

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 07/07/2023	Job description	Date & Time Completed	Done by
Ref No: CALMS423006864/d4	SAS e-filing		
Yeh No: GBF 3377M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/07/2023 08:15	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JFC 7985	INC () / Non-INC ()
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	A
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) N1: Idac 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: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 07/07/2023 09:30 (SGT)
Reported by Actual Driver
Date of Accident 06/07/2023 08:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TOWARDS BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3377M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FONDA GLOBAL ENGINEERING PTE LTD
Company Reg No 1XXXXX805W
Email Address sinhocklee@yahoo.com.sg
Mobile Phone No (Phone) +65-90230304
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300353280 MKC

DRIVER

Name of Driver KAMARUDIN BIN MD YUSOF
NRIC No SXXXX272G
Date Of Birth 28/12/1972
Occupation Outdoor



Date Of Driving Pass	12/03/2008
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90230304
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	APT BLK 659C PUNGGOL EAST
Address complement	# 07-751
Postcode	823659
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	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	7
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JFC7985
Vehicle Category	Motorcycle

FOREIGN VEHICLE 2

Vehicle Registration Number	JST5993
Vehicle Category	Motorcycle

FOREIGN VEHICLE 3

Vehicle Registration Number	JUX6913
Vehicle Category	Motorcycle

FOREIGN VEHICLE 4

Vehicle Registration Number	JVH7659
Vehicle Category	Motorcycle

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/20230706/7031

*PLEASE BE INFORMED THAT THE DRIVER DO NOT KNOW THE SEQUENCE AND THE POSITIONS OF THE MOTORCYCLES.

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 JFC7985
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour Red
Vehicle Category Motorcycle
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 JST5993
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 JUX6913
Vehicle Manufacturer Yamaha
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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	JVH3821
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Motorcycle
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 5

Vehicle Registration Number	JVH7659
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Motorcycle
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 6

Vehicle Registration Number	SLT2501A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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.
 - (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.

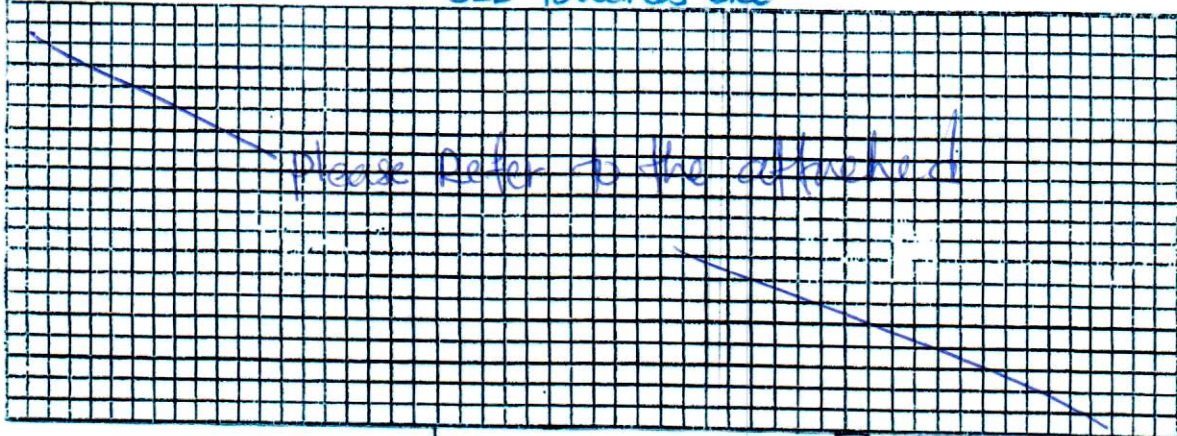


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



* please be informed that the sequence of the motorcycles is unknown. sketch is according to the driver's statement.

A- GBF 3377M

Car- SLT 2501A

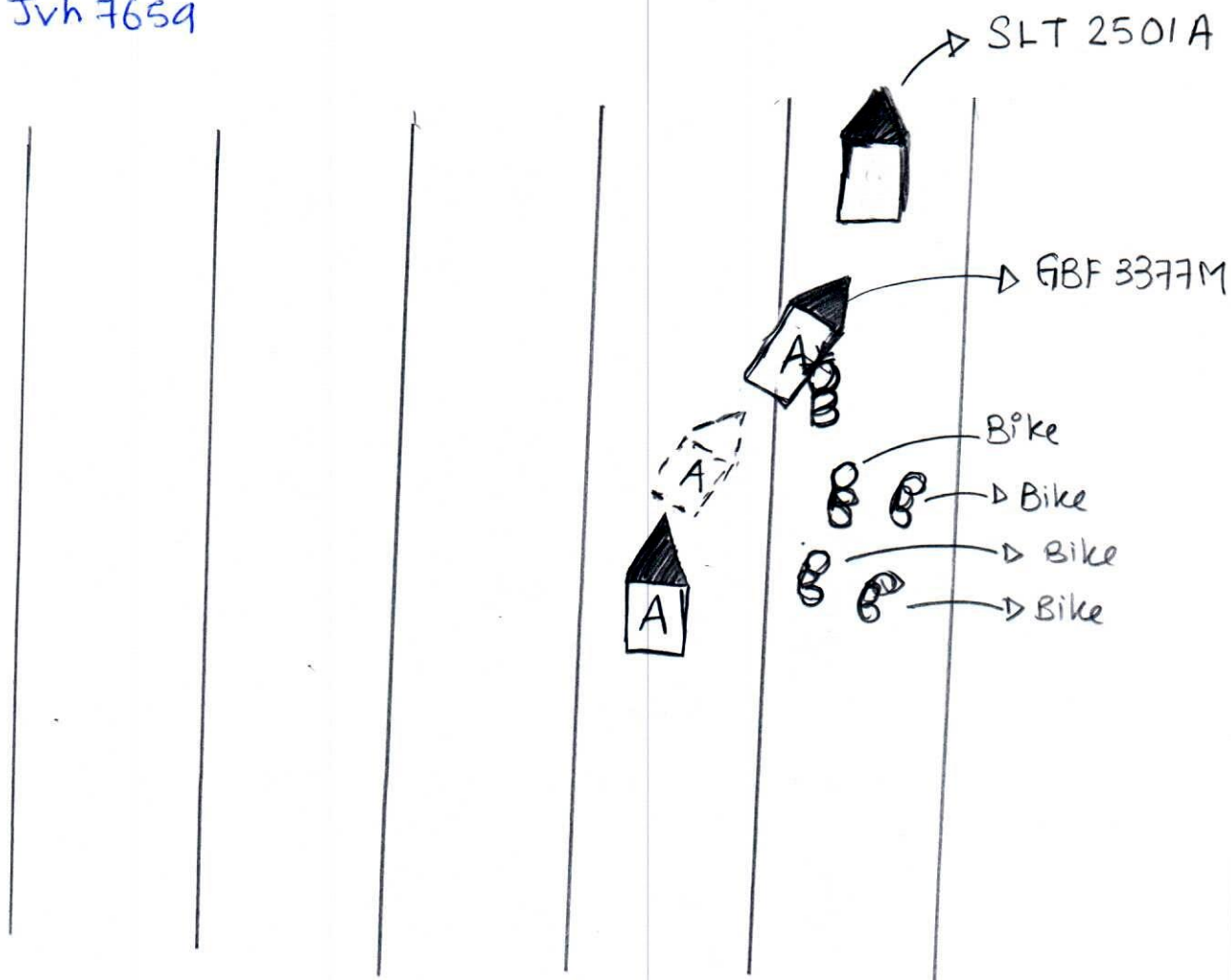
Bike- JFC 7985

Bike- Jst 5993

Bike- Jux 6913

Bike- Jvh 3821

Bike- Jvh 7659



Describe Circumstance of the Accident

please Refer to the attached police Report
— 7/20230706/7031 —

Declaration

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



Policyholder's Signature / Date & Time

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

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



SINGAPORE POLICE FORCE



T/20230706/7031

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

1 of 5

Report No. T/20230706/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 14:11	Vide Report No.: F/20230706/0046	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: KAMARUDIN BIN MD YUSOF			Address: 659C PUNGGOL EAST #07-751 SINGAPORE 823659	
ID Type / ID No.: NRIC NO / S7248272G			Contact No.: Home/Office:	Mobile: 90230304
Nationality: SINGAPORE CITIZEN			Email: sleepyhead29sg@gmail.com	
Sex: Male	Age: 50	Date of Birth: 28/12/1972	Type of Informant: Driver	
Race: Malay			Language: English	
Occupation: Mechanical engineer			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2023 08:15	Type of Location: Straight Road
Location: BKE (SLE)				
Weather: Cloudy	Road Surface: Wet			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF3377M	Lorry	TOYOTA	Dyna	White	Slightly Damaged	0
JFC7985	Motorcycle			Red	Slightly Damaged	0
JST5993	Motorcycle			Multi-Colored	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20230706/7031

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

2 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JUX6913	Motorcycle		Yamaha	Multi-Colored	Slightly Damaged	0
JVH3821	Motorcycle			Grey	Slightly Damaged	0
JVH7659	Motorcycle			Blue	Slightly Damaged	0
SLT2501A	Car		Honda	Grey	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	KAMARUDIN BIN MD YUSOF			ID No.	S7248272G
Related Vehicle	GBF3377M (Lorry)			Contact No.	90230304
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL
Driver					
Name	Unknown Driver			ID No.	NIL
Related Vehicle	SLT2501A (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		Slight



**SINGAPORE
POLICE FORCE**



T/20230706/7031

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

3 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Fatal	



**SINGAPORE
POLICE FORCE**



T/20230706/7031

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

4 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	

Brief Details.

I was on my way to tuas , on SLE to BKE . I was on the second Lane , and the floor was wet as it just stopped raining .

I am driving a lorry (GBF3377M) i noticed about 10-15 meters ahead , there was a vehicle ahead of me .

So i started to slow down . I applied the brakes and started to slow down too .
But i started to skid to the right towards the first Lane .

After that happened a motorcycle from my right crashed into my right side door .

The motorist fell down and both him and the motorcycle skidded a distance . Subsequently as there was a couple motorists behind him too , they too also jam braked and skidded and fell .

I counted about 5-6 motorists . A Car was also involved in the accident , where it was side swiped . I am unclear of how that side swipe occurred .

I was unable to get any of the motorists or the driver's details .

Police attended to the scene , and multiple people were injured and ambulance was called



**SINGAPORE
POLICE FORCE**

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



T/20230706/7031

5 of 5

Report No. T/20230706/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

Signature Of Informant:

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

Date/Time:
06/07/2023 14:11

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 06/07/23		TIME OF ACCIDENT : 0815 hrs	
VEHICLE NO : GBF 3377M		TRANSMISSION : AUTO / <u>MANUAL</u>	
MAKE & MODEL : TOYOTA DYNA		LOCATION : SLE towards BKE	
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: <u>OD</u> / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : msig		POLICY NO : A 300353280 mxc	
TYPE OF COVERAGE :		VEHICLE TYPE :	
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT		(SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)	
NAME OF OWNER : FONOA GLOBAL ENGINEERING PTE LTD		NRIC : 199403805W	
ADDRESS : 2 TUAS VIEW SQUARE SC 637576		CONTACT NO : 90230304	
EMAIL ADDRESS : sinhocklee@yahoo.com.sg		VIDEO RECORDING : <u>YES</u> / NO	
NAME OF DRIVER : AS ABOVE / IF NO : KAMARUDIN BIN MD. Yusof		NRIC : 572482729 CONTACT NO : 90230304	
DRIVER OWNER RELATIONSHIP: <u>EMPLOYEE</u>		PASSENGER : 0 MALE () FEMALE ()	
DATE OF BIRTH : 28 / 12 / 1972		DRIVING PASSING DATE : / /	
OCCUPATION: INDOOR / <u>OUTDOOR</u>		ADDRESS : BLK 659C PUNGOL EAST # 07-751 SC 823659	
ANY INJURIES: <u>NO</u> , IF YES :		POLICE REPORT : NO/ IF YES WHERE ? TRAFFIC POLICE 10 UBI AVE 3 SC 408865	
WEATHER CONDITION: CLEAR / RAINING / OTHERS: AFTER RAIN		ROAD SURFACE: DRY / <u>WET</u> / OTHERS	
VEHICLE B REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____		VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____		ANY WITNESS ? NO, IF YES : NAME : _____ CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : <u>YES</u> / NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>			
VEHICLE NUMBER:		HANDLING INSURER:	



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.

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 300353280 MKC

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
GBF3377M

2. Name of Policyholder
Fonda Global Engineering Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
16/09/2022

4. Date of Expiry of Insurance
15/09/2023

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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

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

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Mack Eng
Chief Executive Officer