

NATIONAL Assessment Centre Services

Date: 03/05/2023	Job description	Date & Time Completed	Done by
RefNo CA/MSG23004523/d4	SAS e-filing		
VehNo SMD 7949S	E-mail (within 2hrs, Aft 2hrs)		
DOA 02/05/2023 17:30	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHB 6244T.	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	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	Amc (\$)	An	Ad
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idau DA + SMRT Survey \$160			
	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			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idau 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 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	03/05/2023 18:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/05/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS JURONG AFTER ADAM EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7949S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHO SIOK CHING
NRIC No	SXXXX466J
Email Address	khojessica@hotmail.com
Mobile Phone No	(Phone) +65-97868758
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300657811 ATM

DRIVER

Name of Driver	KHO SIOK CHING
NRIC No	SXXXX466J

Date Of Driving Pass	14/09/2000
Driving experience	22 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97868758
Alt. Phone Number	-
Email Address	khojessica@hotmail.com
Address	APT BLK 733 JURONG WEST STREET 73
Address complement	# 06-22
Postcode	640733
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230503/2042

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	SHB6244T
Vehicle Manufacturer	-
Vehicle Model	-

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBC1666H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMJ4812S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMM1891R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMN2465B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHO SIOK CHING
Gender	Female
Phone No	(Phone) +65-97868758
Address	APT BLK 733 JURONG WEST STREET 73
Address Complement	# 06-22
Post Code	640733
Approximate Age Years Old	-
Injuries Sustained	PAIN ON LEFT SHOULDER AND NECK - GIVEN 4 DAYS OF MC
Injured person in which vehicle?	SMD7949S
Were seat belts worn?	-
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 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.

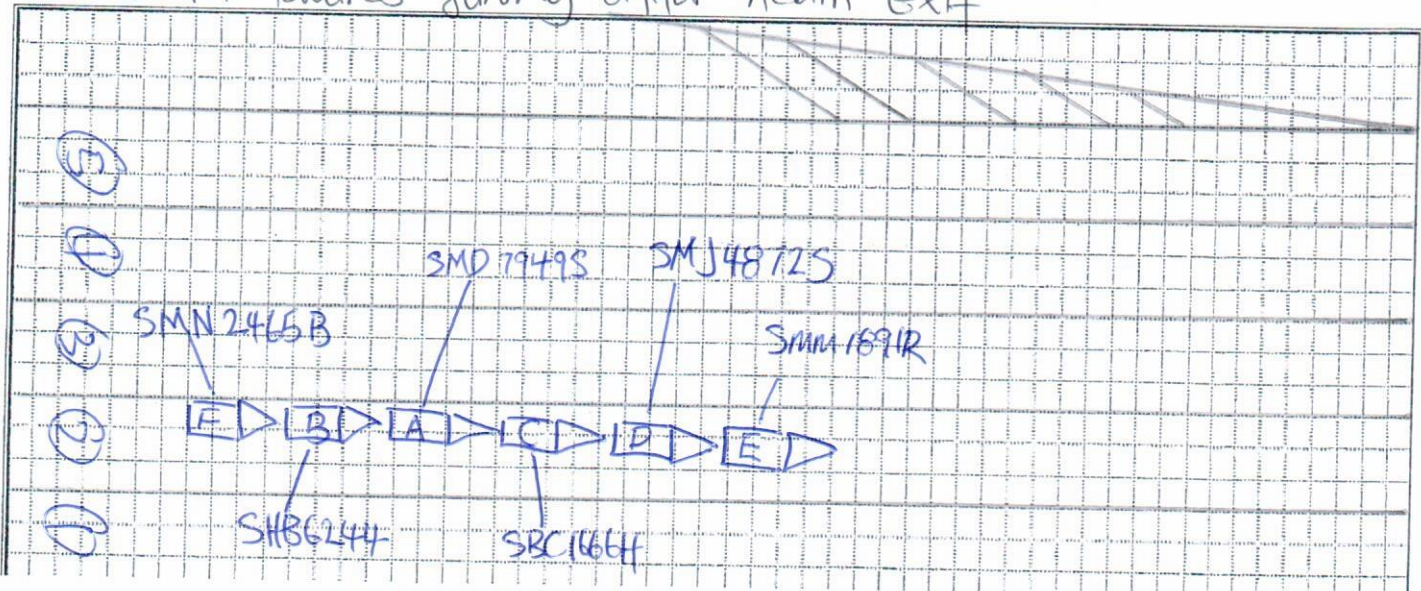
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE towards Jurong after Adam Exit



Describe Circumstance of the Accident

At the above date and time of accident I was driving along PIE toward tuas after adam exit I was on lane 2, there a accident infront of me and I manage to stop in time just behind SBC1666H suddenly I felt a huge impact a taxi crash on to me and push my car forward and hit the infront of me a come out of my car and realise that it wa a chain accident of 6 car

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



3/5/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230503/2042

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20230503/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2023 11:43	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: KHO SIOK CHING			Address: APT BLK 733 JURONG WEST STREET 73 #06-22 SINGAPORE 640733		
ID Type / ID No.: NRIC NO / S2630466J			Contact No.: Home/Office: Mobile: 97868758		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 56	Date of Birth: 17/04/1967	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: TEACHER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/05/2023 17:30	Type of Location: EXPRESSWAY
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBC1666H	Car					0
SHB6244T	Car					0
SMD7949S	Car	TOYOTA	VIOS 1.5 G (AUTO)	Grey	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20230503/2042

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Report No. T/20230503/2042

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD7949S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300657811	05/09/2022	04/09/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	KOH CHOON HENG	ID No.	NIL
Related Vehicle	SHB6244T (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	KHO SIOK CHING	ID No.	S2630466J
Related Vehicle	SMD7949S (Car)	Contact No.	97868758
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/05/2023	Date Discharge	02/05/2023
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 02/05/2023 at about 5:30pm, I was driving my car on PIE towards Tuas. I was on the 2nd lane when a car in front of me, SBC1666H made an abrupt stop. I was unsure if I managed to press the brake on time. Due to that, I felt a huge impact from the back. A taxi, SHB6244T had hit the rear of my car. I was unsure if the impact caused me to hit the car in front of me. I wish to state that no traffic police attended to the accident. No ambulance was at scene. A total of 6 vehicles were involved in the accident and I was the 4th vehicle. I had only managed to exchange particulars with the taxi that hit the rear of my vehicle.

I had visited the clinic yesterday as I had pain on my left shoulder and neck. I was given 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20230503/2042

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20230503/2042

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SR STAFF SGT NUR
SUSHEILAWATY BINTE ABD
RAHIM

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
03/05/2023 11:43

Classification Of Case:

NP168



Clementi Family & Aesthetic Clinic

321 Clementi Ave 3 #01-14/15 Singapore 129905

Tel: 6776 6177 Fax: 6776 6165

MEDICAL CERTIFICATE

MC No: OD0000310188

NAME: KHO SIOK CHING

PID: 30929

NRIC: S2630466J

This is to certify that the above patient name is Unfit for Work/School

for a period of 4 day(s)

from 02-05-2023 to 05-05-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

CLEMENTI FAMILY & AESTHETIC CLINIC

321 Clementi Ave 3

#01-14/15 Singapore 129905

Tel: 6776 6177 Fax: 6776 6165

RCB No & GST No: 201229723N

Dr. Joanna Foo

Issued by

Signature

02/05/2023

Date

RCB No & GST No: 201229723N



Clementi Family & Aesthetic Clinic

321 Clementi Ave 3 #01-14/15 Singapore 129905

Tel: 6776 6177 Fax: 6776 6165

TAX INVOICE

Invoice No. CL045153
Invoice Date: 02/05/2023

Attending Doctor: Dr. Joanna Foo

KHO SIOK CHING (SXXXX466J)

Ref ID :30929

Item Name	Quantity	UOM	DISC	Total Price
CELEBREX 200MG	14	CAP/S		27.00
MYONAL 50MG	20	TAB		20.00
CONSULTATION	1	EA		28.00

Subtotal : \$75.00

8% GST : \$6.00

Total : \$81.00

Amount Paid : \$81.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Company	Status
RT054140	02/05/2023	81.00	MASTER		Completed

For safety reasons, medications sold are non-refundable and non-exchangeable.

Repeat of medications will be at the doctor's discretion and an OTC-surcharge will be levied.

CLEMENTI FAMILY & AESTHETIC CLINIC

321 Clementi Ave 3

#01-14/15 Singapore 129905

Tel: 6776 6177 Fax: 6776 6165

RCB No & GST No: 201229723N

RCB No & GST No: 201229723N

M816

VEHICLE NO: SMD7949 S

MAKE & MODEL: Toyota vlog

AUTO / MANUAL

DATE OF ACCIDENT	<u>02 / 05 / 2023</u>	<u>1.5</u> C.C.
TIME OF ACCIDENT	<u>5.30</u> AM / PM	
LOCATION OF ACCIDENT	<u>PIE toward Jurong after adqm exit</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>KHO SICK CHING</u>	
EMAIL <u>khojessica@hotmail.com</u>	OFFICE:	MOBILE: <u>97868758</u>
NRIC	<u>S2630466 J</u>	
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INCURENCE CO.		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	<u>S2630466 J</u>	
DATE OF BIRTH	<u>17 / 4 / 1967</u>	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER	<u>—</u>	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>14 / 9 / 2000</u>	
GENDER	MALE / <u>FEMALE</u>	
CONTACT NO.	Mobile:	Office: Home:
EMAIL		
ADDRESS	<u>BK 733 Jurong west st 73 #06-22 640733</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURE:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTACT NO.		
ROLICE REPORT	<u>No</u> / If yes, Where? <u>Nanyang</u>	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	<u>SHB6244 T</u>	Any Passenger: <u>1</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>SBC 1666H</u>	Any Passenger:
VEHICLE D NO.	<u>SMJ 4812S</u>	Any Passenger:
VEHICLE E NO.	<u>SMM 1891R</u>	Any Passenger:
VEHICLE F NO.	<u>SMN 2465B</u>	Any Passenger: <u>1</u>
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / <u>BOTH</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



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.

TOYOTA DRIVEELITE2 Comprehensive

Certificate No. A 300657811 ATM

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SMD7949S

2. **Name of Policyholder**
Kho Siok Ching

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
05/09/2022

4. **Date of Expiry of Insurance**
04/09/2024

5. **Persons or Classes of Persons entitled to drive***
Kho Siok Ching
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 MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

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