

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 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. 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 | 26/10/2018 16:11 |
| Date Of Accident | 25/10/2018 05:30 |
| Exact Location Of Accident | JOHOR BAHRU EDL HIGHWAY |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBC5934H |
| Insured/Policyholder | |
| Name Of Registered Owner | MOH SIAW SENG |
| Passport No/FIN | G7543290P |
| Email Address | MOMOGRID8784@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97223039 |
| Alternative Phone No | OTHERS-97223039 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | T135-135CC |
| 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? | YES |
| If No, Please state action to be taken | |
| 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/18-382418-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | MOH SIAW SENG |
| Passport No/FIN | G7543290P |
| Date Of Birth | 08/07/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/06/2006 |
| Driving Experience | 12 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97223039 |
| Fax Number | |
| Contact Number | OTHERS-97223039 |
| Email Address | MOMOGRID8784@GMAIL.COM |

| | |
|---|--|
| Address | NO 44 JALAN BESTARI 4/2 TAMAN BESTARI INDAH 1 ULU TIRAM JOHOR |
| Postcode | 81800 |
| 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 | THEFT |
| 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 | 1 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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 | WOODLANDS WEST NPC |
| Police Station Address | ROAD: 9 MARSILING LANE , POSTCODE: 739146 , 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 J/20181026/2066

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | MOH SIAW SENG |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBC5934H |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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.

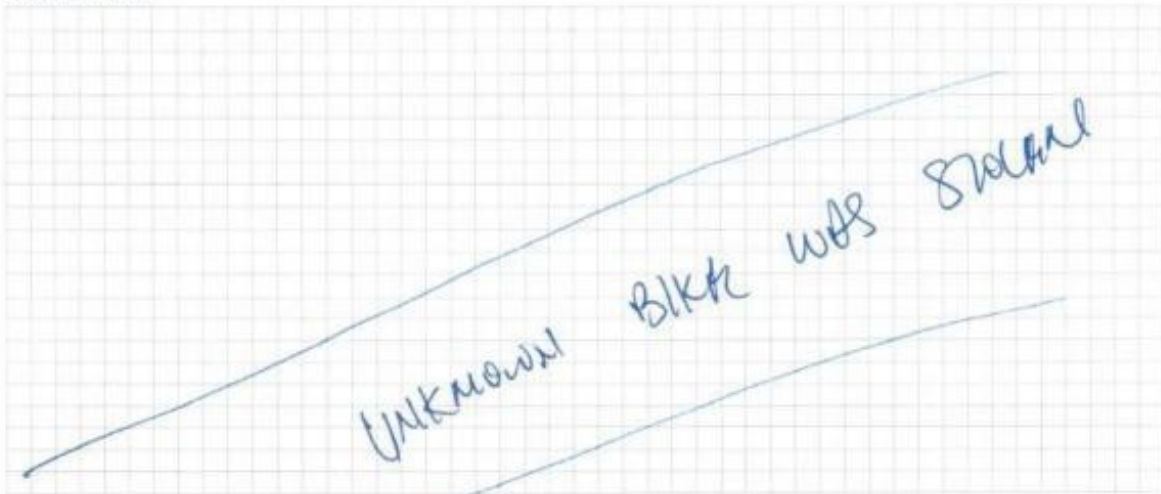

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: Reshmi
NRIC/FIN No.: hwt003

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PD, REFER TO POLICE REPORT
5/2018 026/2066 + MATJIDKE/008515/18

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: Rishi Kumar
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20181026/2066

1 of 2

POLICE REPORT (NP299)

Report No. J/20181026/2066

Police Station Of Origin
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

| | | | | | |
|--|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 26/10/2018 12:16 | | Vide Report No. | | Station Diary No. 24 | |
| Name Of Informant MOH SIAW SENG | | Address APT BLK 276A JURONG WEST STREET 25 #05-53 SINGAPORE 641276 | | | |
| ID Type / ID No. FIN NO / G7543290P | | Contact No. Home/Office Mobile 01127534395 97223039 | | | |
| Nationality MALAYSIAN | | Email Address | | | |
| Occupation ELETRICAL ENGINEER (GENERAL) | | Sex Male | Age 34 | Date of Birth 08/07/1984 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 25/10/2018 05:30 - 25/10/2018 09:15 | | Location Of Incident along KM 7.8 EDL Susur Turun Jalan Johor Bahru Kota Tinggi MALAYSIA | | | |

Brief details.

On 25/10/2018 around 0530hrs, I was riding my vehicle 'FBC5934H' in Malaysia Johor Bahru along KM 7.8 EDL Susur Turun Jalan Johor Bahru Kota Tinggi when I had met with an accident. I then parked my motor vehicle along the highway as the towing crew was not in operation yet before I headed home to wash up my wounds and to rest up. On the same day around 0915hrs, I went back to the same location to retrieve my bike however it was no longer there. I had already lodge a report in Malaysia and I am

| | | |
|--|--------|--------------------------------|
| Signature Of Officer Recording The Report: J / Sgt 1 DAVID NG YU BOON | SN 127 | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | | Date/Time: 26/10/2018 12:16 |
| Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Staff Sgt PRATHEEP REHUNATHAN Contact No.: 6791000 | | Classification Of Case: |

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20181026/2066

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181026/2066

lodging a report in Singapore to claim the insurance as well as the COE of my stolen bike.

| Vehicle Information | | | | | |
|---------------------|-----------------------------------|------------|------------|------------|-----------------|
| S/N | Vehicle Registration Number | Engine No. | Chasis No. | S'pore Car | Status |
| 1 | FBC5934H | 5YP007906 | 5YP007906 | Yes | Stolen Overseas |

| | | |
|--|-------------|-------------------------|
| Signature Of Officer Recording The Report: | | Signature Of Informant: |
| J / Sgt 1 DAVID NG YU BOON | SN 127 | |
| Signature Of Interpreter: | Signature : | Date/Time: |
| Not applicable | | 26/10/2018 12:16 |
| Officer In-Charge Of Case: | | Classification Of Case: |
| J / Jurong Police Divisional Investigation Branch / Staff Sgt PRATHEEP REHUNATHAN Contact No.: 6791000 | | |
| Authentication Stamp | | |

JB POLICE REPORT

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : JOHOR BAHRU CENTRAL
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : MAJIDEE/008515/18
 Tarikh : 25/10/2018
 Waktu : 1454 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : NAZRI B MUSA

No Personel : R124529

Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : MOH SIAW SENG

No K/P (Baru) : 840708016369

No Polis/Tentera : ---

No Paspot : ---

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 08/07/1984

Umur : 34 tahun 3 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : JURUTERA

Alamat Tempat Tinggal : NO 44 JALAN BESTARI 4/2 TAMAN BESTARI INDAH 1 81600 ULU TIRAM JOHOR
 MALAYSIA

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 01127534395

Emel : ---

Pengadu Menyatakan:-

PADA 25/10/2018 JAM LEBIH KURANG 0530HRS SAYA TELAH TERJATUH DARI M/SIKAL NO.PENDAFTARAN FBC5934H JENIS YAMAHA 135CC WARNA BIRU DI SELEKOH KM 7.8 EDL SUSUR TURUN JALAN JOHOR BAHRU KOTA TINGGI.SAYA LETAKKAN M/SIKAL TERSEBUT DALAM KEADAAN BERKUNCI DI TEPI JALAN KERANA TIDAK BOLEH DIHIDUPKAN DAN TIDAK BOLEH BERGERAK.JAM LEBIH KURANG 0915HRS SAYA INGIN AMBIL SEMULA M/SIKAL TERSEBUT DAPATI TELAH TIADA DISYAKI DIAMBIL ORANG.SEKIAN LAPORAN SAYA.

Butir-butir Kenderaan Hilang:

No : 1

Buatan : YAMAHA

Nama Kenderaan : YAMAHA LC135

No Pendaftaran : FBC5934H

Model (Tahun dikeluarkan) : 2008

Jenis : MOTOSIKAL

Warna : BIRU

Berkunci : Ya

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

Salinan Repot Pertama

KETUA POLIS
 BALAI POLIS SENTRAL
 JOHOR BAHRU SELATAN
 JOHOR

<https://nrs.rmp.gov.my/prs/eoffice/viewpol55real2.asp?p=R124529&r=021407/00851...> 25/10/2018

ID

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
INCSYS PTE. LTD.

Name
MOH SIAW SENG
Occupation
ELECTRICAL ENGINEER (GENERAL)

FIN
G7543290P

Date of Application
21-07-2017

Date of Issue
04-09-2017

Date of Expiry
04-09-2019

L6282593



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

G7543290P

MOH SIAW SENG

Birth Date: 08 Jul 1984

Issue Date: 31 Aug 2018

Valid Till: 14-11-2021

0025404990



VISIT PASS
Immigration Regulations

Name
MOH SIAW SENG

Date of Birth: 08-07-1984
Sex: M
Nationality: MALAYSIAN

FIN: G7543290P
Date of Issue: 04-09-2017
Date of Expiry: 04-09-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE
20 Jun 2006

Class 2B Motorcycles <= 200 cc

NP 428A

Licence No. G7543290P

