

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 11 Oct 2022 / 16:36:00)

Vehicle Insurance Details



Vehicle No.:

SHD7218C

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20221012162248998179

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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Session Transaction History

| S/No | Asset Type | Asset ID | Transaction Type | Transaction Amount(S\$) | Log Date/Time |
|------|------------|----------|---------------------------------------------------|-------------------------|------------------|
| 1 | Vehicle | SHD7218C | 18.19 Enquire Veh Owner Info (Others) by Law Firm | 7.49 | 12 Oct 2022 / 16 |



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 | 12/10/2022 14:25 (SGT) |
| Reported by | Driver |
| Date of Accident | 11/10/2022 12:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | HOLLAND AVE TOWARD HOLLAND ROAD (OPP LAM POST 13) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GX5129X |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | THL FOUNDATION EQUIPMENT PTE. LTD. |
| Company Reg No | 2XXXXX545C |
| Email Address | jamaludinmohamedodin@gmail.com |
| Mobile Phone No | (Phone) +65-96986649 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Nissan |
| Model | P/UP LOWBED |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Goods vehicle |
| Transmission | Manual |
| CC | 2664 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | B 29148160 TMV |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | JAMALUDIN BIN MOHAMED |
| NRIC No | SXXXX865I |
| Date Of Birth | 30/04/1962 |
| Occupation | Outdoor |

| | |
|--------------------------------------------------------------|-------------------------------------|
| Date Of Driving Pass | 25/10/1985 |
| Driving experience | 37 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96986649 |
| Alt. Phone Number | - |
| Email Address | jamaludinmohamedodin@gmail.com |
| Address | BLK 657 WOODLANDS RING ROAD #09-334 |
| Address complement | - |
| Postcode | 730657 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Major/Minor Rd |
| 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) | 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 | Choa Chu Kang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007659999 |
| Alt. Police Station Phone No | (Fax) +65-67644104 |
| Police Station Address | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/TP REPORT

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 | SHD7218C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|-----------------------------------------|------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 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 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.

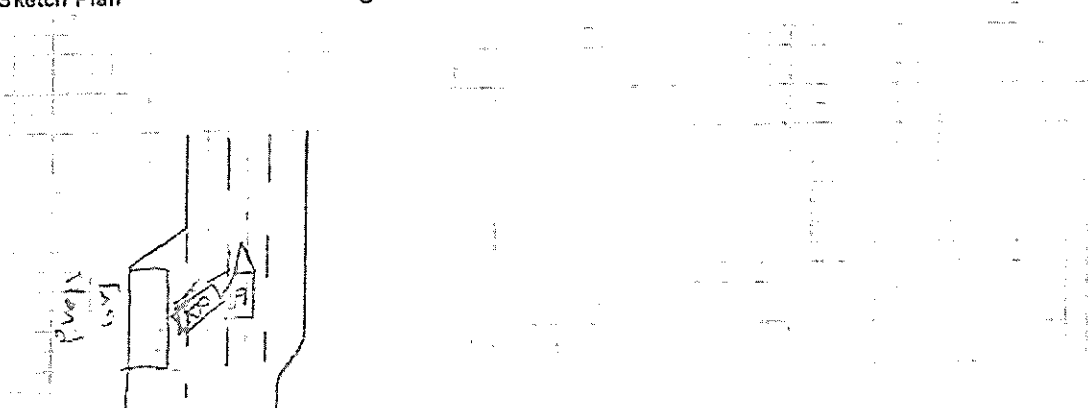
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Holland Road



Holland Ave

A: GX5129X
B: SHD721BC

Describe Circumstance of the Accident

Ref. to TS 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
(Name as in NR/COD card)



**SINGAPORE
POLICE FORCE**



T/20221011/2075

1 of 3

Report No: T/20221011/2075

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---------------------------------------------|------------|------------------------------|-------------------------------------------------------------------------|---------------------------|----------------------------|
| Date/Time Report Made: 11/10/2022 16:36 | | Vide Report No.: | | Station Diary No.: 100 | |
| Informant's Particulars | | | | | |
| Name of Informant: JAMALUDIN BIN MOHAMED | | | Address: APT BLK 657 WOODLANDS RING ROAD #09-334 SINGAPORE 730657 | | |
| ID Type / ID No.: NRIC NO / S15698651 | | | Contact No.: Home/Office: Mobile: 96906649 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 60 | Date of Birth: 30/04/1962 | Type of Informant: Driver | | |
| Race: Malayalee | | | Language: | | Institution / School Name: |
| Occupation: DISPATCH DRIVER | | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|----------------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 11/10/2022 12:10 | Type of Location: Straight Road |
| Location: HOLLAND AVENUE | | | | |
| Lamp Post Number: 13 | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| GX5129X | Lorry | | | | Slightly Damaged | 0 |
| SHD7218C | Car | | | | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20221011/2075

1 of 3

Report No. T/20221011/2075

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:
J /
SGT 1 MANIKADAN V S

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/10/2022 16:36

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20221011/2075

2 of 3

Report No. T/20221011/2075

CONTINUATION OF REPORT

Brief Details.

On the 11/10/2022, while working, I was driving on Holland Ave heading towards Holland Road driving on the right lane. At Holland Road Shopping Centre, a taxi at the taxi stand wanted to head to the rightmost lane to make a u turn. As I was approaching the traffic junction, I had slowed down my vehicle. Later the front right side of the taxi collided with the left front side of my vehicle.

No one from this incident was injured.

I am lodging this report for insurance claim purpose.

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Billing To: THL Foundation Equionebt PTE Ltd
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

Invoice no.: TP22100018
Date: 16 JAN 2023

Vehicle no: GX5129X

Model : NISSAN P/UP LOWBED

| ITEM | DESCRIPTION | AMOUNT |
|------|-------------------------------------------------------------------------------------------------------------------|-----------|
| 1 | Date of Inspection : 21 OCT 2022 copies of the inspection / survey report Correspondence, postages and etc. | \$ 620.00 |
| 2 | Photography Services Develop photographs Storage of digital photographs | |
| 3. | To submit report by hand. | |
| 4. | Charges on photocopies, posting, faxes and others incidental works entrusted. | |
| 5 | Transportation Charges | |
| 6 | Reinspection Charges | |
| | TOTAL : | \$ 620.00 |

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.

Official Stamp

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

Report Ref : TP22100018

Date: 16 JAN 2023

THL Foundation Equinebt PTE Ltd
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

THIRD PARTY SURVEY ACCIDENT OCCURED ON 11 OCT 2022

Workshop Name and Address

Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

As per your instruction dated 21 OCT 2022
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
GX5129X

1. VEHICLE PARTICULARS

Registration No : GX5129X
Model : NISSAN P/UP LOWBED
Year / Capacity : JUN 2004 / 1997 cc
Chassis No : JN1AHGD22Z0033242

Engine No : TD27736247
Mileage : 651 900 km
Colour : White

2. TYRES CONDITION

| | <u>Size</u> | <u>Made</u> | <u>Balance</u> | <u>Rim</u> |
|-------------|-------------|-------------|----------------|------------|
| FRONT O/S : | 195/50/R15 | Bridgestone | 7.00 mm | Normal |
| REAR O/S : | 195/50/R15 | Bridgestone | 7.00 mm | Normal |
| FRONT N/S : | 195/50/R15 | Bridgestone | 7.00 mm | Normal |
| REAR N/S : | 195/50/R15 | Bridgestone | 7.00 mm | Normal |

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the front portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 07 working days to complete

5. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey done on a "**Without Prejudice**" basis. We hope that this report will be of assistance to you in dealing with the matter.

6. Should you discover any discrepancy in the report, please kindly notify us **within 1 week**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

-Vehicle Number : GX5129X

SPARE PARTS

| QTY | PARTS DESCRIPTION | CONDITION | Workshop Estimation (S\$) | Our Revised Estimation (S\$) |
|-------------------|------------------------------|------------------------|---------------------------------|------------------------------------|
| <u>List Items</u> | | | | |
| 1 pc | Front Bumper Fascia | bent | \$ 950.00 | \$ 950.00 |
| 1 pc | Front Bumper Side Retainer | grazed/deformed | \$ 44.20 | \$ 44.20 |
| 1 pc | Front Bumper Side Attachment | electronically shocked | \$ 96.40 | \$ 96.40 |
| 1 pc | Front Fender | necessary | \$ 855.00 | \$ 855.00 |
| 1 pc | Front Support Panel | bent/distorted | \$ 620.70 | \$ 620.70 |
| 1 pc | Front Cross Member | bent/distorted | \$ 1,550.00 | \$ 1,550.00 |
| Parts Sub-Total | | | \$ 4,116.30 | \$ 4,116.30 |
| Discount 30.00% | | | \$ 1,234.89 | \$ 1,234.89 |
| | | | \$ 2,881.41 | \$ 2,881.41 |

Nett Items

| | | | | |
|-----------------|----------------------------------|------------------------|-------------|-------------|
| 1 pc | Front Grille | distorted | \$ 450.00 | \$ 450.00 |
| 1 pc | Front Grille Badge | necessary | \$ 65.00 | \$ 65.00 |
| 8 pcs | Front Grille Clips | necessary | \$ 80.00 | \$ 80.00 |
| 10 pcs | Front Bumper Clips | necessary | \$ 70.00 | \$ 70.00 |
| 1 pc | Fog Lamp cover | electronically shocked | \$ 90.00 | \$ 90.00 |
| 1 pc | Head Lamp Assy | electronically shocked | \$ 820.00 | \$ 820.00 |
| 1 pc | Front Fender Splash Shield | wrapped/deformed | \$ 100.00 | \$ 100.00 |
| 8 pcs | Front Fender Splash Shield Clips | necessary | \$ 80.00 | \$ 80.00 |
| 1 pc | Front knuckle arm | bent | \$ 650.00 | \$ 650.00 |
| 1 pc | Front lower arm | bent | \$ 245.00 | \$ 245.00 |
| 1 pc | Front absorber | bent | \$ 325.00 | \$ 325.00 |
| 1 pc | Front wheel bearing hup | bent | \$ 135.00 | \$ 135.00 |
| Parts Sub-Total | | | \$ 3,110.00 | \$ 3,110.00 |
| Discount 10.00% | | | \$ 311.00 | \$ 311.00 |
| | | | \$ 2,799.00 | \$ 2,799.00 |

-Vehicle Number : GX5129X

SPARE PARTS


| QTY | PARTS DESCRIPTION | CONDITION | Workshop Estimation (S\$) | Our Revised Estimation (S\$) |
|---------------------------|--------------------|------------------|---------------------------------|------------------------------------|
| <u>Special Nett Items</u> | | | | |
| 1 pc | Front rim | distorted | \$ 320.00 | \$ 320.00 |
| 1 pc | Front Number Plate | wrapped/deformed | \$ 65.00 | \$ 65.00 |
| 1 pc | Front tyre | bent/distorted | \$ 280.00 | \$ 250.00 |
| Special Nett Sub-Total | | | \$ 665.00 | \$ 635.00 |
| Spare Parts Total | | | \$ 6,345.41 | \$ 6,315.41 |

LABOUR COST

| S/No | JOB DESCRIPTIONS | Workshop Estimation (S\$) | Our Revised Estimation (S\$) |
|------|---------------------------------------------------------------------------------------|---------------------------|------------------------------|
| | Spare PartsTotal c/f | \$ 6,345.41 | \$ 6,315.41 |
| 1 | Towing | \$ 120.00 | \$ 120.00 |
| 2 | To Tuff Coat Affected Areas. | \$ 150.00 | \$ 120.00 |
| 3 | To Remove & Replace front Undercarriage Components. | \$ 280.00 | \$ 250.00 |
| 4 | To Check & Adjust Computer Wheel Alignment. | \$ 150.00 | \$ 120.00 |
| 5 | To Check & Reconnect Snap Wiring. | \$ 250.00 | \$ 240.00 |
| 6 | To Respray Affected Areas. | \$ 1,400.00 | \$ 1,200.00 |
| 7 | To Remove & Refix Air Cond Condensor, Piping, Vacuum & Top Up Gas. | \$ 150.00 | \$ 120.00 |
| 8 | To Remove & Refix Radiator & Top Up Coolant. | \$ 150.00 | \$ 120.00 |
| 9 | To Renew Damaged Parts, Straighter & Repair Front Chassis Member & Aligned All Parts. | \$ 1,600.00 | \$ 1,400.00 |
| | Total | \$ 10,595.41 | \$ 10,005.41 |

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of :

\$ 8,000.00


Fong Kok Heng
Qualified Appraiser



ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677978
Tel: 6760 6271

The Foundation Equipment Pte Ltd

c/o M/s Eng Soon Painting Services
Block 4 Yew Tee Ind Est 393-
Woodlands Road
Singapore 677969

Date: 16 January 2023

Dear Sir,

Date of accident : 11 October 2022
Final repair bill to: GX 5129 X

To Supply,

| | |
|----------------------------------------------|-------------------|
| Repairs recommended By the surveyor | \$8,000.00 |
| Total | \$8,000.00 |

Dollars: EIGHT THOUSAND ONLY



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01 SGX Centre 2, Singapore 069307
Tel: +65 6827 7888, Fax: +65 6827 7800
Lic. Reg. No. 20041231111, CTR Reg. No. 20041231111

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 2.300

COMMERCIAL VEHICLE - TP

Code Carrying Vehicle - Sec. I

Third Party

Certificate No. B 29146160 TMV

1. Index Mark and Registration Number of Vehicle

GX5129X

2. Name of Policyholder

THL Foundation Equipment Pte Ltd

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

21/12/2021

4. Date of Expiry of Insurance

20/12/2022

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in

connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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