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Refriends	

#### 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.

5. Any false reporting may be referred to the Police for investigation,

- 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

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Date Of Report 13/02/2018 10:36 12/02/2018 06:30 Date Of Accident

ALONG SLE TOWARDS BKE Exact Location Of Accident

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBL7422H

Insured/Policyholder

TAN CHYE SIANG JASON Name Of Registered Owner

S7903587D NRIC No

JASONTAN79@HOTMAIL.COM Email Address

(LOCAL) +65-81022563 Mobile Phone No Alternative Phone No OTHERS-81022563

Vehicle Particulars

BAJAJ Manufacturer

PULSAR RS200 Model

Exact Purpose for which vehicle was being used at

time of accident

COMMUTING TO WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

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/18-377124-CA Policy Number

Cover Note Number

Driver

Name of Driver TAN CHYE SIANG JASON

S7903587D NRIC No 29/01/1979 Date Of Birth INDOOR Occupation 09/10/1995 Date Of Driving Pass

22 YEARS AND 4 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-81022563 Mobile Number

Fax Number

OTHERS-81022563 Contact Number

JASONTAN79@HOTMAIL.COM EMail Address

BLK 676C PUNGGOL DRIVE Address

#11-734

823676 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 5

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

SLC6605H

YES

NO NO

NO

YES

NO

NO

NO

TOYOTA WISH Vehicle Make/Model/Colour

Details Of Properties

NRIC/Passport Number

PRIVATE CAR Vehicle Category

NG CHUN HAN Name of Driver S7927259J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN3351A

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

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

BLACK MPV

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SLV1491B

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

No. Of Passenger (Including Driver)

#### 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:

12/2/18 .

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

NRIC/FIN No.:

ETCH PLAN	
	AIZEENTS (A)
SLE -D BKE	
	(B) Sic 6(05)
D) C B A D	○ Black MPV
<b>©</b>	(B) SW14918
	(E) FBL 7422 H
THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	25 · + 16
On 12 Feb 2018 on or ahout 0630Hrs, I was travellin	g on SEF going Tenards
OKE, vehicle A and B had collided in my path, a head of	me, I applied my wrates
but and not stopped in time and collided into vehicle &	33 back Call brake curios
and held bumber. Then before I could let my motorcycle de	own, vehicle C millioled
into vehicle 8 and they vehicle D calleded into well	Tele C, My motoragle
front left was danged as well -	
DECLARATION  I/We declare the foregoing particulars are true in every respect.	/
I/Me declare the total of the property are man in a series in a se	2/2/10
- James	pr 10102/2018
Rolleyholder's Signature Driver's Signature Re	porting Centre Personnel's Signature
Policyholder's Signature  No. (If driver is not the policyholder)  No. (If driver is not the policyholder)	ame: Kafli Worth

Policyholder's Signature 

	Jus CHICI
2.	
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₹.	A CCIDENT STATEMENT
10010	ENT DATE: 12 /02 / 2018 (DD/MM/YYYY), TIME: (OG , 36 )(HR:MM)
4. Accio	7/84
LOCAT	ON SELETAR EXPRESSIONY
4	DETAILS OF VEHICLE
1.00	OVEHICLE NUMBER: FBC74224
	DINSURANCE COMPANY: MSIC
(f)	CIPCLICY NUMBER:
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY ATHERD PARTY FIRE ATHEFT)
	() TYPE: (SALOON / COUPE / MPV /VAN / LORRY LMOTORCYCLE) OTHERS)
	GIVEHICLE CATEGORY: PRIVATE / COMMERCIAL /MOTORCYCLE)
	hipurpose of using at accident time: Commutaine To Ware
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
E Description	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2,,	ANAME: TAN CHYE SIANC JASON MALE FEMALE
19	WINDING SELLIO ASSOCIATE STORES CONTACT!
	CIADDRESS: BIK 676C PUNGCOL BRIVE # 11-734 5053676)
D 35 50	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER
237 27AT	COMMITTEE TO STORE DISTRICT TO STORE
ISUA AL ACCOME & 3.	DRIVER '
14 He of persongal	DRIVER SAME AS POLICY HOLDER . [MALE / FEMALE]
(Including driver)	DRIVER  D)NAME: SAME AS POUCH HOLDER. [MALE / FEMALE]  D)NRIC/FIN/PASSPORT: CONTACT:
0.0	a) NAME: SAME AS POULCH HOLDER . [MALE / FEMALE]
0.0	DINAME: SAME AS POULD HOLDER   MALE / FEMALE)  DINRIC/FIN/PASSPORT! CONTACT!
(Including diriver)	ONAME: SAME AS POULD HOLDER   MALE / FEMALE    b) NRIC/FIN/P ASSPORT! CONTACT!  c) ADDRESS:  ODATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  e) OCCUPATION: (MDOOB) OUIDOOR)
(Including diriver)	ONAME: SAME AS POUCH HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT! CONTACT:  c) ADDRESS:  *d) DATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  e) OCCUPATION: (MDOOR) OUTDOOR!  UDOTE OF DRIVING PASC C9 out 1995
(Including driver)	ONAME: SAME AS POULD HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  *d) DATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  e) OCCUPATION: (MDOOR / OUTDOOR)  I) DATE OF DRIVING PASS COMPANY? (YES / (NO))  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
(Including driver)	ONAME: SAME AS POULD HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  *d) DATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  e) OCCUPATION: (MDOOR / OUTDOOR)  I) DATE OF DRIVING PASS COMPANY? (YES / (NO))  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
(Including driver) (1)	ONAME: SAME AS POUCH HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  *d) DATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  e) OCCUPATION: (MDOOR) OUTDOOR!  I) DATE OF DRIVING PASS OF Oct 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //YO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUMARK  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  b) ROAD SURFACE: (DRY / WET / QTHERS DRY
(Including driver) (1) 4. 5.	ONAME: SAME AS POUCH HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  o) OCCUPATION: (MODOR) OUTDOOR)  I) DATE OF DRIVING PASS OF OLD 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUALTR  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  b) ROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES /NO)
(Including driver) (1) 4. 5.	ONAME: SAME AS POUCH HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  o) OCCUPATION: (MDOOR) OUTDOOR)  I) DATE OF DRIVING PASS OF OLD 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //HO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUMPARY  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  b) ROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES /NO)  O) REPORTED TO POLICE (YES /NO)
(Including driver) (1) 4. 5.	DINAME: SAME AS POUCH HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  O) DATE OF BIRTH: (39 / 01 / 1979 ) (DD/MM/YYYY)  O) OCCUPATION: (MDOOR / OUIDOOR)  I) DATE OF DRIVING PASS CA OUIDOOR)  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  D) ROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES / (NO))  O) REPORTED TO POLICE (YES / (NO))  IF YES, PLEASE STATE WHICH POLICE STATION!  THIRD PARTY VEHICLE
(Including driver) (1) 4. 5.	DINAME: SAME AS PORCE HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  OIDATE OF BIRTH: (39/01/1979) (DD/MM/YYYY)  OIDATE OF DRIVING PASS OF OCT 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //HO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OIWEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  DIROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES /NO)  OIREPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  OI VEHICLE NUMBER: SLC 6605 FI MODEL: 70407A 19/3H
(Including driver) (1) 4. 5.	DINAME: SAME AS PORCE MALE?  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  ODATE OF BIRTH: DAY OF THE INSURED'S COMPANY? (YES / NO)  INDATE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWEATHER CONDITION: (CLEAR / RAINING / OTHERS OWN AS ANYBODY INJURED (YES / NO)  OREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  OVEHICLE NUMBER: SLC 6605 FI MODEL! TOYOTA WISH  DEVICE NUMBER: SLC 6605 FI MODEL! TOYOTA WISH
Cincluding diviver) (1) (1) 4. 5. 4. 5. 4. 8.	DINAME: SAME SPORT HOLDER MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  "d) DATE OF BIRTH: ( ) 9 / 01 / 1979 ) (DD/MM/YYYY)  e) OCCUPATION: (MDOOR) OUIDOOR)  I) DATE OF DRIVING PASS CA CA 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CHARLE  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  B) ROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES /NO)  O) REPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POLICE STATION!  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLC 6605 F) MODEL TOYOTA WISH  b) DRIVER'S NAME: NC CHUN HAN  c) NRIC/FIN/PASSPORT: S79373571 CONTACT:
Cincluding driver) (1) 4. 5. 4. 5. 4. (Including driver) (Including driver) () 9.	DINAME: SAME AS POLICY HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  "DIDATE OF BIRTH: (39/01/1979) (IDD/MM/YYYY)  E) OCCUPATION: (MOOOR / OUTDOOR)  IIDATE OF DRIVING PASS CA OUT 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO))  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR  DIROAD SURFACE: (DRY / WET / OTHERS DEY  WAS ANYBODY INJURED (YES /NO)  O) REPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLC 6605 FI MODEL!  O) NRIC/FIN/PASSPORT: S7437357 CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: MC CHUN HAN  O) NRIC/FIN/PASSPORT: S7437357 CONTACT:  THIRD PARTY VEHICLE  MODEL!
Cincluding driver) (1) 4. 5. 4. 5. (1) 4. 6. 7. 4. 6. 7. 4. 8. 7. 4. 6. 7. 4. 8. 7. 4. 8. 9. 4. 6. 9. 9.	DINAME: SAME AS POLICY HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  "DIDATE OF BIRTH: (39 / 01 / 1939 ) (DD/MM/YYYY)  DIDATE OF DRIVING PASS CAP ON 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES //NO)  DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DEY  WAS ANYBODY INJURED (YES //NO)  OIREPORTED TO POLICE (YES //NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLC 6605 +1 MODEL: TOYOTA WISH  O) NRIC/FIN/PASSPORT: S79 372571 CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:
Cincluding driver) (1) 4. 5. 4. 5. 4. (Including driver) (Including driver) () 9.	DINAME: SAME AS POLICY HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  "DIDATE OF BIRTH: 199 / OI 1999 (IDD/MM/YYYY)  DIDATE OF DRIVING PASS CA ON 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES //NO)  DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DEY  WAS ANYBODY INJURED (YES //NO)  OIREPORTED TO POLICE (YES //NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SCC 6605 H MODEL: TOYOTA WISH  O) NRIC/FIN/PASSPORT: S79 372571 CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:
Cincluding driver) (1) 4. 5. 4. 5. (1) 4. 6. 7. 4. 6. 7. 4. 8. 7. 4. 6. 7. 4. 8. 7. 4. 8. 9. 4. 6. 9. 9.	DINAME: SAME AS POLICY HOLDER MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  "DIDATE OF BIRTH: (39 / 01 / 1939 ) (DD/MM/YYYY)  DIDATE OF DRIVING PASS CAP ON 1995  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES //NO)  DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DEY  WAS ANYBODY INJURED (YES //NO)  OIREPORTED TO POLICE (YES //NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLC 6605 +1 MODEL: TOYOTA WISH  O) NRIC/FIN/PASSPORT: S79 372571 CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:  O DRIVER'S NAME: MODEL: MODEL:

email: Jasontan79@ hotmail.com
fax:
VIOE0

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7903587D



20

Martin

TAN CHYE SIANG, JASON

陈才祥 Hase CHINESE Date of birth Bex 29-01-1979 M Country of birth

SINGAPORE



4371867





WICH S7903587D

18-03-2009

APT BLK 876C PUNGGOL DRIVE #11-734 SINGAPORE 823676

NRIC NO. - \$79035870

Date: 14/03/2016





# CA 499721

MSIG Insurance (Singapore) Pte. Ltd. (cs. mag No. 2004) 221201 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Www.msig.com.sg

# CERTIFICATE OF INSURANCE

Rood Transport Act, 1987 (Mainysia)

The Motor Vehicles (Third Party Risks) Robes, 1939 (Federation of Muleysia)

The Motor Vehicles (Third Party Risks and Componention) Act (CAP, 189 of the Newton Edition) (Republic of Singapore)

The Motor Vehicles (Third Party Risks and Componention) Robes, 1986 Edition (Republic of Singapore)

The Motor Vehicles (Third Party Risks and Componention) Robes, 1986 Edition (Republic of Singapore)

The Acts passed in substitution thereof.

CEXTIFICATE NO

MSD/VMS/18-377124-CA A0074-001/10206

SUM INSURED :

VVQ

EXCESS

\$300(FIREATHEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle

FBL74228

BAJAJ

200 c.c.

2. Name of Policyholder

TAN CHYE SIANG JASON

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

0213PM 12/01/2018

4. Date of Expiry of Insurance

11/01/2019

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 disqualitied 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.

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 Notor 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).

12/01/2018 (CG)

COMMERCIAL AGENCY PTE. LTD.

Unclerwriting Agent
Fur MSIG Insurance (Singapore) Pte. Ltd.

盛摩哆 GA MOTOR BLK 32 SIN MING DRIVE #01-331 S'PORE 575706 TEL: 64639903, 64539904