

NATIONAL Assessment Centre Services (not a broker) **NAI1803277**

Date In: 08/02/2018 17:42	Job description	Date & Time Completed	Done by
Ref No: NAI18032770045284	SAS e-illing		
Veh No: BM 1458P	E-mail (with 3hrs, 1st 1st)		
D.O.A: 08/02/2018 18:00	1-Motor Claim Form		
OD TP Reporting Only	1-Motor VVO (with 1st 1st, 1st 1st)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VHSP		

Preferred Wksp / INC Assign Wksp / OWI: Toll: Fax:)

TP Particulars: Yell No: **SPT 82 L** , INC (,) / Non-INC (,)

Owner / Drivers: Toll:)

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time:)

Insured/Driver Liability: () % (Note: B1, Status (WO): N1 0-20%, P1 21-79%, P1 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 repair.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: **INC 6788 0016** Date & Time Completed: Done by:)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:)

Date Time:)

Action:)

NAI1801561

Customer/Owner:	Invoice Breakdown (Gross)		
Policy No:	1) AR: Accident Reporting (\$300)		
Assigned Portion:	2) DA: Damage Assessment (\$100)	INC (40)	
	3) TP: Towing Fee	\$100	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Recovery)	\$150	
	6) TR: Reclaim Van	\$150	
	7) NTUC Additional Services		
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	100) NTUC Additional Services		

Checked by (Engin-In-Charge):)

Comments:)

Invoice total: Net Charge:)

Invoice total: Net Charge:)

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 withholding 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.
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 Report	08/03/2018 17:42
Date Of Accident	01/02/2018 14:00
Exact Location Of Accident	R & R GEYLANG PATAH MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1458P
Insured/Policyholder	
Name Of Registered Owner	SAMPOVAARA MIKA JOHANNES
NRIC No	S7063279I
Email Address	MIKA_SAMPO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92380611
Alternative Phone No	OTHERS-92380611

Vehicle Particulars

Manufacturer	ROYAL ENFIELD
Model	CLASSIC 500
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-369800-CA
Cover Note Number	

Driver

Name of Driver	SAMPOVAARA MIKA JOHANNES
NRIC No	S7063279I
Date Of Birth	01/08/1970
Occupation	INDOOR
Date Of Driving Pass	06/08/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92380611
Fax Number	
Contact Number	OTHERS-92380611
EMail Address	MIKA_SAMPO@YAHOO.COM

Address	2 BROOKVALE WALK #04-06
Postcode	599952
Was driver an employee of the Insured's Company	NO
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

Type Of Accident	COLLISION - HEAD TO REAR
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 ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 D/20180308/2048 AND TRAFIK PUTERI/001144/18 & TRAFIK PUTERI/001137/18

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT82L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISAAC CHAN YANG ZHI
NRIC/Passport Number	S9416708F
Contact Number	98199299
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	SAMPOVAARA MIKA JOHANNES
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM1458P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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**.
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 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, 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:
 - (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: 8/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

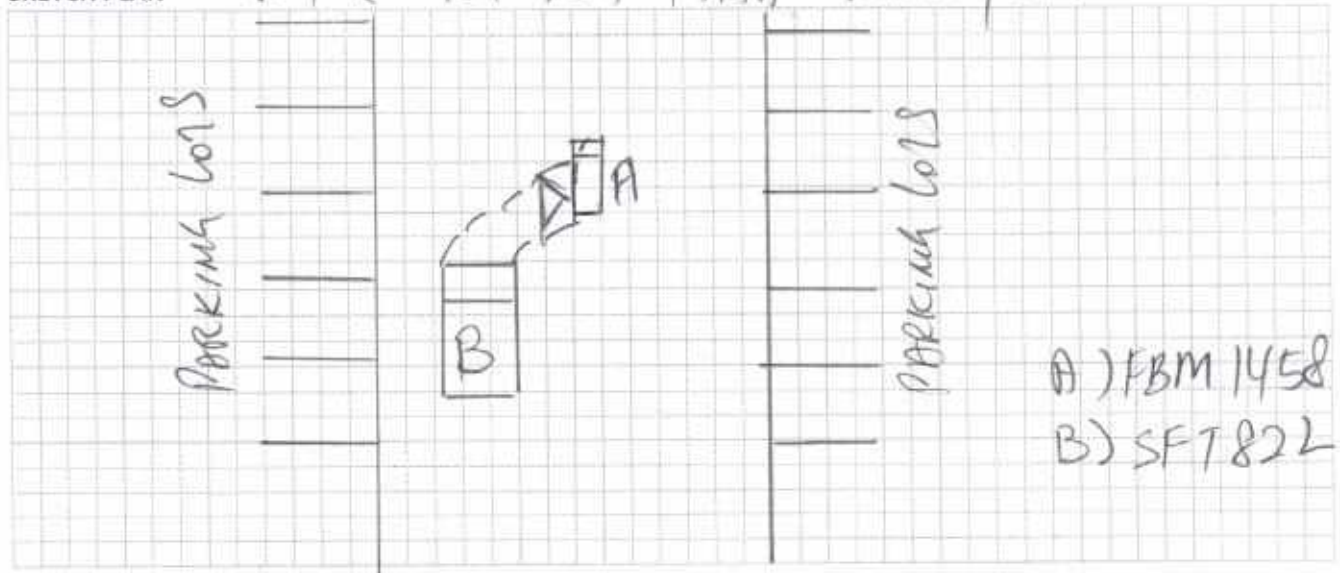
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

R & R GEYLANG PARK MALAYSIA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
D/20180308/2048 & TRAFIK PARKIR/00137/18

DECLARATION

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

Policyholder's Signature

Date & Time: 8/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



D/20180308/2048

1 of 2

POLICE REPORT (NP299)

Report No. D/20180308/2048

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 08/03/2018 14:59	Vide Report No.	Station Diary No. 103
Name Of Informant SAMPOVAARA MIKA JOHANNES	Address 2 BROOKVALE WALK #04-06 SINGAPORE 599952	
ID Type / ID No. NRIC NO / S70632791	Contact No. Home/Office	Mobile 92380611
Nationality FINNISH	Email Address	
Occupation FINANCE INVESTOR	Sex Male	Age 47
Institution/School Name	Date of Birth 01/08/1970	Race Caucasian
Date/Time Of Incident 01/02/2018 14:00	Location Of Incident R&R Gelang Patah MALAYSIA	

Brief details.

On 01/02/2018 at 1050hr, I was riding my motorcycle, FBM1458P along R&R Gelang Patah (rest stop), Malaysia

As it was a one-way road, I noticed there was a vehicle bearing registration plate no. SFT82L (Driver: Issac Chan Yang Zhi, NRIC: S9416708F, Address: 82 Bedok Terrace) on the left side of the road driving slowly. I riding along the right lane and I overtake the said vehicle so I could proceed to the petrol kiosk ahead. Subsequently, the vehicle (SFT82L) turn right without looking at his blind spot and hit onto left

Signature Of Officer Recording The Report:

D / Sgt 1 CHONG SHAO XUAN, VANESSA

Signature Of Interpreter:
Not applicable

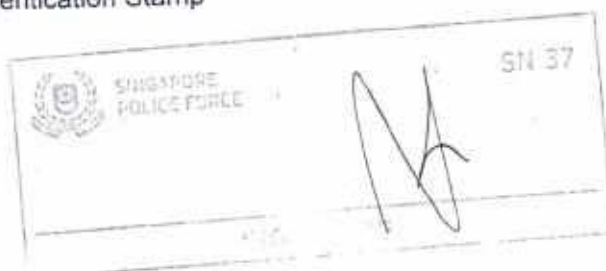
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ONG SHING LIN, STEFFANY
Contact No.:

Signature Of Informant:

Date/Time:
08/03/2018 14:59

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20180308/2048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180308/2048

side of my motorcycle which cause my left leg to be injured and bleed profusely. I managed to gain my balance and I sat onto the ground and started to scream in pain. I noticed that my motorcycle had several damages and I arranged my motorcycle to be towed back to Singapore. I wish to inform that the accident impact cause the said vehicle front bumper to fall off.

After which passerby assisted me with towels for my injuries. Malaysian police arrived shortly who attended to the scene. One hour later, my wife came and we seek for our own personal medical attention. I have make a police report in Malaysia ref to TRAFIK IPUTERI/001137/18. This is the first time such incident had happened to me. I am lodging this report my insurance company to investigate further.

Signature Of Officer Recording The Report:

D / Sgt 1 CHONG SHAO XUAN, VANESSA

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ONG SHING LIN, STEFFANY
Contact No.:

Signature Of Informant:

Date/Time:
08/03/2018 14:59

Classification Of Case:

Authentication Stamp



POLIS DIRAJA MALAYSIA

REPOT POLIS

Insurans Report

Balai : TRAFIK ISKANDAR PUTERI
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : TRAFIK IPUTERI/001144/18
Tarikh : 01/02/2018
Waktu : 1557 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641
No Repot Bersangkut : TRAFIK
IPUTERI/001137/18

Butir-butir Penerima Repot

Nama : WAN ZAROL IKRAM BIN WAN MOHAMED No Personel : R197035 Pangkat : KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
No Paspot : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : SAMPOVAARA MIKA JOHANNES
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : PF9961522
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : 01/08/1970 Umur : 47 tahun 6 bulan
Keturunan : European Warganegara : Finland
Pekerjaan : SWASTA
Alamat Tempat Tinggal : NO 24 JALAN EKO BOTANI 2/12 TAMAN EKO BOTANI ISKANDAR PUTERI, 79100,
JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 6592380611

Pengadu Menyatakan:-

PADA 01/02/2018 JAM L/KURANG 1050HRS SEMASA SAYA MENUNGGANG M/SIKAL NO. FBM1458P DARI SINGAPORE HENDAK E MALAYSIA. PADA KETIKA ITU, APABILA SAMPAI DI KAWASAN R&R (U) LEBUH RAYA, LINKEDUA CUBA MEMOTONG M/KAR NO. SFT82L KERANA TERLALU PERLAHAN. DALAM MASA YANG SAMA, M/KAR TERSEBUT MEMBELOK KE KANAN LALU MELANGGAR M/SIKAL SAYA. DALAM KEJADIAN TERSEBUT SAYA MENGALAMI KECEDERAAN DI BAHAGIAN KAKI KIRI, TAPAK KAKI, KEROSAKAN DI BAHAGIAN ENGINE, COVER SET, GEAR, TOOL BOX, DAN LAIN-LAIN KEROSAKAN BELUM KENAL PASTI. SEKIAN REPOT SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa (Jika ada): Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : A6028672 | 05/02/2018 03:56:08 PM

REKODAN PENERIMA
TRAFIK ISKANDAR PUTERI
NO REPOT BERSANGKUT
R175641



POLIS DIRAJA MALAYSIA

REPOT POLIS

T/P REPORT

Balai : TRAFIK ISKANDAR PUTERI
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : TRAFIK IPUTERI/001137/18
Tarikh : 01/02/2018
Waktu : 1409 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641

Butir-butir Penerima Repot

Nama : OSMAN BIN SHAARI

No Personel : R110239

Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : ISAAC CHAN YANG ZHI

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S9416708F

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 06/05/1994

Umur : 23 tahun 8 bulan

Keturunan : Melayu

Warganegara : Malaysia

Pekerjaan : TIDAK BERKERJA

Alamat Tempat Tinggal : 82 BEDOK TERRACE, SINGAPORE, 469241

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6598199299

Pengadu Menyatakan:-

PADA 01/02/2018 JAM LEBIH KURANG 1050 PAGI, SAYA MEMANDU MOTOKAR NOMBOR SFT82L DARI SINGAPORE HENDAK PERGI KE JOHOR BAHRU. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KAWASAN R&R (U) TG KUPANG L/RAYA LINK KEDUA, SEMASA SAYA SEDANG BELOK KEKANAN UNTUK MASUK KE PETAK PARKING DENGAN TIBA-TIBA M/SIKAL NO FBM1458P LANGGAR M/KAR SAYA. DALAM KEJADIAN INI SAYA TIDAK CEDERA. M/KAR SAYA MENGALAMI KEROSAKAN PECAH BUMPER DEPAN KANAN, KEMEK MUDGUARD DEPAN KANAN, PECAH SET LAMPU DEPAN KANAN, TAYAR/RIM DAN ARM DEPAN KANAN ROSAK. LAIN-LAIN KEROSAKAN SAYA TIDAK PASTI. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: A6028672 | 05/02/2018 03:56:09 PM

ACCIDENT STATEMENT

ACCIDENT DATE: 01/02/2018 (DD/MM/YYYY), TIME: 14.00 (HH:MM)

LOCATION: Rt R GAYCONG PAH MALAYSIA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 145PP
 b) INSURANCE COMPANY: MBIG
 c) POLICY NUMBER: ROYAN ENFIELD CLASSIC 500
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
 e) MAKE & MODEL: ROYAL ENFIELD CLASSIC 500
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TO PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAMPOVABARA MIKA JOHANNAS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2 BROOKLYN CONTACT: 92840611
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: AS: ABONK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01/08/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/09/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) own car
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC INCHANGAR PULAI
CLAMANT NPC

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SFT 822 MODEL: _____
 b) DRIVER'S NAME: ISAAC CHAN YONG ZHI
 c) NRIC/FIN/PASSPORT: 5916708 F CONTACT: 98199299

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email = mika_sampo@yahoo.com

fax =

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70632791



Name
SAMPOVAARA MIKA JOHANNES

Race
CAUCASIAN

Date of birth
01-08-1970

Country of birth
FINLAND

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S70632791



Name
SAMPOVAARA MIKA JOHANNES

Birth Date 01 Aug 1970

Issue Date 18 Mar 2014



002285956K

8708903




NRIC No. S70632791

Nationality
FINNISH

Date of issue
30-05-2005

2 BROOKVALE WALK #04-06
SINGAPORE 599952

NRIC No: S70632791 Date: 18/11/2010 No: 6567963

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 20	MOTORCYCLES NOT EXCEEDING 200 CC	24 Feb 2014
Class 25	MOTORCYCLES BETWEEN 201 CC AND 400 CC	19 Jun 2015
Class 1	MOTORCYCLES EXCEEDING 400 CC	06 Aug 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	17 Jun 2004

S / No. 9000263285

870632791



License No: S70632791

NP 426A



CA 491266

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. Z00412212G)
4 Shenton Way, # 21-01, SGX Centre 2, 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, 1959 (Federation of 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.

CERTIFICATE NO : MSD/VMS/17-369800-CA A0074-001/10225

SUM INSURED : PMV

EXCESS : \$750(FIRE&THEFT) \$1500(ENDT 2K)

1. In mark and Registration Number of Vehicle FBM1458P
ROYAL ENFIELD 499 c.c.
2. Name of Policyholder SAMPOVAARA MIKA JOHANNES
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1008AM 01/08/2017
4. Date of Expiry of Insurance 31/07/2018
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.

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 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).

Rep1 CN: 72019740
18/08/2017 (KP)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.