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	Assessment/Sur				-	2000
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wish				
Preferred Wksp / INC Assign Wksp / QW: (	COLUMN TO SERVICE SERVICE		Teli	Fax:		
TP Particulars: Vch No: S	cy 3628C	. INC(	. )/Non-INC(	)		
Owner / Driver: (			Tel:	·	)	
Policy No: ( ) P	eriod: (	)	Cover Type: (		<u>).</u>	
Confirmed by : (	· ·	Date:	Tlines		)	
Insured/Driver Liability: (%)	[Note-Est, Status (W		0%; P: 21-79%.	P: 80-100%		3
Year of Registration: ( )	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,	,000 ( ) / \$2,000 (	)	Name of the Late of the Co.	गण्डू भाषा	E. T.	THE REAL PROPERTY.
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1) Apply for Transport Allowance ( )/	Courtesy Car ( )					-
2) QC Check / Post Repair Inspection	( ·)					-
3) Upload Resurvey Photo [Repair Cost>	[0000]			.,.		
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Thoman to Darid culay special		1) AR : Ancider 2) DA : Damage	Assessment (\$30);	INC (\$80)		EUG
Driver/Owner:		3) TF : Towing	Pee Through Survey	\$40/\$43 \$120		
		at the attailiance	Through Survey (Resur- against INC Only (wal	(6y) \$30 10 Jan 2005)		
Contact No:	•	6) TR: Re-lusp	estion	414		
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Auditors Comments :	CARTERNO PRABBILL	TP(NII):	TP (Non INC) against IN			
at, 1:		9) N12: Ideo h	Inbile	es Chorged	277	100
. 2/3:		Involce dated	P	es Charged		

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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 truthful and accurate 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.
- 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.

Biolesalo,			
HILL YOUR SHIP OF YOR	ACCIDENT STATEMENT		
Date Of Report	14/01/2019 14:07		
Date Of Accident	04/01/2019 11:00		
Exact Location Of Accident	ALONG HONG KONG STREET		
Country/State of Loss	SINGAPORE		
DESCRIPTION OF DESCRI	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBN5811X		
Insured/Policyholder			
Name Of Registered Owner	MUHAMMAD NUR ALIF BIN SALIM		
NRIC No	S8831430A		
Email Address	BIRD-GOODBYE@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-92455270		
Alternative Phone No	OTHERS-92455270		
Vehicle Particulars			
Manufacturer	YAMAHA		
Model	SNIPER T150-150CC		
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
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/18-996135-WTT		
Cover Note Number			
Driver			
Name of Driver	MUHAMMAD NUR ALIF BIN SALIM		
NRIC No	S8831430A		
Date Of Birth	24/08/1988		
Occupation	OUTDOOR		
Date Of Driving Pass	02/10/2009		
Driving Experience	9 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-92455270		
Fax Number			
Contact Number	OTHERS-92455270		

BIRD-GOODBYE@HOTMAIL.COM

Address

BLK 812A CHOA CHU KANG AVENUE 7

#10-667

Postcode

681812

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

0

**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

PLEASE REFER TO SKETCH PLAN

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

SCY3628C

Vehicle Make/Model/Colour

TOYOTA VELLFIRE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SAN YI LEONG

NRIC/Passport Number

S7774305G

Contact Number

88080899

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

# IMPORTANT NOTICE

- 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 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.
- 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: 14/1/19

11-71 cm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature
Name:

NRIC/FIN No.:

SKETCH PLAN

PSIVE WORD PARK

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#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4/1/19 11 am I was parking my bike as hung kong st +2 go tomy office
for.	about 10 min. When I go hown I saw my bike her hear move . The our owner was
there he	soil hereat to peak the hit my bike when stationary - He blame me for puting
	I purk up the double tellow line. From my bike to the lot he mant to park
	1.5 m to 2 m

# DECLARATION

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

A

Policyholder's Signature Date & Time: \\(\frac{1}{2}\) | 14

11-31 cm

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

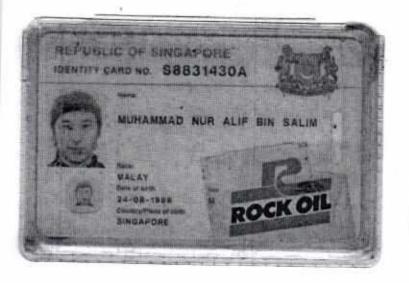
Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

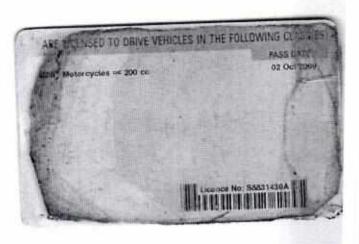
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LOCA	TION: Hong Kong st.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
1.	DETAILS OF VEHICLE	2 #0 K K
	a) VEHICLE NUMBER: FEN FEIT	# NOTE
90	b)INSURANCE COMPANY: MILE	V.
	C)POLICY NUMBER: MSD /VMS/18-99113	5-WTT
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAI	RTY / THIRD PARTY FIRE &THEFT!
	B)MAKE & MODEL: Yorkaha Shiper 15	0
	1)TYPE:(SALOON / COUPE / MPV /VAN / LORR	Y / MOTORCYCLE / OTHERS
	.g) VEHICLE CATEGORY: (PRIVATE / COMMERC	AL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	Bite was parter
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (VES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPORTING ONLY
2.,	INSURED / POLICY HOLDER	
	ANAME: Muhammad Nor ALIF BINIGIA	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: SERTILY A .	CONTACT: 41421276
	CIADDRESS: 812 A Chack him Kone Ave 7	418-667 56(81812)
8 a a	1	
w., 1	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HO	DLDER
The of passenge. (Including driver)	DRIVER	27.7.70
(Including drive-)	a) NAME: At above	(MALE / FEMALE)
(0)	b) NRIC/FIN/PASSPORT:	_CONTACT:
(77)	c)ADDRESS:	
20.	*d) DATE OF BIRTH: (24 / 08 / 1488 )(DD/	ALL AVVVI
	e)OCCUPATION: (INDOOR / OUTDOOR)	anath ( ) ( )
	1) DATE OF DRIVING PASC OT OC+ 2019	20
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (VES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	HINSURED: OWNER
٥.	DIWEATHER CONDITION: (CLEAR / RAINING / C	OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	W
	IF YES, PLEASE STATE WHICH POLICE STATION:	9
411-0-8. 1		
tho of passinger	a) VEHICLE NUMBER: SCY 3628 C	_MODEL: Totata vellfire.
( including driver)	D) DRIVER'S NAME: JUNY LENY	CONTROL OF THE CONTRO
( )	C) NRIC/FIN/PASSPORT: ) 177 4305 6	_CONTACT: 8808 0844
- · · · · · ·	HIRD PARTY VEHICLE	
tho of passanger	d) VEHICLE NUMBER:	_MODEL:
(Including driver)	e) DRIVER'S NAME:	
" Carred	f) NRIC/FIN/PASSPORT:	_CONTACT:
()	(A)	
N. 62 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		72

email = Bird-bookfre@helacll.com









W710468 MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No. 2004122120 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800

www.msig.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 Singapore)

The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CEKTIFICATE NO :

MSD/VMS/18-996135-WTT A0633-001/W0845

SUM INSURED :

EXCESS

\$300(FIREATHEFT) \$600(ENDT 2K)

\$883143@A

Index mark and Registration Number of Vehicle

FBN5811X

150 c.c.

YAMAHA 2. Name of Policyholder MUHAMMAD NUR ALIF BIN SALIM

3. Effective date of the Commencement of Insurance

for the purposes of the Act

1611PM

4. Date of Expiry of Insurance

06/11/2019

- 5. Persons or Classes of Persons entitled to drive
- a. The Policyholder.

b. MUHAMMAD ALI BIN JOHANI ONLY
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.

 Limitation as to Use Use for social domestic 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.

- Use for racing, pace-making, reliability trial or speed-testing.
- 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
- 4. Use for any purpose in connection with the Motor 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).

Repl CN: 60827278 09/11/2018 (CT) WTT-CI-04(84/14)

WIT INSURANCE AMENCIES PTE LTD

For MSIG Insurance (Singapore) Pte. Ltd.