NATIONAL Assessment Centre	Services.	(well 1 Jan'05) .	MNA HE II	8140985-		
Date In: 30/10/18 16:48	Jeb description		Date &Time C	Completed	Dono	py.
Ref No: NA/MSG 18019751/44.	SAS e-filing					
Veh No: FBD 646 S	E-mail (within	Shrs, AIC 2hrs)				
D.O.A : 29/10/18 10:20.	i-Motor Clai	m Form	4		972	
	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)			
OD : TP ! Reporting Only	i-Photo Uplo	aded				
Th I	Assessment/St	uvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp			*****
Preferred Wksp / INC Assign Wksp / QW: (OUT DESCRIPTION AND ADDRESS.		Tel:	Fax:		
TP Particulars: Veh No: 5	MA 2270 P	, INC(.)/Non-INC	().	eden kommender EG	
Owner / Driver: (1831	Tel:)	-
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Tim	. ")	
The same and the s			0%; P: 21-79%	6. P: 80-1009	6]	- 1
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000				Palaryer		,
Jeneral Remarks	Galactic Containing		A second production of	ALL ROSE	4 .01	01 OB
() Walk-In Customer: Customer's inform		nfidential & St	rictly NO refer o	f repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.		1000	3		
Drive-In ()/ Towed-In (); Invoice:	YES()/ N	T; () OV	owing Co: (1		
Comarks:- (INC hothins: 6788 6616): 2:		100	Date&Tirib C	haple: 54	Done	by
1) Apply for Transport Allowance ()/Con	200000000000000000000000000000000000000)		•		
2) QC Check / Post Repair Inspection	()		9/			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	-	-0.		
Injury:						
				CENTRAL DE	1877 Ave	engallysis
Onte/Time Actions			A CONTRACTOR	Addition of the second	Michiel P	<u> </u>
					-	
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	1					
The second secon				Carry State	Ant (S)	(t)
The state of the s	1807041	2008年 2008年 200	paration Check	的扩大的		Add Bill
nimant's Particulars :-		1) AR : Accident 2) DA : Damego		INC (\$80)	30.00	
iver/Owner:		3) TF : Towing F	es .	\$40/\$45	10.72/07/07	L. A. Discourse
		4) FT : Follow-T	brough Survey (Resu	\$120 (rvey) \$30		
ntact No:		For claiming a	goinst INC Only (we	(10 Jan 2005) \$75		CARABATI S DE MAI
maged Portion:		6) TR : Re-inspe 7) N1 : Idao DA		\$160		
		8) NTUC Addition	onal Services:-			
Checked by (Engr-In-Charge):	7	*NS: Courtesy	Car / Tpt Allowance	23		
	mary gaster a period	*N6: Repair C *N7: Fost Rep	a-ordination	\$10 \$25		
ditors' Comments:		+N8: DV / Co	llect Excess Coordina	ition 55		
1:		TP (N11): TP 9) N12: Idae Mo	(Non INC) against l bile	NC \$20 30		
2/3:		Involce dated	-	Fee Charged	east to	4160072
		Invoice dated		Fee Charged	NAME OF TAXABLE PARTY.	

in part of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

atoresaid.	
(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	ACCIDENT STATEMENT
Date Of Report	30/10/2018 16:48
Date Of Accident	29/10/2018 10:20
Exact Location Of Accident	51 PAYA UBI INDUSTRIAL PARK EXIT TO UBI AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD646S
Insured/Policyholder	
Name Of Registered Owner	78 ST PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67457787
Vehicle Particulars	
Manufacturer	HONDA
Model	t to the second
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/18-990481-WTT
Cover Note Number	Biological Announce Control Co
Driver	
Name of Driver	TOO AH LIANG
NRIC No	S1691685D
Date Of Birth	10/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1985

33 YEARS AND 3 MONTHS

(LOCAL) +65-96756211

MALE

NOEMAIL

Address BLK 529 HOUGANG AVE 6 #06-255

Postcode 530529

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

-

NO

1

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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? YES

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

citing/oriening accident claims assistance.

Number of Passengers (Including Driver)

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

PLEASE REFER TO 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 SMA2270P

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)

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:
 - 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.

78 ST PIE LTD

Co. Reg. No. 201332725D Blk 3021 Ubi Avenue 2 #01-193 Singapore 408897

Tel: 6745 7787 Fax: 6745 1178

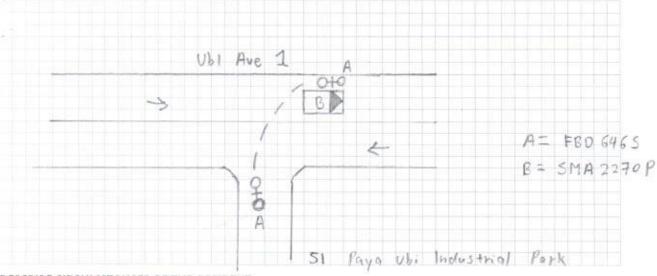
Policyholde Estathatifest@singnet compaver's Signature

Date & Time:

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to Statement

DECLARATION

I/We declare the foregoing propriousers are true in every respect

Blk 3021 Ubi Avenue 2 #01-193

Singapore 408897 Tel: 6745 7787 Fax: 6745 1178

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

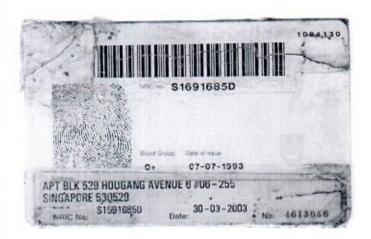
I WAS EXITING FROM THE 51 PAYA UBI INDUSTRIAL PARK TO THE UBI AVE 1, I ACCIDENTALLY FALL DOWN AND HIT ONTO THE VEH B (BEARING NO SMA2270P) LEFT HAND SIDE.

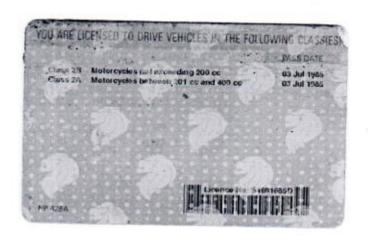
ACCIDENT STATEMENT

ACCIDENT DAT	E. (-1) 1-) 18)(DI	D/MM/YYYY), TIME:(/º:	20.)(HH:MM)
LOCATION:	51 Paya Ub:	Industrial Park	Gxit Print Ubit
1. DETAILS	OF VEHICLE		
	CLE NUMBER: FBD	(4/4	
	ANCE COMPANY:		
	Y NUMBER:	13(5)	
d/BOHO	Y TYPE: LOOK PRELIES ISING	7-111-1-1-1-1	
SIMARE	& MODEL:	/ THIRD PARTY / THÍRD PAR	TY FIRE &THEFT)
GIVEHIC	LE CATECORY (BRIVATE /	AN / LORRY / MOTORCYC	LE. / OTHERS)
h)PURPC	DISE OF USING AT ACCIDEN	COMMERCIAL / MOTORCY	CLE)
I) ARE YO	U CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO	21
IF NO. F	PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY) N
2. INSURED	/ POLICY HOLDER	CEANNY REPORTING ONE	1
	78 St Me 1	ltd IMAI	E / FEMALE) 7787
b)NRIC/F	FIN/PASSPORT:		674# Z257.
CJADDRE			S
\$1 VII \$3			The second second
* CONTIN	IUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	*
The of passenge DRIVER	- 21 1		
(Including diver) all MAME.	Too Ah Lian		E / FEMALE)
(_1) CIADDRE	IN/PASSPORT:	CONTACT:	96756211
	33,	* * * * * * * * * * * * * * * * * * *	
*d)DATE	OF BIRTH: (/	I/DD/MM/WWW	
e)OCCUF	ATION: (INDOOR / OUTDO	OORI	8 8
f)YEARS C	F DRIVING EXPRERIENCE:_		
 WAS DRI 	VER AN EMPLOYEE OF TH	HE INSURED'S COMPANY	? (YES / NO)
IF NO, RE	LATIONSHIP OF THE DR	IVER WITH INSURED:	A
5. a) WEATHE	R CONDITION: (CLEAR / R	AINING / OTHERS)
b)ROAD S	URFACE: (DRY / WET / OTH	HERS	
6. WAS ANYI	BODY INJURED (YES / NO)		
IF YES PI	ED TO POLICE (YES / NO)	E CT L TION	
9 THIRD DAD	EASE STATE WHICH POLICE	E STATION:	
L La Li	CLE NUMBER: SMA	2270 0 4005	
(Including driver) b) DRIVE	R'S NAME:	MODEL:	
c) NRIC/	FIN/PASSPORT:	CONTACT:	
9. THIRD PAR		CONTACT	
No of passenger of VEHIC	LE NUMBER:	MODEL:	100
1 - 1 Lander - 1 Benne	R'S NAME:		
Including driver f) NRIC/	FIN/PASSPORT:	CONTACT:	
(_)	¥.		
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(1)	£1		
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waiting chop.	email = a 7 fax =	18st@ Singuet.co	m. sg.











W 7 0 3 8 2 5
MSIG Insurance (Singapore) Pte. Ltd. Vo. Reg. No. 2004122126)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.mslg.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 Si 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/VMT/18-990481-WTT A0633-001/W0823

SUM INSURED :

TPL

EXCESS.

NIL

20133272D

1. Index mark and Registration Number of Vehicle

FBD646S

149 c.c.

2. Name of Policyholder 78 ST PTE LTD

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 30/03/2018

4. Date of Expiry of Insurance

29/03/2019

Persons or Classes of Persons entitled to drive
 Any person who is driving on the Policyholder's order

or with their permission.

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 time of the accident loss or damage.

 $^{6}\cdot\text{Usinitation}_{\text{soc}} \text{Ta} \text{Uso}_{\text{soc}} \text{Somestic}$ 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.
- 2. Use for racing, pace-making, reliability trial or speed-testing.
- 3. Use for any purpose in connection with the Notor 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 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).

WIT INSURANCE AGENCIES PTE LTD

4