Date In: 20) 1 8 - 11: 40	e Services wet James	THE CO.			
	Job description	Date & Time C	ompleted	Done	by
Ref No: NA MSG18001236/24	SAS e-filing				
Veh No: PB H93755	E-mail (within Shrs, AIC 2h	15)			- 10
D.O.A : 20/1/18-10:30	i-Motor Claim Form				
	i-Motor W/O (Within: O	D 2hrs, YP 4hrs)			
OD . TP ' Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Repo	ort			
IF MISUTEL	Ass't Report by Fax / Ha	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: SBR	IL IN	C()/Non-INC	()_		
Owner / Driver: (Tel:)	
	iod: () Cover Type: ()	
Confirmed by : (Date:	Time	-)	
	Note-Est. Status (WO): N:		F: 80-1009	6]	- XE
	Varranty: YES ()/NO	()			
Excess: (\$) Loading: \$1,0 General Remarks:-	00 ()/\$2,000 ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			1 × 1 × 1 × 1	
Injury: Date/Time Actions	Invoice 1) AR: Acc	Preparation Checkident Reporting (\$30);	1923/3/997_14-023	Anit (\$)	
Injury: Actions Alsowa	Inveice 1) AR: Acc 2) DA: Da: 3) TF: Tow	ident Reporting (\$30); nege Assessment (\$100); ing Fee	INC (\$80) \$40/\$45		
Injury: Oate/Time Actions Allow Particulars:	Invoice 1) AR: Acc 2) DA: De: 3) TF: Tev 4) FT: Foil 5) FT: Foil	ident Reporting (\$30); nege Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resu	INC (\$80) \$40/\$45 \$120 rvey) \$30		
Injury: Pate/Time Actions Al800 August Particulars: iver/Owner: Intact No:	Invoice 1) AR: Act 2) DA: Da: 3) TF: Tow 4) FT: Foil 5) FT: Foil For claim 6) TR: Re- 7) N1: Idae	ident Reporting (\$30); mage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resu ing assingt INC Only (we uspection DA + SMRT Survey	INC (\$80) \$40/\$45 \$120 rvey) \$30	Tet Bill	
Date/Time Actions Al800 Particulars:- iver/Owner: maged Portion:	Invoice 1) AR : Acc 2) DA : De; 3) TF : Tow 4) FT : Foll 5) FT : Foll For slain 6) TR : Re- 7) N1 : Idae 8) NTUC A QD'* *N5: Con	ident Reporting (\$30); rege Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resu ing esainst INC Only (we aspection DA + SMRT Survey dditional Services- ortesy Car / Tpt Allowance	INC (\$80) \$40/\$45 \$120 rvey) \$30 f 10 Jan 2005) \$75	I#Bill	
Al 800 PT9 Simant's Particulars: Injury: Checked by (Engr-In-Charge):	Invoice 1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For slain 6) TR: Re- 7) N1: Idae 8) NTUC A QI)* *N5: Con *N6: Re- *N7: Fos	ident Reporting (\$30); mege Assessment (\$100); ing Fee ow-Through Survey (Resu ing essinst INC Only (we aspection DA + SMRT Survey dditional Services sir Co-ordination t Repair Inspection	INC (\$80) \$40/\$45 \$120 rvey) \$30 f10 Jan 2005) \$75 \$160 \$5 510 \$25	fa Bill	Amt (\$)
Alloours Alloours Alloours Actions Almant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): Iditors' Comments:-	Invoice 1) AR: Acc 2) DA: Dec 3) TF: Tow 4) FT: Foil 5) FT: Foil For claim 6) TR: Re- 7) N1: Idac 8) NTUC A QD: *N5: Con *N6: Re- *N7: Fos *N8: DV TP (N1:	ident Reporting (\$30); rege Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resu ing esainst INC Only (we aspection DA + SMRT Survey dditional Services: ortesy Car / Tpt Allowance air Co-ordination t Repair Inspection / Collect Excess Coordina): TP (Non INC) against II	INC (\$80) \$40/\$45 \$120 rvey) \$30 f10 Jan 2005) \$75 \$160 \$5 510 \$25 tion \$5	I#Bill	
Date/Time Actions	Invoice 1) AR: Acc 2) DA: Dec 3) TF: Tew 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idac 8) NTUC A QD: *N5: Con *N6: Re- *N7: Fos *N8: DV	ident Reporting (\$30); mage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resu ing against INC Only (we aspection DA + SMRT Survey dditional Services sir Co-ordination t Repair Inspection / Collect Excess Coordina to Mobile	INC (\$80) \$40/\$45 \$120 rvey) \$30 f10 Jan 2005) \$75 \$160 \$5 \$10 \$25 \$10 \$25 \$10 \$25 \$10 \$25 \$10 \$25 \$10 \$25 \$10 \$25 \$25 \$25 \$25 \$26 \$26 \$26 \$26 \$27 \$27 \$28	I#Bill	

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 Authorised Driver.
- 3. 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.

- A 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	20/01/2018 11:40				
Date Of Accident	20/01/2018 10:30				
Exact Location Of Accident	WOODLANDS ST 31 BEFORE NATIONAL HEALTHCARE GRP				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	FBH9075J				
Insured/Policyholder					
Name Of Registered Owner	WONG SOON LEONG				
NRIC No	S7287214B				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-90831534				
Alternative Phone No	OFFICE-90831534				

PRIVATE USE

REPORTING ONLY

Vehicle Particulars

YAMAHA Manufacturer

YZF-R15 MANUAL Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

MOTORCYCLE Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

MSD/VMS/17-372815-CA Policy Number

Cover Note Number

Driver

WONG SOON LEONG Name of Driver

S7287214B NRIC No 25/06/1972 Date Of Birth OUTDOOR Occupation 10/09/2009 Date Of Driving Pass

8 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90831534 Mobile Number

Fax Number

OFFICE-90831534 Contact Number

NOEMAIL **EMail Address**

BLK 989A JURONG WEST STREET 93 Address

#15-719 641989

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SBR755L

2

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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)

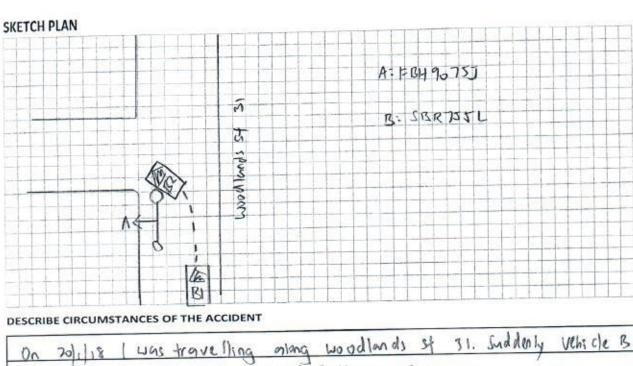
I understand, acknowledge, agree and consent that:

- (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.

MONG SOON CEONS

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

NRIC/FIN No.:



On 20/1/19	i Lugs	travellin	ig orlang Notional	wood	ands	St 31.	Suddenly	Vehicle B
trying to	turn 18	Hy with	ant sign	nolling	his 1	rehicle.	In a	ne soly,
vehide 13	colk ded	onto my	vehicle	front	port	on.		

DECLARATION

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

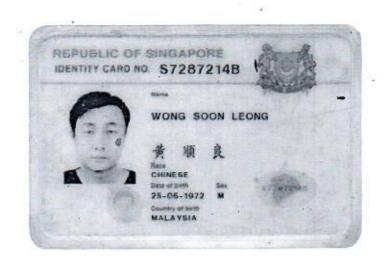
WONG SOON CEONG

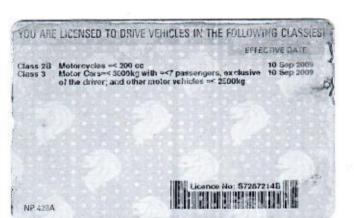
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











CA 494765

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

CERTIFICATE OF INSURANCE

The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 189 of the Revised Edition) (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO

MSD/VMS/17-372815-CA

A0074-001/10100

SUM INSURED :

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle

FBH9075J

Name of Policyholder WONG SOON LEONG 150 C.C.

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

4. Date of Expiry of Insurance

1201AM 06/11/2017 05/11/2018

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 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
 - 1. Use for hire or reward.
 - 2. 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 Jrade.

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 188) and the Coad Transport Act,

19/10/2017 (CG) CA/CI-03 (05/13)

COMMERCIA AGENCY PTE. LTD. Underwriting Agent For MSIG Insur nce (Singapore) Pte. Ltd.