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	E-mail (within 8less, AIC 2h	urs)		
VeliNo FBB 7742L DOA 31/12/2017 13:35	i-Motor Claim Form			
	i-Motor W/O (Within: O	D 2hrs. TP 4hrs)		
OD TP ' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Rep	ort		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		-
was a dea When I OW: I		Tel: Fa	ax:)
Preferred Wksp / INC Assign Wksp / QW: (KB9330Y . 11	NC()/Non-INC()		
II Tarrisa,	100	Tel:		
Owner / Driver: (eriod: () Cover Type: (
Policy No: (Date:	Time:)	
Confirmed by: (Note-Est Status (WO): 1	N: 0-20%; P: 21-79%. F: S0-1	00%]	
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Year of Registration.				
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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
- 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

	ACCIDENT STATEMENT
Date Of Report	02/03/2018 12:37
Date Of Accident	31/12/2017 13:35
Exact Location Of Accident	CHIN SWEE ROAD
Country/State of Loss	SINGAPORE
Transcription D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB7742L
Insured/Policyholder	
Name Of Registered Owner	SXZ MOTOR
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98740757
Alternative Phone No	OFFICE-82057196
Vehicle Particulars	
Manufacturer	YAMAHA
Model	135 C.C.
Exact Purpose for which vehicle was being used a time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-363927-CA
Cover Note Number	
Driver	
Name of Driver	MOHAMAD YUNUS BIN OTHMAN
5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	-0540020H

S8540932H NRIC No 20/12/1985 Date Of Birth OUTDOOR Occupation 04/09/2008 Date Of Driving Pass

9 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98740757 Mobile Number

Fax Number

OTHERS-82057196 Contact Number

NOEMAIL EMail Address

Address

BLK 10 JALAN BUKIT HO SWEE

#09-88

Postcode

161010

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

(PRODE)

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

SKB9330Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Contact Number

STEVEN SEAH

NRIC/Passport Number

S7907972C 98255226

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:

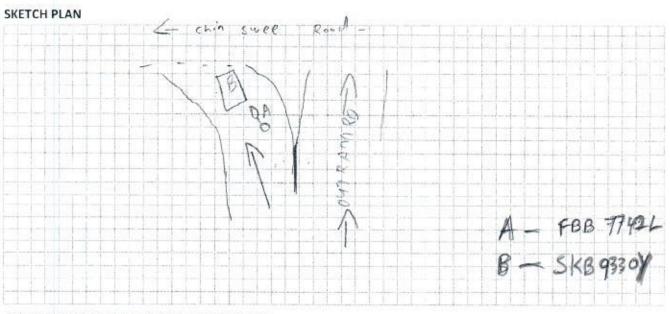
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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, involces, 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:
 - (i) 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: Un

Driver's Signature (If driver is not the policyholder) Date & Time: 1.-2/3/2018

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mot	or bilke	A W	45	moving	nal mery	iny to	s chih	5 W	100	Road
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DECLARATION

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

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V	X

Policyholder's Signature Date & Time: hr,

Driver's Signature (If driver is not the policyholder) Date & Time: . - 2/3/2018

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

14/2/2018 11/20 MIN All send ready Butif Merah) in Enail 7 but outy 2/3/2018 e to 30 MACCIDENT DATE: A:CCIDENT STATEMENT ZO (/IOD/MM/YYYY), TIME: (DETAILS OF VEHICLE a) VEHICLE -NUMBER: DJINSURANCE COMPANY: C)POLICY NUMBER! DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: () TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE, / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER (MALE / FEMALE) A) NAME: . b) NRIC/FIN/PASSPORT: CLADDRESS! CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER A Ho of passenger IMALE / FEMALE a)NAME:_ (Including driver) b) NRIC/FIN/PASSPORT! C) ADDRESS: J(DD/MM/YYYY) *d) DATE OF BIRTH: (__ e) OCCUPATION: [INDOOR / OUTDOOR) 4 Sep 2008 HOATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAKTING / OTHERS BIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED LYES / NO a) REPORTED TO POLICE (YES / (TO)) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE SKB° yehicle number: 4 No of passenger teven 57907 Clududing driver HRIC/FIN/PASSPORT: THIRD PARTY YEHICLE VEHICLE NUMBER: 18 No of passinger DRIVER'S NAMEL HRIC/FIN/PASSPORTS (Including driver) fi Call on 25/1/2018 Sx2 motor@gnal-com. SXZMotor V1080

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8540932H





Name

MOHAMAD YUNUS BIN OTHMAN

INDONESIAN Date of birth 20-12-1985

20-12-1985, M Country/Place of birth SINGAPORE



5680874



NAIC No. \$8540932H



30-11-2016

APT BLK 10 JALAN BUKIT HO SWEE #09-88 SINGAPORE 161010

NRIC No: S8540932H

Date: 30/10/2017



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

CERTIFICATE NO

MSD/VMS/17-363927-CA A0074-001/10001

MSIG

SUM INSURED

PMA

EXCESS

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

1. Index mark and Registration Number of Vehicle

F887742L

AHAMAY

135 C.C.

2. Name of Policyholder SXZ MOTOR

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0231PM 03/05/2017

4. Date of Expiry of Insurance

02/05/2018

5. Persons or Classes of Persons entitled to drive

a. Any person who is driving on the Policyholder's order

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.

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 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