NATTONAL Assessment Centre:	Gervices per sonon er	
Date 10 58 08 5018 12:49	Jeb description . Date & Time Completed	Done by
ROTNO NA/MSG18015664/kg	SAS e-filling	
Veh No FB_D7941T	Famailyana	
001 23/02/2018 22:30	i-Nioter Claim Form	
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	
OD 3P- Reporting Only	I-Photo Uploaded	
TP lusu rr	Assessment/Survey Report	
11 113011	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (Fax:
TP Particulars: Veh No: SE	4848.T . INC()/Non-INC()	r dx ,
Owner / Driver: (Tel:	
Policy No. () Period		
Confirmed by : (Date: Time:	
Insured/Driver Liability: (%) [Not	e-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-	100%)
) War	ranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (()/\$2,000()	
General Remarks:	STEEN STEEN STEEN STEEL ST	
Walk-In Customer : Customer's informa	tion strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer U	DOENTLY	
Drive-In () / Towed-In (); Invoice: YI	ES () / NO (); Towing Co: (ACCUSATION OF THE PARTY OF THE
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	tesy Car ()	
Injury :		
Pate/Time Actions		
- COUNTY OF THE PARTY OF THE PA		Kri an
19 190 400		
NA 180546	f 5 Invoice Preparation Checklise	Anit (\$) Amt
umant's Particulars :-	1) AR : Accident Reporting (\$30):	Add E
ver/Owner	2) DA : Damage Assessment (\$100); INC (\$50 3) TF : Towing Fee \$40/	
ntact No:	4) FT : Follow-Through Survey 5	30
	For slaiming essipst INC Only (wef 10 Jan 2005)	130
naged Portion:	7) N1 : Idau DA + SMRT Survey	60
Checked by (Engr-In-Charge):	8) NTUC Additional Services:-	
	*NS: Courtesy Car / Tpt Allowance	\$5
liturs' Comments :-	*N7: Post Repair Inspection 5	10
12	min datas and all	20 .
2/3		30
	Involve deted Fite Charged	A Separate S

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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.
- 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.

A CONTRACTOR OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	28/08/2018 15:46
Date Of Accident	23/02/2018 22:30
Exact Location Of Accident	YIO CHU KANG LINK TWDS UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD7941T
Insured/Policyholder	
Name Of Registered Owner	JAINULABEDEEN ABDUL NAJEER
NRIC No	S7563438B
Email Address	NAJEER.ABDUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93224576
Alternative Phone No	OTHERS-93224576
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 DTS-I
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	
Cover Note Number	72068900
Driver	
Name of Driver	JAINULABEDEEN ABDUL NAJEER
NRIC No	S7563438B
Date Of Birth	05/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93224576
Fax Number	
Contact Number	OTHERS-93224576
EMail Address	NAJEER.ABDUL@GMAIL.COM

Address 29D BRIGHTON AVENUE

Postcode 55929

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

3

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions AFTER RAIN

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? YES

Was any injured conveyed to hospital by ambulance?

NO YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

SE4848T

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)

DETAILS OF INJURED PERSON 1

Name JAINULABEDEEN ABDUL NAJEER

Approximate Age

Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SLIGHT FBD7941T

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 <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

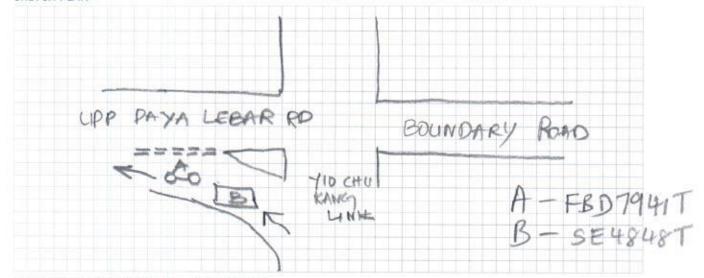
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 February 2018, evening 22:30 Motor bike A was travelling along yie chu kang link towards upper
paya lebar road, motor bike had to slow down
to look for traffic from moun road at give way lane + packershian crossing. The Audi car seysy
behind motos bike didn't slow down and hit
the bike from behind. Rider was thrown to road, bile fell down. Bike had minor damages
and rider had sprain on arms.

DECLARATION

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 .:

GIARMS StetchRianForm VI

Ž.



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

Your Ref Our Ref

FBD7941T

FBD7941T (Please quote our reference when replying)

06 Aug 2018

URGENT

JAINULABEDEEN ABDUL NAJEER 29D BRIGHTON AVENUE SINGAPORE 559291

Dear Sir/Madam

Accident involving FBD7941T and SE4848T

Policy No

MSD/VMS/17-359318-CA

Date of Accident

23 Feb 2018

We have received a property damage claim from workshop acting on behalf of the owner of SE4848T. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference.

Please bring your vehicle and the following documents with you:

Driving license

2. Identity card

3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Lionel Tan

Executive Claims Services (Motor)

Tel

+65 6643 1307

Fax

+65 6225 7402

Email

lionel tan@sg.msig-asia.com

CC

Commercial Agency Pte Ltd





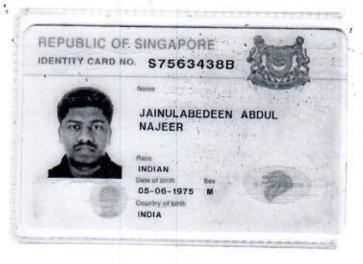
Reported on 24/0/2018 C 1045AM

ACCIDENT STATEMENT

A	CIDENT DATE: 23, 2 2018 (DD/MM/YYY), TIME: (22:5) (HH:MM)	
3.0	CATION: Tio Chu Kang Link towards Upp	Pay 9
3		bar Rd,
	b)INSURANCE COMPANY:	
	CIPOLICY NUMBER:	2
	CHARLES MODELL	36
	f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:	3
	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]	
	b NRIC/FIN/PASSPORT:CONTACT:	1
	c)ADDRESS:	
v	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	1.88
Cincluding dr	QINAME:MALE GENOLES	4576
(1)	b)NRIC/FIN/PASSPORT:CONTACT:	
	*d)DATE OF BIRTH: (/	•
	OCCUPATION: (INDOOR / OUTDOOR)	
	1) DATE OF DRIVING PASS	OWNER
7.80	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO) S(15/1)	70
	IF YES, PLEASE STATE WHICH POLICE STATION:	
to one of persons	O) VEHICLE NUMBER: SE 48 48 MODEL:	- -
s. Indudies A	c) NRIC/FIN/PASSPORT:CONTACT:	T-3
	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:	<u>.</u>
Approvious esta	e) DRIVER'S NAME:	
v ter in denty d	f) NRIC/FIN/PASSPORT:CONTACT:	- ,
A Comment		1%

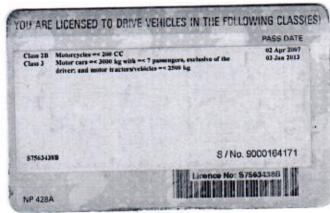
email = najeer. abdul @ gmail. com.
fax = najeer. abdul @ gmail.com

(msta)
Waiting for Certificate?











MSIG Insurance (Singapore) Pte. Ltd. (Lo Heg No. 2004) (22) LW) 4 Shenton Way. # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd 23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No :

72068900

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

Agency

A0074-001-10225

Date :

05 Feb 2018

Name

JAINULABEDEEN ABDUL NAJEER

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED Policy applicable thereto for the Third Party Fire & Theft in the terms of the Company's usual form of

period from

00:01AM

05 Mar 2018

to midnight on

04 Mar 2019

on cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

	and the same of th	SCHEDELL
Registration No.	FBD7941T	Insured Value Prevailing Market Value
Engine No.	JCGBSC72807	C.C. 199
Chassis No.	MD2DHJCZZSCC44235	
Year Manufactured	2009	Year of Registration 2009
Make & Model	BAJAJ [PULSAR 200 DTS-I]	
Rider Type	Policyholder	

Use only for the following purpose: social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

UNIVERSAL MOTORS PILE TDAuthorized Person

BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762 719 E162782029 FAX: 62732039

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

MSD/VMS/17-359318

(Please read important information on the reverse page.)