

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

1404/8092940

Date In: 18/07/2008 12:49	Job description	Date & Time Completed	Done by
Ref No: NBS/MSG/10/8096/Y	SAS e-filing		
Veh No: FR 996T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 13/12/2008 19:05	i-Motor Claim Form		
QD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKG 375IX	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%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<p>1404/8092940</p> <p><b>Claimant's Particulars:-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<b>Invoice Preparation Checklist</b>		Amt (\$) Int Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*N5: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile \$30				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

## 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	18/07/2018 17:19
Date Of Accident	13/12/2017 19:05
Exact Location Of Accident	BALESTIER RD TOWARDS CITYJUNCTION OF LAVENDER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR9196T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHEYD ABDUL SALIM BIN OTHMAN
NRIC No	S9522461Z
Email Address	AMYSHEYD1995@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85141935
Alternative Phone No	OTHERS-85141935

### Vehicle Particulars

Manufacturer	HONDA
Model	NSR150SP-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-981625-WTT
Cover Note Number	

### Driver

Name of Driver	SADIQBATCHA MOHAMED YUSOOF MAHADIR
NRIC No	S9573259C
Date Of Birth	12/01/1995
Occupation	INDOOR
Date Of Driving Pass	03/03/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85141935
Fax Number	
Contact Number	OTHERS-85141935
Email Address	AMYSHEYD1995@GMAIL.COM



Address	BLK 1 HOLLAND CLOSE #03-121
Postcode	271001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : PILLION GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180503/2188

#### 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	SKG3737X
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)  
Passenger 1

2

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB9928J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

2

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name SADIQBATCHA MOHAMED YUSOOF MAHADIR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FR9196T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FR9196T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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: 14/07/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1630 18/07/2018

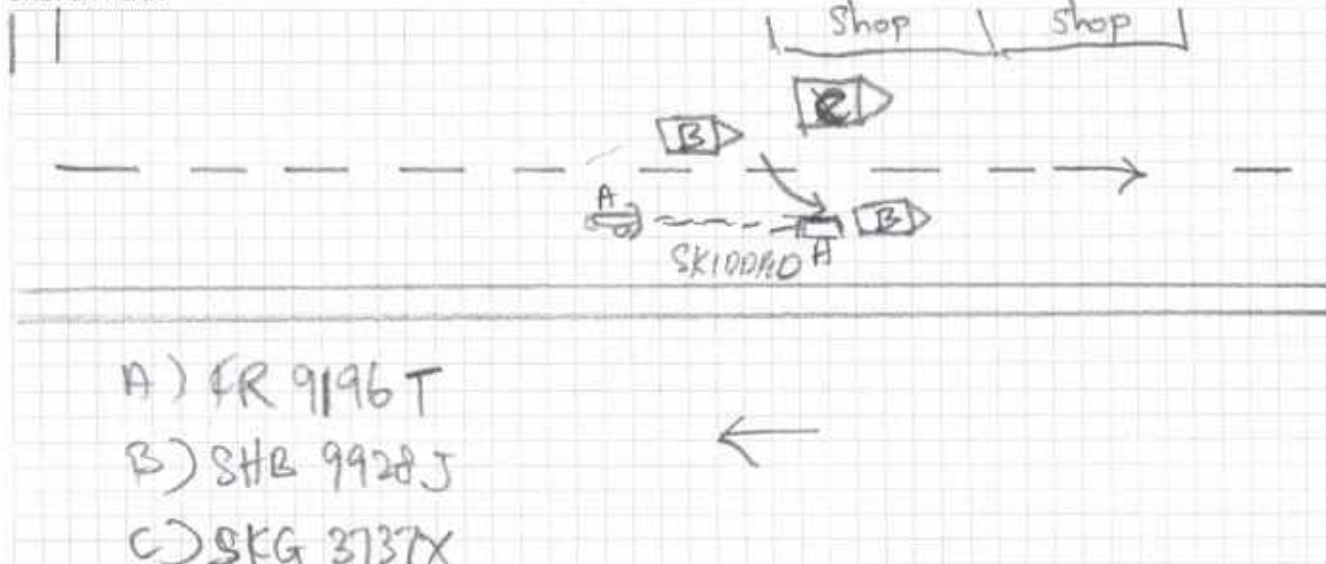
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
1/20180503/2188

## DECLARATION

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

Policyholder's Signature:   
Date & Time: 18/07/2018 1638

Driver's Signature:   
(If driver is not the policyholder)  
Date & Time: 1638 18/07/2018

Reporting Centre Personnel's Signature:   
Name:   
NRIC/FIN No:



# SINGAPORE POLICE FORCE



T/20180503/2188

1 of 3

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

Report No. T/20180503/2188

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 22:16		Vide Report No.:		Station Diary No.: 184	
<b>Informant's Particulars</b>					
Name of Informant: SADIQBATCHA MOHAMED YUSOOF MAHADIR			Address: BLK D #06-03 DANGA VIEW APARTMENT PERSIARAN DANGA BAY 81200 MSIA		
ID Type / ID No.: NRIC NO / S9573259C			Contact No.: Home/Office:		Mobile: 85141935
Nationality: INDIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 12/01/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Despatch Rider			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/12/2017 19:05	Type of Location: X-Junction
Location: Along Road 1 BALESTIER ROAD				
Along Balestier Rd towards City, junction of Lavender Rd				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR9196T	Motorcycle	HONDA	NSR SP	White	Totally Damaged	1
SHB9928J	Car				No Damage	2
SKG3737X	Car			Black	Slightly Damaged	0





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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SADIQBATCHA MOHAMED YUSOOF MAHADIR	ID No.	S9573259C
Related Vehicle	FR9196T (Motorcycle)	Contact No.	85141935
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/12/2017	Date Discharge	13/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 13th Dec 2017 at about 1903hrs, while I was riding my motorcycle of reg no. FR9196T along Balestier Rd towards City, I met with a road traffic accident at the junction of Lavender Rd.

2. Thereat the said x-junction, I stopped my motorcycle behind a taxi of reg no. SHB9928J and there was another vehicle of reg no. SKG3737X in front of the said taxi. Shortly after that, the traffic lights turned green on our side. I then saw the taxi doing a over turning of car SKG3737X who had turned on its hazard lights. He did a over taking from its right and I followed suit.

3. Suddenly, the taxi jammed brake and I also applied my emergency brake which resulted my motorcycle skidded due to the wet road. Following that, my motorcycle lying on the road and it moved forward and hit onto the rear of the taxi. At the meantime, I flew forward due to the impact and my helmet hit onto the right side portion of SKG3737X.

4. The said accident had cost my motorcycle to be totally damaged and I had since sold it back to its owner. I was having a pillion at that time and she was conveyed to SGH by an ambulance. Pillion was subsequently given out patient treatment with 3 days of medical leave.

5. I am lodged this police report as requested by a traffic police investigation officer.





**SINGAPORE  
POLICE FORCE**



T/20180503/2188

3 of 3

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

Report No. T/20180503/2188

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

SI LOH WEE CHOON

9608

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/05/2018 22:16

Classification Of Case:



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6225 7402  
www.msig.com.sg

Date: 28 Feb 2018

Your Ref: FR9196T

Our Ref: MSC/V/17-001941

**1<sup>st</sup> REMINDER  
URGENT  
WITHOUT PREJUDICE**

SHEYD ABDUL SALIM BIN OTHMAN  
BLK 121 EDGEDALE PLAINS  
#10-225  
SINGAPORE 821121

Dear Sir/Madam,

**Policy No. MSD/VMT/17-981625-WTT**

**Accident involving SKG3737X and FR9196T at/along BALESTIER RD TWDS CTE BEFORE TESSENSOHN ROAD on 13/12/2017**

We refer to our letter of 18 Dec 2017, a copy is enclosed for your easy reference.

To-date, our record shows that you have yet to file an accident report to us. Your No Claim Discount (NCD) may be affected due to your non-reporting of this accident.

In view of the above, please lodge an accident report immediately at any of our authorized/dedicated workshop or IDAC centers together with your vehicle even if it is not damaged in the accident. Please bring along the following documents for reporting:

- a) Driver's driving license,
- b) Identity card and
- c) Police report, if any.

If we do not receive your accident report within 14 days from the date of this letter, we may have to refer this to the Traffic Police to engage their assistance.

All our rights under the policy are expressly reserved.

Yours faithfully

87516351

Catherine Thia Shi Yi  
Senior Executive

DID : 6594 2545  
Fax : +65 6225 7402

**P.S Please ignore this letter if you have already reported this accident earlier.  
WTT**



## ACCIDENT STATEMENT

ACCIDENT DATE: (13/12/2017) (DD/MM/YYYY), TIME: (19:05) (HH:MM)

LOCATION: Batesley Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR 9196T  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda SP NSR 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: Abdul Salam bin Othman (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9524612 CONTACT: \_\_\_\_\_  
c) ADDRESS: Rix 121A Edgevale Plains #10-225 S(12121)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Sadig Baltha Mohamed Yusof mghadir (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9573259C CONTACT: 85141935  
c) ADDRESS: Rix 1, #03-121, Holland close  
(S) 271001

\*d) DATE OF BIRTH: (12/01/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/03/2016

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: clementi NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 9928J (2) MODEL: Taxi  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKG 3737X (2) MODEL: car  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = amylcheypl995@gmail.com

VIDEO =



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: 3/20180310/2117.

I, INSP Desmond Lim.  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Ang Mo Kio Police Division HQ.  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One Indian Passport belonging to  
2 Mohamed Yusoff Mahadir, P. 19772217.  
3  
4  
5  
6  
7  
8  
9  
10

from Sadiq Balcha Mohamed Yusoff Mahadir (S9573259C).  
(Name, NRIC or Passport No. / Rank and No.)

of Blk 1, Holland Close, #03-121  
(Address / Police Station / NPC / NPP)

on 3/7/2018. at 1240 hrs.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)

SB Mohd Yusoff S9573259C  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
Signature

INSP Desmond Lim.  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: [Signature]



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9573259C**

**SADIQBATCHA MOHAMED YUSOOF MAHADIR**

Birth Date: 12 Jan 1995  
Issue Date: 03 Mar 2016

002543663D




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	<b>EFFECTIVE DATE</b>
<b>Class 2B Motorcycles &lt;= 200 cc</b>	<b>03 Mar 2016</b>

NP 428A

Licence No: S9573259C





MSIG Insurance (Singapore) Pte. Ltd. (Company No. 200417211K)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068837  
Tel: +65 5627 7888, Fax: +65 5627 7900  
www.msig.com.sg

## MOTORCYCLE INSURANCE SCHEDULE -

DATE OF ISSUE: 19/04/2017

AGENCY: A0633-001-W0881  
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/17-981625-WTT

INSURED:  
NAME: SNEYD-ABDUL SALIM BIN OTHMAN  
ADDRESS: BLK 121A EDGEDALE PLAINS  
#10-225  
S821121

NRIC NO: S9522461Z  
DATE OF BIRTH: 29/05/1955 (11 yrs)  
DRIVING EXP: 25/05/2016 (0 yr)  
CONTACT NO: 94461260

BUSINESS OR PROFESSION: SECURITY OFFICER

PERIOD OF INSURANCE FROM: 15/03/2017 TO 14/03/2018  
20:42PM

REGISTRATION NUMBER: FR9196T

CUBIC CAPACITY: 149

MAKE OF VEHICLE: HONDA NSR

YEAR OF REGISTRATION: 2000

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

### AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 37 PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 530.00

GST @ 7% 37.10

TOTAL: 567.10

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: NIL

NO CLAIM BONUS OF 0% IS ALLOWED

MSIG Insurance (Singapore) Pte. Ltd.

### Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers

18-07-18:16:53

2 / 2





MSIG

MSIG Insurance (Singapore) Pte Ltd.  
 RA Reg No. R09012202  
 4 Shenton Way, #21-01, SGC Centre 2,  
 Singapore 059807  
 Tel: +65 6827 7888 Fax: +65 6827 7800  
 www.msig.com.sg

Agency :  
 Endorsement No : A0633-001/M0881  
 Vehicle No : MSD/VMT/17-B162329-WT  
 Policy No : PR9195T  
 Name : NED-VMT/17-981625-WT  
 SHEYD ABDUL SALIH BIN OTHMAN

Effective Date :  
 Expiry Date : 06-11-2017  
 Effective Time : 14-03-2018  
 1454PM

Notwithstanding anything within stated to the contrary, it is hereby declared and agreed that as from the above stated effective date, the following amendment(s) is/are made to this policy :-

( 1 ) CHANGE OF AUTHORISED RIDER

The authorized rider named in the schedule is amended to read as follows:  
 I) THE INSURED  
 III) SADIQBATERA HORD YUSCOF MARADIR ONLY IC 95732590-12.1.55

In view of the above change(s), the undermentioned charge(s) is/are payable to the company.

Addt Premium : 25.00  
 GST @ 7 % : 1.75

Subject otherwise to the terms, conditions and exception of this policy.

SUBJECT TO PREMIUM WARRANTY CLAUSE ATTACHED

FOR MSIG INSURANCE (SINGAPORE) PTE LTD

NTT Insurance Agency Pte Ltd  
 Licensing Agents

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