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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of 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 Report	12/01/2018 17:03
Date Of Accident	28/12/2017 12:00
Exact Location Of Accident	JUNCTION OF JTC HALL ROAD/WEST COAST ROAD
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FX6139Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZAKI BIN MOHD ALI
NRIC No	\$9536838G
Email Address	MHD_ZAFAKIFIEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91478869
Alternative Phone No	OTHERS-91478869
Vehicle Particulars	
Manufacturer	YAMAHA
Model	Y125Z-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	78 M (COA 1997) 1. 4 (COA 1997) 1 (COA 199
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-986888-WTT
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ZAKI BIN MOHD ALI
NRIC No	S9536838G
Date Of Birth	18/10/1995
Occupation	INDOOR
Date Of Driving Pass	18/01/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91478869
ax Number	
Contact Number	OTHERS-91478869
Mail Address	MHD_ZAFAKIFIEE@HOTMAIL.COM

Address

BLK 47 TEBAN GARDENS ROAD

#06-224

Postcode

600047

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171230/2078(TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM2871C

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ZAKI BIN MOHD ALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FX6139Y

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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)

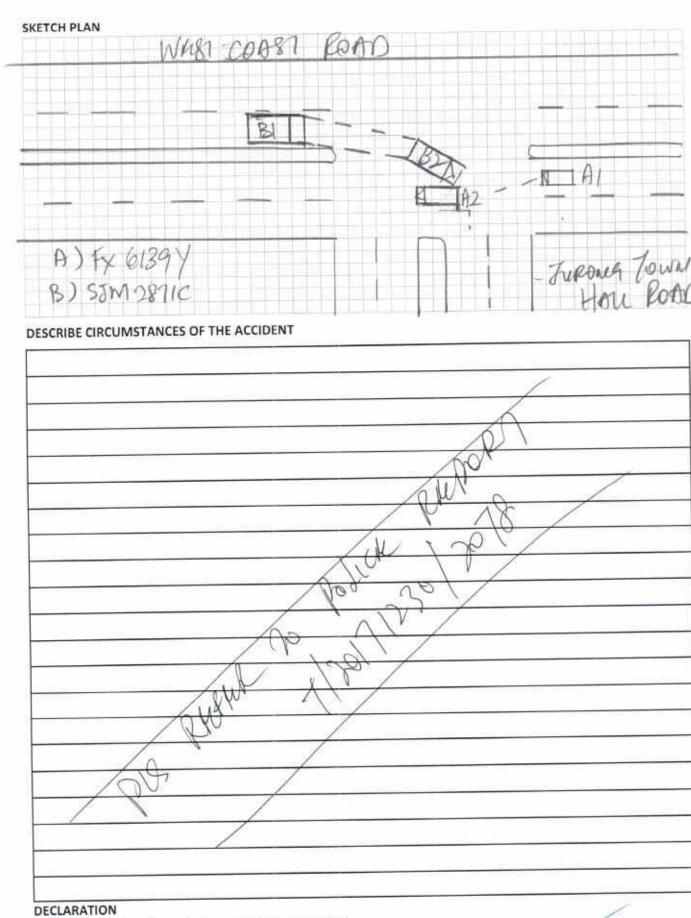
I understand, acknowledge, agree and consent that:

- (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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:



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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:





1 of 3

Report No. T/20171230/2078

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT (OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 30/12/2017 15:13			Total District	Station Diary No.:		
			Vide Report No.:	91		
Informat	nt's Particu	lars				
Name of	Informant:	BIN MOHD ALI	Address: APT BLK 47 TEBAN GARDE 600047	NS ROAD #06-224 SINGAPORE		
ID Type / ID No.: NRIC NO / S9536838G		38G	Contact No.: Mobile: 91478869			
National	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 18/10/1995	Type of Informant: Rider	Institution / School Name:		
Race: Malay Occupation:		,	Language: English	Institution / School Name.		
		N.	Driving Licence Information: Class: 2B	Date of Expiry:		
KEC RIDER						

Seneral Information Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 28/12/2017 12:00	Type of Location T-Junction	
WEST COAS	WN HALL ROAD lest Coast Road and Jurons	Road Surface.	d towards West Coast	Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control: Traffic Light - W	orking	Traffic Volume:	
Two Way Type of Colli Retween Mo			2	Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d			Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color		140 or r docongo.
venicle No.		A SERVICE CONTRACTOR	V4057	Red	Totally	0
FX6139Y	Motorcycle	YAMAHA	Y125Z	IXea	Damaged	

	ehicle Insurance	The state of the s	Effective	Expiry Date
	Insurance Company	Insurance No	The state of the s	The second secon
Vehicle No.	Insurance Company	MSDTMT17986888	28/10/2017	27/10/2018
FX6139Y	MSIG INSURANCE (SINGAPORE)	MSDIMITISCOCC		1
		1		_
1 701001	PTE. LTD.			-





2 of 3

Report No. T/20171230/2078

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Perso	n Involved				400	
Any Pedestrian In	nvolved: No				1	
No. of Pedestrian	edestrians Injured: NIL Use of Ped				Cross	ing: NA
Rider	A STRUCK BERNOOM			OREL OF SE	THE FRE	
Name	MUHAMMAD ZAKI BIN MOHD ALI		ID No		S9536838G	
Related Vehicle	FX6139Y (Motorcycle)			Conta	ct No.	91478869
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expir	g	Class: 2B Date of Expiry: NIL
Date Treatment	28/12/2017		Date Dis	charge	28/12	/2017
No. of Days gran	ted Medical Leave	08	Degree	of Injury	Slight	

Brief Details.

On 28/12/2017 at about 1200hrs, when I was travelling along West Coast Road towards West Coast with one and half car length before reaching the junction of Jurong Town Hall Road, I saw one car turning right into Jurong Town Hall Road so I slowed down my motorcycle and let the car go.

When I had rode passed the stop line of the junction, I saw one black car at the opposite direction turning right into Jurong Town Hall Road from West Coast Road. I tried to avoid the car by swiping my motorcycle to the left but the car still hit onto my motorcycle rear tyre. I lost balance of the motorcycle and flied off from my motorcycle and landed on the road and my motorcycle only dropped after some distance away from me.

The male Chinese driver got out of his car to help me but I did not manage to obtain his particulars. Some passerby called for ambulance and I was conveyed to Ng Teng Fong General Hospital for treatment and I was given total of 8 days of outpatient MC.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 3 of 3 Report No. T/20171230/2078

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 D / Staff Sgt KELVIN TAN JOON MINE	VI	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 30/12/2017 15:13		
Officer In Charge Of Case: TP / GIT /		Classification Of Case:		
Contact No.:				
	APORE CE FORCE	SN 37		

A:GCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FX 6139 Y b) INSURANCE COMPANY: MS IG c) POLICY NUMBER: MO / MT / IT-986888 - WT d) POLICY TYPE: (COMPREHENIUS/ THIRD PARTY / JHIRD PARTY FIRE STHEET) e) MAKE & MODEL: Y 155 Z () ITYPE: (SALOON / GOUPE / MPV / YAN / LORRY / MOTOR CYCLE / OTHERS) g) VEHICLE CATEGORY: JERNATE / COMMERCIAL / MOTOR CYCLE / h) PURPOSE OF USING AT ACCIDENT TIME: GOORS to WORK l) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/N 0) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING CHLY) 2. INSURED / POLICY HOLDER A) NAME: MANANAMA ' PAER B MG ALP b) NRIC/FIN/PASSPORT: STS 36 38 G CONTACT: 9(47 38 B) CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER d) NAME: D) NRIC/FIN/PASSPORT: c) ADDRESS: 'd) DATE OF BIRTH: (B) / 10 / 1975 IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) / I) Del 6 ID MTO OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: CHAMMA! MPC. 8. THIRD PARTY VEHICLE	ACCIDI	ENT DATE (28 / 12	1 8017 100/MM	/YYYY), TIME:{ he .	: 00)(HH:MM)
1. DETAILS OF VEHICLE OJVEHICLE NUMBER: FX 6179 Y DJINSURANCE COMPANY: MS IG OPOLICY NUMBER: MOPUNT 173-486888 - WTT OJPOLICY TYPE: (COMPAREHENING / THIRD PARTY / JAHRD PARTY FIRE ATHER) E) MAKE & MODEL: Y125 Z (1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS) GJVEHICLE CATEGORY / PRIVATE / COMMERCIAL / MOTORCYCLE, / 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (MES) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (MES) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (MES) I) NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MANAMENT OF THE MESON ONTACT: 9(47 3869) OJANAME: MANAMENT OF THE MESON OF THE MESON OF THE MALE / FEMALE) DINRIC/FIN/P ASSPORT: CONTACT: CONTINUE TO 3, dif DRIVER ALSO POLICY HOLDER OJNAME: OF DRIVER ALSO POLICY HOLDER OJNAME: ONTACT: ONTACT: OJNAME: OF DRIVER ALSO POLICY HOLDER OJNAME: ONTACT: ONTACT: OJNAME: ONTACT: OJNAME: ONTACT: OJNAME: ONTACT: OJNAME: ONTACT: OJNAME: ONTACT: OJNAME: O	LOCATI	ON: Incurry li	rest Coast RD a	ind Jeirung toc	in hall rd
C)POLICY NUMBER; d)POLICY TYPE: (COMPRESENTIVE / THRO PARTY / ### THREFT THREFT) e)MAKE & MODEL: YES 2 f)TYPE: (SALOON / GOUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE GATEGORY / ## TOOMAGROUL / MOTORCYCLE / h)PURPOSE OF USING AT ACCIDENT TIME: GOVERS to WORK l) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / N O) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MARAMMAL FALE B MG ALP D)NRIC/FIN/PASSPORT: S4576 3389 CONTACT: 9(47 3869 C) ADDRESS: BIE 47 (6600 FORCE Rd FO6 - 224 **CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: OF DRIVING PASSPORT: CONTACT: () OF DRIVING PASSPORT: CONTACT: () OF DRIVING PASSPORT: CONTACT: () OF DRIVING PASSPORT: CONTACT: **JOINT OF DRIVING PASS OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) BIROAD SURFACE: (DRY / WEI / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POLICE (YES / NO) 8. THIRD PARTY VEHICLE 4. WAS PASSENGET OF VEHICLE NUMBER: SAM 2FT (MODEL: O) NEICENDAMES: O) VEHICLE NUMBER: SAM 2FT (MODEL: O) VEHICLE NUMBER: MODEL: 4. WO PASSENGET OF VEHICLE NUMBER: MODEL: O) NEIC/FIN/PASSPORT: CONTACT: O) NEIC/FIN/PASSPORT: COMPANY? O) NEIC/FIN/PASSPORT: COMPAN		DETAILS OF VEHICLE	FX 6139 Y		8 11
M)PURPOSE OF USING AT ACCIDENT TIME: GIVEN 10 MORE YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MANAMAN PASSPORT: SPS 36 83 89 CONTACT: 9(47 8869 C)ADDRESS: BIE 47, Teban Gracen Rd, 406-224 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: ONAME: CONTACT: CONTACT: 9(47 8869) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: ONAME: CONTACT: CONTACT: ()ADDRESS: ONAME: CONTACT: CONTACT: **JOATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JORE OF DRIVING PASS **JOATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOL6 I)DATE OF BIRTH: (M) 10 / 7775 (DD/MM/YYYY) **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOLE **JOCCUPATION: (INDOOR / OUTDOOR!) **UPOLICE **JOCCUPATI	¥	B)MAKE & MODEL!	MPREHENSIVE / THIS Y 125 Z	LORRY / MOTORC'	(CLE, / OTHERS)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING 2. INSURED / POLICY HOLDER A) NAME: MANAMAL PARTY B M6. ALP D) NRIC/FIN/PASSPORT: S95368385 CONTACT: 9(47-869) C) ADDRESS: BIE 47 / Toban Granden Rd H06-224 * CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: BY ABOUT (MALE / FEMALE) C) NAME: CONTACT: C) ADDRESS: **OIDATE OF BIRTH: (M/ / 10) / 9755 (DD/MM/YYYY) **OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O] WEATHER CONDITION: (CLEAR / RAINING / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) 7. OIREPORTED TO POLICE (YES / NO) 15. YES, PLEASE STATE WHICH POLICE STATION: CHMMIN] MP () 8. THIRD PARTY VEHICLE 4. No of passenger C) VEHICLE NUMBER: SAME: CONTACT: (Including driver) b) DRIVER'S NAME: CONTACT: 4. No of passenger C) VEHICLE NUMBER: MODEL: 4. No of passenger C) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: C) VEHICLE NUMBER: MODEL: MODEL: MODEL: MODEL: MODEL: ONTACT: ONTACT		h) PURPOSE OF USIN	IG AT ACCIDENT TIM	IN INSURANCE CHES	(N 0)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINAME: DINRIC/FIN/PASSPORT: CONTACT: CIDATE OF BIRTH: (M/10/1975) [DD/MM/YYYY) OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/W) WAS DRIVER AN EMPLOYEE OF THE INSURED: TIF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROAD SURFACE: [DRY/WET/OTHERS] DIROAD SURFACE: [DRY/WET/OTHERS] WAS ANYBODY INJURED (YES/NO) TORREPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: CHMMIN] MPC WHO OF PASSENGEY OVEHICLE NUMBER: CINCURIN/PASSPORT: CONTACT: WHO OF PASSENGEY ON VEHICLE NUMBER: WHO OF PASSENGEY ON VEHICLE NUMBER: WHO OF PASSENGEY ON VEHICLE NUMBER: MODEL: WHO OF PASSENGEY ON VEHICLE NUMBER: ONTACT: ONTA	2.,	IF NO. PLEASE STA INSURED / POLICY A)NAME: MANA	TE (THIRD PARTY CLA HOLDER Mad 3468 B MA	AIP (N	T: 9147 8869
(Including driver) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CADDRESS: CIADDRESS: CONTACT: CIADDRESS: CIADDRESS: CIADDRESS: CIADDRESS: CIADDRESS: CIADDRESS: CIADDRESS: CIADDRESS COMPANY? (YES / (D)) DATE OF BIRTH: (CONTINUE TO 3.0	I IF DRIVER ALSO PO	LICY HOLDER	<u> </u>
# No of passenger of vehicle Number: Operation: (INDOOR / OUTDOOR) IPATE OF DRIVING PASS (YES / OUT OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / OUT		d)NAME:	ORT:	CONTAC	
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: CLAMACY) 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: CONTACT: 4 No of passenger b) DRIVER'S NAME: CONTACT: CON	41 12	eloccupation:	INDOOR / OUTDOY	2/01/20/6	ANY? (YES / (10)
6. WAS ANYBODY INJURED (YES / NO) 7. O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: CHANGO! MP 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: () 9. THIRD PARTY VEHICLE () VEHICLE NUMBER: () VEHICLE NUMBER: () VEHICLE NUMBER: () VEHICLE NUMBER: () OPPOSITION OF PROPERTY OF DRIVER'S NAME: () OPPOSITION OF PROPERTY OF THE	5,	O WEATHER CON	DITION: CLEAR / RA	INING / OTHERS	OWK! GIC
(Induding driver) b) DRIVER'S NAME: CONTACT: (Induding driver) c) NRIC/FIN/PASSPORT: CONTACT: (Induding driver) passport of DRIVER'S NAME: CONTACT:	6. 7.	WAS ANYBODY IN OJREPORTED TO P IF YES, PLEASE ST	OLICE (YES / NO) TATE WHICH POLICE	STATION: CHM	WIL MPC.
(4 lue of passenger	a) VEHICLE NUM	ABER: S3M 21 ME:	MODEL MODEL	
4 No of passinger at DRIVER'S NAME:	(_) 9.	THIRD PARTY VEH	SSPORTI CLE MBER:		4 9 4
	(Including drive	. OL DRIVER'S NA	ME	CONT	ACT:
	()	# _*	id.	¥.	1

email = mhd_zafakeffee@hotmarl.com
fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9536838G





MUHAMMAD ZAKI BIN MOHD

ALI

بحید زکی بن محمد علی

MALAY

their of birth 18-10-1995 Country of birth SINGAPORE





4616536



12-08-2010

APT BLK 47 TEBAN GARDENS ROAD #06-224 SINGAPORE 600047

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles ≈< 200 cc

19 Jan 2016

NP 428A





W 699650

MSIG Insurance (Singapore) Pte. Ltd. ICA MAR TAN 2004122120. 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)

The Motor Vehicles (Third Party Risks) Rules, 1989 (Pederation of Malaysia)

The Motor Vehicles (Third Party Risks) and Compensation Act (CAP, 180 of the Revised Edition) (Republic of Stagspore)

The Motor Vehicles (Third Party Risks and Compensation Releas, 1999 Edition) (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMT/17-986888-WTT A0633-001/W0806

SUM DVSURED: 1

TPL /

EXCESS

NIL /

1. Index mark and Registration Number of Vehicle

\$9536838G

FX6139Y

YANAHA

125 C.C.

Name of Policyholder NOHANNAD ZAKI BIN NOHD ALI

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

0001AM 28/10/2017

4. Date of Expiry of Insurance

27/10/2018

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Venicle or has been so permitted and is not disqualified in order to a Course have or excession of any enactment or regulation in that behalf from driving the Motor Venicle. And provided further that the Motor Vehicle is regulation in the Motor Vehicle is regulational from the Motor Vehicle in regulation. registration and licensing ###r166R6sin Jasting Art begant been cancelled at the time of the accident loss on things 4 2122 / 6278 6717

6. Limitation as to Use
Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. HIRE-PURCHASE

- 7. The Policy does not BOM FRIENDSHIP MOTOR COMPANY
 1. Use for hire or reward.

 - Use for racing, pace-making, reliability trial or speed-testing.
 - 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 - 4. Use for any purpose in connection with the Motor Trade.
- 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.

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 the Road Transport Act. 1987 (Malaysia).

WTT INSURANCE ACENCIES PTE LTD
Underwindig Agent

For MSIG Insurance (Singapore) Pte. Ltd.

23/10/2017 (N)