Type           | NRIC NO                               | ID No                  | S9049346I                                         |
| Gender            | Female                                | Age                    | 31                                                |
| Race              | Chinese                               | Language               | English                                           |
| Occupation        | Accountant (excluding tax accountant) | Address                | 911 LORONG 1 TOA PAYOH<br>#15-01 SINGAPORE 319771 |
| Mobile No         | 91592747                              | Is Informant A Victim? | Yes                                               |
| Person Name       | LEE XUE PIN, CONNIE (Informant)       |                        |                                                   |

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

14/12/2022 14:05

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.

**MOTOR TRADE (ROAD RISK)  
MotorTrade Road Risk Third Party Only Contract**

**Certificate No.** A 300648407 MTR

**Excess : NIL**

**Windscreen Excess : NIL**

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

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

**2. Name of Policyholder**

Wee Hoe Auto Service

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

15/08/2022

**4. Date of Expiry of Insurance**

14/08/2023

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

\*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 Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

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

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

Mack Eng  
Chief Executive Officer