

NATIONAL Assessment Centre Services

Date In 27/01/2023	Job description	Date & Time Completed	Done by
Ref No CA/MSG 23000839/d4	SAS e-filing		
Yeh No SMH7768B	E-mail (within 8hrs. Aft 2hrs,		
DOA 27/01/2023 07:40	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insure:	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: CCN 6190	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 :*

[illegible]

Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Imaged Portion:	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) NI : Idac DA + SMRT Survey \$160		
Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	ON		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
editors' Comments	* N9: DV / Collect Excess Coordination INC \$20		



## 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	27/01/2023 18:30 (SGT)
Reported by	Both
Date of Accident	27/01/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL ROAD SLIP ROAD BOON LAY WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7768B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SOON HUAT
NRIC No	SXXXX688Z
Email Address	soonhuat69@gmail.com
Mobile Phone No	(Phone) +65-97531413
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	G 300253508 QMY

#### DRIVER

Name of Driver	LIM SOON HUAT
NRIC No	SXXXX688Z
Date Of Birth	01/01/1970
Occupation	Indoor

Date Of Driving Pass .....	29/09/1989
Driving experience .....	33 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97531413
Alt. Phone Number .....	-
Email Address .....	soonhuat69@gmail.com
Address .....	APT BLK 357 YUNG AN ROAD
Address complement .....	# 12-61
Postcode .....	610357
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	2
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	CCN6190
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	KHOO LI LIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230127/2012

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	CCN6190
Vehicle Manufacturer .....	Perodua
Vehicle Model .....	Myvi
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHD SAIFUL FAIRUS BIN OMAR
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 SOON HUAT
Gender .....	Male
Phone No .....	(Phone) +65-97531413
Address .....	APT BLK 357 YUNG AN ROAD
Address Complement .....	# 12-61
Post Code .....	610357
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMH7768B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	KHOO LI LIAN
Gender .....	Female
Phone No .....	(Phone) +65-97438752
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMH7768B
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

Jurong Town Hall Road slip Road Boon Lay Way

BOON LAY WAY

A: SMH 7768B

B: CCN 6190



JURONG TOWN HALL ROAD




**Describe Circumstances of the Accident**


REFER TO POLICE REPORT: T/2023 0127/2012.

**Declaration**

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

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

 27/1/23  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230127/2012

1 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230127/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2023 08:47	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: LIM SOON HUAT			Address: APT BLK 357 YUNG AN ROAD #12-61 SINGAPORE 610357	
ID Type / ID No.: NRIC NO / S7000688Z			Contact No.: Home/Office: Mobile: 97531413	
Nationality: SINGAPORE CITIZEN			Email: soonhuat69@gmail.com	
Sex: Male	Age: 53	Date of Birth: 01/01/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MECHANICAL DESIGNER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/01/2023 07:40	Type of Location: Slip Road
Location:  JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CCN6190	Car	PERODUA	Myvi	Red	Slightly Damaged	0
SMH7768B	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Brown	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230127/2012

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230127/2012

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7768B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300253508	31/01/2022	30/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MOHD SAIFUL FAIRUS BIN OMAR		ID No.	8402060654350301
Related Vehicle	CCN6190 (Car)		Contact No.	NIL
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
Driver				
Name	LIM SOON HUAT		ID No.	S7000688Z
Related Vehicle	SMH7768B (Car)		Contact No.	97531413
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	KHOO LI LIAN		ID No.	S7241854I
Related Vehicle	SMH7768B (Car)		Contact No.	97438752
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





**SINGAPORE  
POLICE FORCE**



T/20230127/2012

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230127/2012

**CONTINUATION OF REPORT**

**Brief Details.**

On 27/01/2023, at about 0740hrs, I was driving my Brown Toyota Noah, SMH7768B, along Jurong Town Hall Road on the left most lane when I arrived at the slip road towards Boon Lay Way. As there was a vehicle in front of me, I was stopped and waiting behind the pedestrian crossing for the car in front to proceed before I moved forward. Suddenly, I felt an impact from the rear of my vehicle. I then got down from my vehicle and discovered that a Malaysian vehicle, Red Perodua Myvi, CCN6190, had collided into the rear of my vehicle. After checking on the other driver, we decided to not block the road and move to the pickup point at Chinese Garden MRT to exchange particulars and take photos of our vehicles. While at the pickup point, we exchanged particulars and took photos of our vehicles. My vehicle sustained a dent at the rear door and rear bumper. The other party's vehicle sustained a dent on the front bumper. I then contacted my workshop and was advised to proceed to a police station to lodge a traffic accident report.

I wish to add that I have the contact number of the other party however I did not bring it with me. I have an in-car camera however it is facing the front.



**SINGAPORE  
POLICE FORCE**



T/20230127/2012

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20230127/2012

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /  
SGT 2 TENG JIUN SAI,  
PRESTON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/01/2023 08:47

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168



VEHICLE NO: SMH 7768B

MAKE &amp; MODEL: TOYOTA NOAH

☒ AUTO / ☐ MANUAL

DATE OF ACCIDENT	27 / 01 / 2023	*CC: 1800
TIME OF ACCIDENT	0740 AM / PM	
LOCATION OF ACCIDENT	JURONG TOWN HALL ROAD SLIP ROAD BOON LAY WAY.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	LIM SOON HUAT	
EMAIL	SOON HUAT 69 @ GMAIL.COM	Office: MOBILE: 9753 1413
NRIC	S 7000688Z	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO / <input type="checkbox"/>	
INSURANCE CO	MSIG	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO	G 300253508 QMY	
NAME OF DRIVER	<input checked="" type="checkbox"/> AS ABOVE / <input type="checkbox"/> IF NO:	
NRIC		
DATE OF BIRTH	01 / 01 / 1970	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO: 01	
NAME OF PASSENGER	KHOO LI LIAN	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE / <input type="checkbox"/>	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor / <input type="checkbox"/>	
DATE OF DRIVING PASS	29 / 09 / 1989	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO	Mobile: 9753 1413	Office:
EMAIL	SOON HUAT 69 @ GMAIL.COM	
ADDRESS	BLK 357 YUNG AN ROAD #12-61 S(610357)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: OWNER	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If <input checked="" type="checkbox"/> yes: Who? LIM SOON HUAT, KHOO LI LIAN	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes: Who?	
POLICE REPORT	No / If <input checked="" type="checkbox"/> yes: Where? JURONG EAST N.P.C	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES: WHO?	
VEHICLE B NO.	CCN 6190	Any Passenger: NO
NAME		
CONTACT NO	016 2603975	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO / <input type="checkbox"/>	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO / <input type="checkbox"/>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO / <input type="checkbox"/>	
Person Reporting	Driver / <input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Both	
Original Language Used	English / <input checked="" type="checkbox"/> Mandarin / <input type="checkbox"/> Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO / <input type="checkbox"/>	



**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 PLUS**  
**Comprehensive**

**Certificate No.** G 300253508 QMY

**Excess :** SGD500

**Windscreen Excess :** SGD100

**1. Index Mark and Registration Number of Vehicle**  
SMH7768B

**2. Name of Policyholder**  
Lim Soon Huat

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**  
31/01/2022

**4. Date of Expiry of Insurance**  
30/01/2023

**5. Persons or Classes of Persons entitled to drive\***  
Lim Soon Huat, Lim Jun Wei  
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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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