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Date:		Time:		
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2) DA : Dan	nage Assessi	ment (\$100); 1	\$40/\$45	
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MNA418105633 / National Assessment Centre Services - Bukit Marah ENTRY DATE & TIME: 15/06/2018 16:13 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

- 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	15/08/2018 16:13
	12/08/2018 09:30
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD3579H
Insured/Policyholder	
Name Of Registered Owner	WILSON PARKING (SINGAPORE) PTE LTD
Co Reg No	¥
Email Address	AZRIYAMAHA1982@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87532807
Alternative Phone No	OFFICE-87532807
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FINO-114CC (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27638761 VMF
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD AZRI BIN ABDUL KHALID
NRIC No	S8114886D
Date Of Birth	03/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87532807
Fax Number	
Contact Number	OTHERS-87532807

AZRIYAMAHA1982@GMAIL.COM

Address

BLK 619 BUKIT PANJANG RING ROAD

#06-818

Postcode

670619

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

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?

YES

YES

Was any other material or property damaged?

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180813/2069

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD AZRI BIN ABDUL KHALID

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBD3579H

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)
 - (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
- 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 fraid, 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 Signaturi Date & Time

priver's Signature

If driver is not the policyholder)

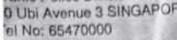
Date & Time:

NRIC/FIN NO.

Reporting Centre Persenners Signature



olice Station Of Origin; raffic Police Division HQ 0 Ubi Avenue 3 SINGAPORE 408865



F/20180813/2069

Report No. 1/20180813/2069

EPORT OF A TRAFFIC ACCIDENT		Station Diary No.:
Date/Time Report Made: 13/08/2018 13:37	Vide Report No.:	Station
Informant's Particulars	SECONOMICS OF THE PERSON	
Name of Informant: MOHAMMAD AZRI BIN ABDUL KHALID	Address: APT BLK 619 BT PAI PANJANG SINGAPO	NJANG RING RD #06-818 HDB-BT DRE 670619
ID Type / ID No.: NRIC NO / S8114886D	Contact No.: Home/Office:	Mobile: 87532807
Nationality:	Email:	

NRIC NO	/ \$811488	GD	Home/Office:	Mobile: 87532807
Nationalit	Y. DRE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 03/06/1981	Type of Informant:	I de Loui Namo:
Race: Malay			Language:	Institution / School Name:
Occupat	ion: RK TECHN	ICIAN	Driving Licence Information: Class: 28,2A2	Delle of Expiry:
W7-5-1513	Printer of	CONTRACTOR OF THE PERSON NAMED IN	SENSORT A 18 SERVICE	

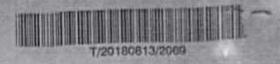
seneral infort	nation of the Accident		Date/Time	Type of Locatio
Type of Ancident:	Conveyed By Ambulan	Drink Drive: No	Accident 10/08/2015	Straight Road
Location: Along Road 1 UPPER BUK	IT TIMAH ROAD			
		Road Surface:		Road Speed Limit:
Weather: Clear		BY which was the	Name -	
Clear Traffic Flow: One Way		raffic Control Traffic Light - Wo	orking	Traffic Volume: Moderate Anyone conveyed by

	Type	Make	Model	Color	Condition	No of Passanger
Vehicle No.	IAbo	Make	Model	COUNTY.	COHOLINGIA	THE ST STREET
FBD3579H	Motorcycle	YAMAHA	FINO 115	Red	Seriously	AND RESIDENCE OF THE PARTY OF T

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2013

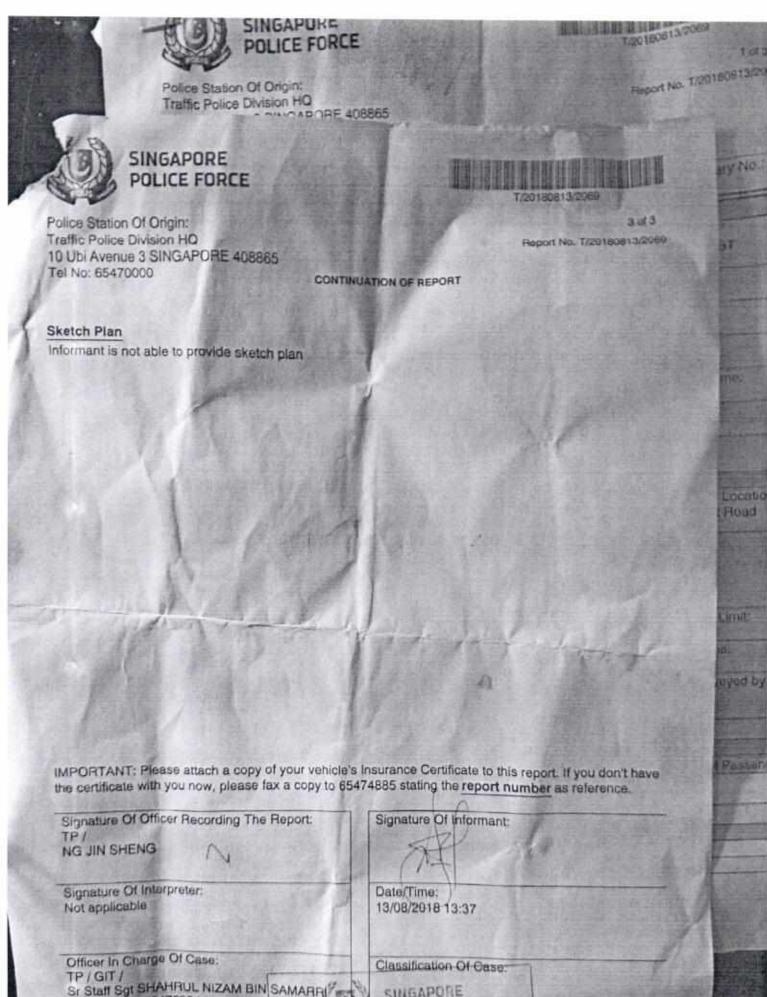
Report No. T/20180813/2069

CONTINUATION OF REPORT

Rider		18/1/18		The same			
Name	MOHAMMAD AZRI BIN ABDUL KHALID			ID No.		S8114886D	
Related Vehicle	FBD3579H (Motorcycle)			Conta	ct No.	87532807	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Drivin Licent Expiry	g	Class: 2B,2A,2 Date of Expiry: NIL		
Date Treatment	10/08/2018 Date Dis			charge	NIL		
No. of Days granted Medical Leave 07			Degree o	of Injury	Serio	us	

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION
I WAS TRAVELLING ALONG THE SAID LOCATION. THERE WERE A 2 LANES. THE LORRY
INFRONT OF ME WAS SLOWING DOWN AND THEN I COLLIDED ONTO HIM. I WASN'T ABLE TO
RECALL EXACTLY WHAT HAPPEN. THE INVESTIGATING OFFICER TOLD ME THAT THE VIDEO
FOOTAGE FROM THE LORRY SHOWS THAT I ACTUALLY COLLIDED ONTO THE REAR OF THE
LORRY. HOWEVER I SUSPECT THAT THE LORRY DRIVER JAM BRAKE AND THUS THE
ACCIDENT.



SINGAPORE

Signatures

POLICE FORCE

Contact No.: 65476904

Authentication Stamp

Ins SHOW .

ACCIDENT STATEMENT

- (4	NT DATE: (12 / 8) (8) (DD/MM/YYY), TIME: (09:30) (HH:MM)	
ACCIDE		3,60
LOCATIO	ON: UPPER BURIT TIMAH.	
75		
1,	DETAILS OF VEHICLE TED SS 79 H.	
	DIVEHICLE NUMBER:	73
	DINSURANCE COMPANY:	ψ
		90 W
	I DOCUCE I THIPD PARTY / IHIKU FAKE	
		35
	COURT TO LEGAL TO COURT TO THE TANK OF THE PROPERTY OF THE PRO	
	LIBURDOSE OF LISING AT ACCIDENT TIME: WITH	
	IL A DE VOIL CLAIMING INDER YOUR OWN INSURANCE TO THE	
	TENO DI FACE STATE ITHIPD PARTY CLAIM / REPORTING CINY	1
2	THE PROJECT HOLDER	3 753180
	AINAME MOHAWWAD AZE BIN HOLL CHALL	204
	CIADDRESS: 619, BUKIT JANDANG CING ROLL FOR	1 /
M S H	St 10619	01
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
the of passange	DRIVER MILE PARKONG (MALE / FEMALE))
	a)NAME VOCOS	
(Including driver)	b)NRIC/FIN/PASSPORT:CONTACT:	
(\mathbf{L})	c)ADDRESS:	
.00	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO)	
	WE SELATIONICHID DE THE DRIVER WITH INSCRIENT	_
	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR	_
5.	b)ROAD SURFACE: (DRY / WET / OTHERS DRY	_) :
:ex	WAS ANYBODY INJURED (YES / NO)	ar ^a
٥.	a) REPORTED TO POLICE (YES) / NO! TRAFFIC POLICE	**
/.	IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE	_
p	THIRD PARTY VEHICLE	
the of pascinger	a) VEHICLE NUMBER:MODEL:	
	b) DRIVER'S NAME:	7.
Clinduding driver	c) NRIC/FIN/PASSPORT:CONTACT:	
() 。	THIRD PARTY VEHICLE	E
	d) VEHICLE NUMBER:MODEL:	
A lin of bossades	e) DRIVER'S NAME:	
(Including driver	MRIC/FIN/PASSPORT:CONTACT::	=51•
(2	500 Mark 1997 at 27	
	N 3	

email = azrigamaha 1982@gmail.com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8114886D





MOHAMMAD AZRI BIN ABDUL . KHALID

BOYANESE 03-06-1981 Country/Place of birth

SINGAPORE

M

5616753



Date of leave 29-06-2016

APT BLK 619 BUKIT PANJANG RING ROAD #06-818 BINGAPORE 670619



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Class 2A Motorcycles between 201 cc and 400 cc Class 2 Motorcycles > 400 cc

17 Feb 2003 14 Aug 2007 14 Oct 2008

NP 428A



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Y.100 Conmercial Cycles MOTOR CYCLE FLEET MARKET VALUE

Comprehensive

Certificate No. B 27638761 VMF

Excess: SGD600

- 1. Index Mark and Registration Number of Vehicle FBD3579H
- 2. Name of Policyholder

Wilson Parking (Singapore) Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 29/01/2018
- 4. Date of Expiry of Insurance 28/01/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

(a) Use only for the Policyholder's business or profession.

(b) Use for social domestic and pleasure purposes.

The Policy does not cover use for the carriage of passengers for hire or reward racing pace-making reliability trial or speed-testing.

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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer