

NATIONAL Assessment Centre Services

Date In 15/05/2023
 Ref No CA/MSG 23004956/04
 Veh No SJA 4498 Y
 DOA 13/05/2023 17:50

OD/TP Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, Aft 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SNE 7824B. Tel: Fax:
 Owner / Driver: () INC () / Non-INC ()
 Policy No: () Tel: ()
 Confirmed by: () Date: () Cover Type: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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	Am't (\$)	Am't Add
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUG 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		
	2P (N11): TP (N-on INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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 15/05/2023 19:01 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 13/05/2023 17:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVENUE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA4498Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN CHIN CHYE (ZENG JINCAI)
NRIC No SXXXX328B
Email Address DESERTER18@HOTMAIL.COM
Mobile Phone No (Phone) +65-97462647
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 300634011 QMY

DRIVER

Name of Driver CHAN CHIN CHYE (ZENG JINCAI)
NRIC No SXXXX328B
Date Of Birth 18/02/1980
Occupation Indoor

Date Of Driving Pass	03/02/2006
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97462647
Alt. Phone Number	-
Email Address	DESERTER18@HOTMAIL.COM
Address	APT BLK 587 WOODLANDS DRIVE 16
Address complement	# 09-42
Postcode	730587
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	3
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)	4
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	-

PASSENGER 1

Name	AMAS CHAN YU HENG
Gender	Male

PASSENGER 2

Name	BRYCEN CHAN CHUN KIET
Gender	Male

PASSENGER 3

Name	KWAN KAR MUN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230514/7019

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 FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNE7824B
 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 2

Vehicle Registration Number XE1163X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 CHAN CHIN CHYE (ZENG JINCAI)
 Gender Male
 Phone No (Phone) +65-97462647
 Address APT BLK 587 WOODLANDS DRIVE 16
 Address Complement # 09-42
 Post Code 730587
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK GIVEN 5 DAYS OF MC
 Injured person in which vehicle? SJA4498Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person KWAN KAR MUN
 Gender Female
 Phone No (Phone) +65-96800757
 Address -
 Address Complement -

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SJA4498Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	AMAS CHAN YU HENG
Gender	Male
Phone No	(Phone) +65-97462647
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SJA4498Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	BRYCEN CHAN CHUN KIET
Gender	Male
Phone No	(Phone) +65-97462647
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SJA4498Y
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

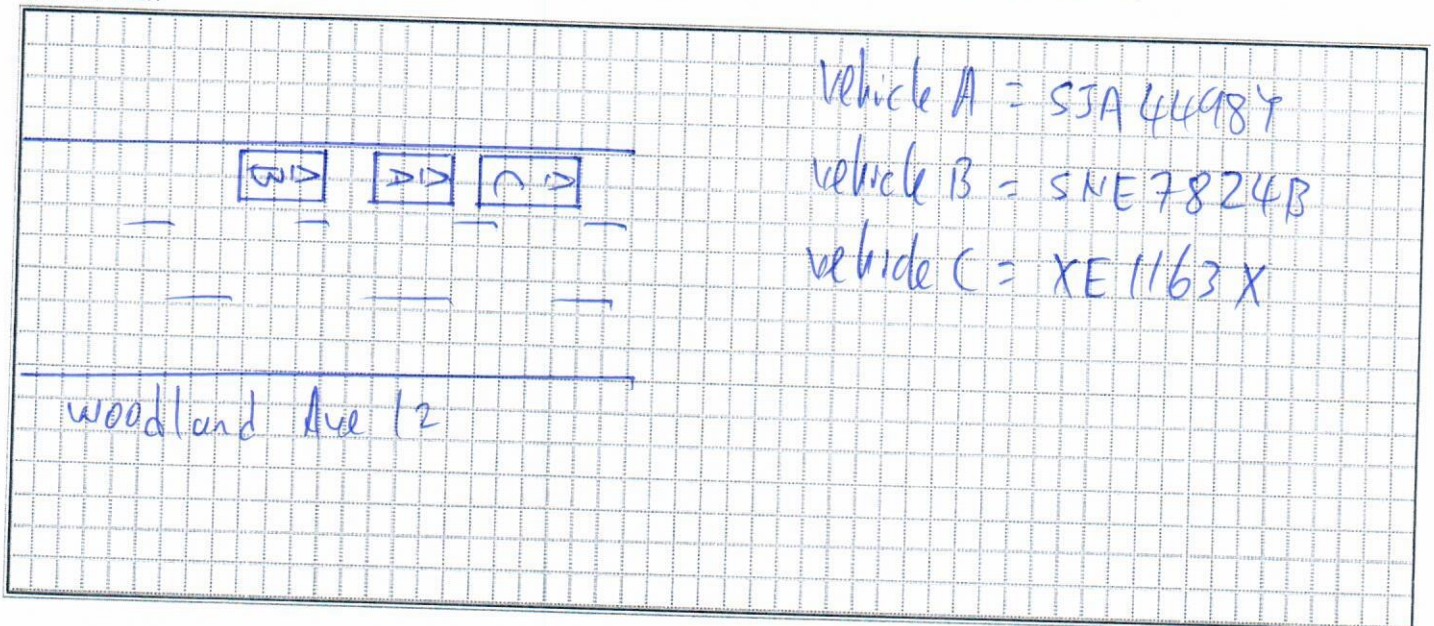


Driver's Signature (if driver is not the policyholder) / Date & Time

 15/5/2023

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

Sketch Plan



Vehicle A = SJA 4498Y
Vehicle B = SNE 7824B
Vehicle C = XE 1163X

Woodland Ave 12

Describe Circumstance of the Accident

Refer To Police Report : T/20230514/7019

Declaration

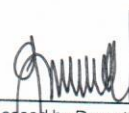
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 15/5/2023

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



SINGAPORE POLICE FORCE



T/20230514/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20230514/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2023 13:24		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: CHAN CHIN CHYE		Address: 587 WOODLANDS DRIVE 16 #09-42 SINGAPORE 730587	
ID Type / ID No.: NRIC NO / S8005328B		Contact No.: Home/Office: Mobile: 97462647	
Nationality: SINGAPORE CITIZEN		Email: DESERTER18@HOTMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 18/02/1980	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: SALE MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 17:50	Type of Location: Straight Road
Location: WOODLAND AVE 12				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJA4498Y	Car	HONDA	SHUTTLE	White	Seriously Damaged	3
SNE7824B	Car	KIA	CERATO K3	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230514/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230514/7019

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE1163X	Trailer	MITSUBISHI		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	CHAN CHIN CHYE	ID No.	S8005328B
Related Vehicle	SJA4498Y (Car)	Contact No.	97462647
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/05/2023	Date	14/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Passenger

Name	AMAS CHAN YU HENG	ID No.	T0730612H
Related Vehicle	SJA4498Y (Car)	Contact No.	97462647
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/05/2023	Date	14/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Passenger

Name	BRYCEN CHAN CHUN KIET	ID No.	T1128437F
Related Vehicle	SJA4498Y (Car)	Contact No.	97462647
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/05/2023	Date	14/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20230514/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230514/7019

CONTINUATION OF REPORT

Passenger			
Name	KWAN KAR MUN	ID No.	S8477598C
Related Vehicle	SJA4498Y (Car)	Contact No.	96800757
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/05/2023	Date	14/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 13/5/2023 at about 1750 Hrs,i was driving my vehicle SJA4498Y along Woodland Ave 12 towards Sembawang with 3 passenger onboard(my wife and 2 children)
While i was traveling straight on the extreme left Lane,in front of me the trailer truck XE1163X stop,so i follow and come to a complete stopped.Suddenly i felt a great impact from behind and the impact push my vehicle forward and collided onto the said trailer truck.I alighted my vehicle and discover that a vehicle SNE7824B cannot stop on time and rear ended my vehicle rear portion and cause damage and dented to my vehicle rear section.After the accident,my vehicle was tow back to the car work shop.
I,my wife and my 2 children neck and back pain due to the impact of the accident so we consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230514/7019

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Report No. T/20230514/7019

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

NP168

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

Date/Time:
14/05/2023 13:24

Classification Of Case:

SJA 44984

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 13/05/2023

Time of Accident: 1750 (AM / PM)

Location of Accident: Woodland Ave 12

Country/State of Loss: SG

Type of Accident: Chain Collision

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify —

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: —

No. of vehicles Involved in the accident (include own vehicle) 5

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: Traffic Police

Was notice of Prosecution given? Yes / No

If yes, against whom? —

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No File too big with owner

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SJA 4498Y
Vehicle Category: Suloon
Vehicle Manufacturer: Honda Vehicle Model: Shuttle
Transmission: Manual / Auto Cc: 1.5

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 4

Passenger Name: Amas Chan / Kwan Icar Man

Gender: Male / Female / Female

Passenger Name: Boycen Chan

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: MSIG A300634011 QM7

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Chan Chin Chye

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S8005328B

Email: DESERTER18@HOTMAIL.COM

Mobile No: 9746 2647

Alt. No Type: Home / Office / Not in List

If Not in List, please specify —

Owner Alt Phone No: —

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver: Chan Chin Chye

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S 8005328B

Date of Birth: 18/02/1980

Driving Pass Date: 03/FEB/2006

Mobile No: 9746 2647

Email: DESERTER18@HOTMAIL.COM

Address 1: 587 woodland Dr 16 #09-42

Address 2: _____ Postal Code: 730587

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship owner

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i)	Vehicle Registration No:	<u>SNE 7824 B</u>	<u>XE 1163X</u>
(ii)	Vehicle Category:	<u>Saloon</u>	<u>Lorry</u>
(iii)	No. of passengers (including driver)	<u>unknown</u>	<u>unknown</u>
Passenger Name:		_____	_____
Gender:		<u>Male / Female</u>	_____

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / ~~Passport~~ or ~~FIN~~ / ~~Work Permit~~

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident?

Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses?

Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

**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.** A 300634011 QMY**Excess : SGD500****Windscreen Excess : SGD100****1. Index Mark and Registration Number of Vehicle**

SJA4498Y

2. Name of Policyholder

Chan Chin Chye

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

05/08/2022

4. Date of Expiry of Insurance

03/08/2023

5. Persons or Classes of Persons entitled to drive*

Chan Chin Chye

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

Mack Eng
Chief Executive Officer