Date In: 17/2/8- 5:27	Job description	Date &Time Completed	Done by				
Ref No: NA MS6 18013009/24	SAS e-filing						
Veh No: FBL 7579p	E-mail (within Shrs, AIC 2hrs)		3				
D.O.A: 17/9/18-08:30	i-Motor Claim Form						
	i-Motor W/O (Within: OD 2	i-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD / TP-/ Reporting Only	i-Photo Uploaded						
	Assessment/Survey Report		ALL MANAGEMENT OF THE STATE OF				
TP Insurer:	Ass't Report by Fax / Hand	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / Q	W: (Tel: Fa	k:				
TP Particulars: Veh No:	INC	()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: ()	Period: (Cover Type: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	0%]				
Year of Registration: () Warranty: YES ()/NO()					
Excess: (\$) Loading	g:\$1,000()/\$2,000()						
General Remarks:-		i l egement statement	in S				
Commence of the Commence of th	r's information strictly Confidential & S						
() Total Loss Case : to e-mail		N 1 4					
Drive-In ()/Towed-In (); I		Towing Co: (•)				
			表式發展過去不成為不				
Remarks:- (INC hotline: 6788 66		Date&Time Completed	Done by				
1) Apply for Transport Allowance ()/Courtesy Car ()	-					
2) QC Check / Post Repair Inspection	()		ALM AND ADVENUE OF THE PERSON				
3) Upload Resurvey Photo [Repair Co	st>\$3000] ()						
Injury:							
		and the second of	PARTE A CONTRACTOR				
Date/Time Actions		Table 1	Sescion of				
	3.5						
		2007 - 1					
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NA1804500	Invoice Pr	eparation Checklist	And (S) And (S fat Bill Add Bil				
aimant's Particulars :-	1) AR : Accide	nt Reporting (\$30);	A CONCESSION OF THE PARTY OF TH				
minant's Particulars :-		e Assessment (\$100); INC (\$80) Fee \$40/\$					
river/Owner:	3) TF : Towing 4) FT : Follow-	Through Survey \$1					
ontact No:	5) FT : Follow-	Through Survey (Resurvey) 5	30				
	6) TR: Re-insp	ection (wef 10 Jan 2005)	75				
maged Portion:		A + SMRT Survey 51	50				
	8) NTUC Addi	tional Services:-					
Checked by (Engr-In-Charge):	*N5: Courte) cert i prime	\$5				
O Ware where there is no an accommodate the contract of the co		Co-ch different	10				
tuttors Comments :-			55				
CO. 10. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TP (N11): T	P (Non INC) against INC S.	20				
uditors' Comments :: _1: _2/3:		P (Non INC) against INC S.	The second secon				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

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

ELESTROPE COMPANSION PARTY.			
Date Of Report	17/07/2018 12:27		
Date Of Accident	17/07/2018 08:30		
Exact Location Of Accident	ALONG BALESTIER RD BEFORE JUNC SERANGOON RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBL7579P		
Insured/Policyholder			
Name Of Registered Owner	WOO CHAN BAN		
NRIC No	S1734456J		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97669579		
Alternative Phone No	OFFICE-97669579		
Vehicle Particulars			
Manufacturer	HONDA		
Model	WW150 (PCX150)		
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	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/18-379738-CA		
Cover Note Number			
Driver			
Name of Driver	WOO CHAN BAN		
NRIC No	S1734456J		
Date Of Birth	28/04/1966		
Occupation	INDOOR		
Date Of Driving Pass	14/09/1990		
Driving Experience	27 YEARS AND 10 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-97669579		
Fax Number			

OFFICE-97669579

NOEMAIL

Address BLK 85 WHAMPOA DRIVE

#03-264

Postcode 320085

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

OMMER

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident NO 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

2

NO

NO

ME:

GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. MY DAUGHTER SHOE ACCIDENTALLY HIT ONTO VEHICLE B BUMPER.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

YES

SKETCH PLAN

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 <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:
 - (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: Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

1

A: FBL75701P RE SHC 51532

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

seler to statement.			
	_/		
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/			
		- Citi	
ARATION			

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:

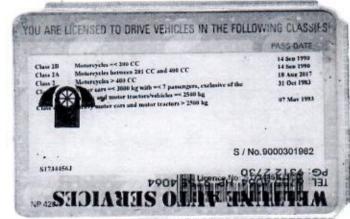
Reporting Centre Personnel's Signature

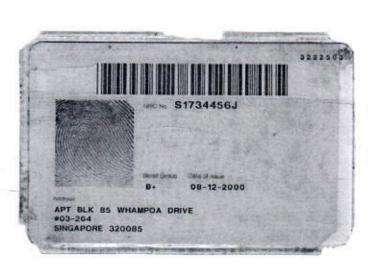
Name:

NRIC/FIN No .:









CA 502703



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 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/18-379738-CA

A0074-001/10124

SUMINSURED :

EXCESS

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

Index mark and Registration Number of Vehicle

FBL7579P

153 c.c.

2. Name of Policyholder

WOO CHAN BAN

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

1201AM 24/03/2018

4. Date of Expiry of Insurance

23/03/2019

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 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 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.
 - 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 nicles (Third-Party Risks issued in accordance with the provisions of the and Compensation) Act (Chapter 189) Road Transport Act. 1987 (Malaysia).

> PTE. LTD. COMMERCIAL GENCY

07/03/2018 (KS) CA/CI-03 (05/13)

For MSIG Insurance (Singapore, Pte. Ltd.