Involce dated

Fee Charged

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 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.

AND THE PERSON OF THE PERSON O	ACCIDENT STATEMENT				
Date Of Report	30/01/2019 10:03				
Date Of Accident	29/01/2019 09:00				
Exact Location Of Accident	TPE TWDS CHANGI				
Country/State of Loss	SINGAPORE				
TO STATE OF THE PARTY OF THE PA	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	FBM9374U				
Insured/Policyholder					
Name Of Registered Owner	AZIZ BIN NORMAN				
NRIC No	S8621982D				
Email Address	AZIZNORMAN13@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-82335883				
Alternative Phone No	OTHERS-82335883				
Vehicle Particulars					
Manufacturer	HONDA				
Model	CB190X				
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	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					
Cover Note Number	60801850				
Driver					
Name of Driver	AZIZ BIN NORMAN				
NRIC No	S8621982D				
Date Of Birth	13/08/1986				
Occupation	INDOOR				
Date Of Driving Pass	22/09/2005				
Driving Experience	13 YEARS AND 4 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-82335883				
Fax Number					
Contact Number	OTHERS-82335883				
EMail Address	AZIZNORMAN13@GMAIL.COM				

BLK 404B FERNVALE LANE Address

#03-133

Postcode 792404

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ASMAUL HUSNA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190129/2131

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JTR4835

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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.

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.:

	TPE GWDS CHANGI F	105/17
	1 0 0 0 0 0 4	
rem93740		
FBM9374U _ JTE4835 _		
	4	-
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
TO SECURE OF DESIGNATION AND SECURE OF THE SECURITY OF THE SEC	**************************************	

DECLARATION

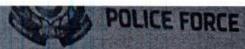
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 25 [| | | 9

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

Name: NRIC/FIN

NRIC/FIN No.:



1 of 3

Report No. T/20190129/2131

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 17:51		Made:	Vide Report No.: G/20190129/0083	Station Diary No.:	
Informa	nt's Partic	ulars		CONTRACTOR STORES AND ADDRESS OF THE PARTY O	
Name o AZIZ BII	f Informant: N NORMAN		Address: APT BLK 404B FERNVALE	LANE #03-133 SINGAPORE	
ID Type / ID No.: NRIC NO / S8621982D			792404 Contact No.: Home/Office: Mobile: 82335883		
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: 13/08/1986 Race: Chinese Occupation: Customs/Immigration officer		EN	Email: Type of Informant: Rider		
		Date of Birth:			
			Language:	Institution / School Name:	
		on officer	Driving Licence Information:	Potodicular	

Type of Accident:	Non-Injury Attended by Police	Drink Drive:	Date/Time of Accident: 29/01/2019 09:00	Type of Location: Expressway
Location: Along Road 1 TAMPINES E	XPRESSWAY			Road Speed Limit:
Weather: Clear		Road Surface:		
Clear		Dry Traffic Control:		Traffic Volume: Heavy
MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN		Traffic Volume: Heavy Anyone conveyed by ambulance:

Details of V	ehicle Involve	d	Model	Color	Condition	No of Passenger
Vehicle No.	Type	LIONDA	CB190X MANUAL	Red	Slightly Damaged	1
FBIVISO	Motorcycle				Slightly Damaged	0

Vehicle No. Insurance Company Vehicle No. Insurance Company Vehicle No. Insurance Company Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date
POCOPHONEE, LTD.	60801850	22/05/2018	21/05/2019



SINGAPORE POLICE FORCE



Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 2 of 3 Report No. T/20190129/2131

CONTINUATION OF REPORT

ny Pedestrian Invitor of Pedestrians		Use of F	Pedestrian Cros	ssing: NA
Rider			Cocoman Cros	Silig. WA
Name	AZIZ BIN NORMAN		ID No.	S8621982D
Related Vehicle	NIL		Contact No.	82335883
Hospital/Clinic	nic NIL .		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL

Brief Details.

On 29/01/2019 at about 9am, i was riding my motorcycle FBM9374U at Lane 1 of TPE with heavy traffic condition. There is foreign motorcycle JTR4835 was riding behind me. As the vehicles in front of me came to an hait, my motorcycle came to a stop. Subsequently my motorcycle moved forward as another vehicle had hit the back of my motorcycle. I turned behind and saw the right side mirror of JTE4835 dangling. I short distance and managed to stop the Malaysian bike but the foreign motorcycle rider rode away. I also gave chase for a short distance and managed to stop the Malaysian bike. Both of us slowly made our way to the shoulder of TPE near Lamppost 291. After that I saw a Police car driving passed and waved to officers to get assistance. No one is injured. Traffic police came after that to take my statement.

POCOPHONE SHOT ON POCOPHONE F1

Report No. T/20190129/2131

Police Station Of Origin: 132 Paya Lebar Road SINGAPORE 409014 Geylang N.P.C Tel No: 1800-8486999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have IMPORTANT: Please attach a copy of job and the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Sgt 1 YIP YONG NAN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case:

TP/GIT/

Sr Staff Sgt NOR FAIZAL BIN, YAHYA

Contact No.: 65476202

POCOPHONE

SHOT ON POCOPHONE F1

Signature Of Informant:

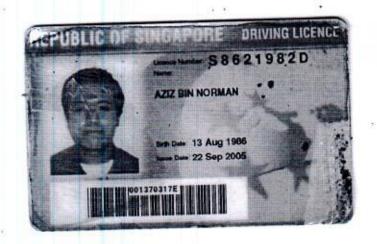
Date/Time:

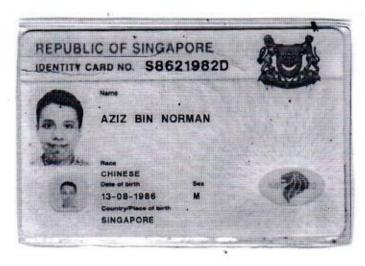
29/01/2019 17:51

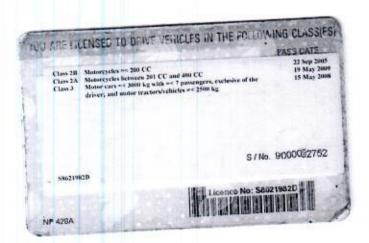
Classification Of Case:

ACCIDENT STATEMENT

ACCII	DENT DATE: (29///	9_)(DD/MM/YYYY), TI	IME: (0 0) (HH:MM)
LOCA	TION: TPF	Expressway	N
1.	e)MAKE & MODEL: 10 f)TYPE:(SALOON / COUPE g)VEHICLE CATEGORY:(PR h)PURPOSE OF USING AT A i) ARE YOU CLAIMING UND	HENSIVE / THIRD PARTY OCC HONDON (MPV /V AN / LORRY / IVATE / COMMERCIAL CCIDENT TIME: PR ER YOUR OWN INSURA	/ THIRD PARTY FIRE & THEFT) & x150 MOTOR CYCLE / OTHERS) /MOTOR CYCLE /UATE USE NCE (YES/NO)
2.	IF NO, PLEASE STATE THIR INSURED / POLICY HOLDER A)NAME:	5 86219820	(MAJE / FEMALE) CONTACT: 82375883 e (ane # 03-133
	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HOLD	DER
₩Ho of passenge.	DRIVER	200	
(Including driver)	alname: AS AT		(MALE / FEMALE)
	DJINKIC/I IN/I ASSI OKI		CONTACT:
(≥)	c)ADDRESS:		
	e) OCCUPATION: (IND BOR f) YEARS OF DRIVING EXPRI WAS DRIVER AN EMPLOY IF NO, RELATIONSHIP OF a) WEATHER CONDITION: (RIENCE: 19 4/5 TEE OF THE INSURED THE DRIVER WITH	'S COMPANY? (YES / NO) INSURED: BUNER
	b)ROAD SURFACE: (DR? /	WET / OTHERS	
	WAS ANYBODY INJURED ((ES / NO)	*
7.	a)REPORTED TO POLICE (Y		· vo
	IF YES, PLEASE STATE WHI		,
4 He of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	5TE 4835	MODEL: motor cycle
(Including driver)	b) DRIVER'S NAME:		
400	CI NIBIT VEINIVE ANNE IR I		_CONTACT:
() ,,	THIRD PARTY VEHICLE		MODEL:
* No of passanger	d) VEHICLE NUMBER:e) DRIVER'S NAME:		MODEE
(Including driver	GI DRIVER STANKE.		CONTACT:
6 3	The transfer of the control of the c		THE STATE OF THE S
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ASMAUL HUSKIA



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 6827 7800
msig.com.sg

For any enquiries please call the Underwriting agent: WTT Insurance Agencies Pte Ltd 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel: 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

VISC No : 60801850

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

verticy.

A0633-001-W0803

: 22 May 2018

Souther

AZIZ BIN NORMAN

mine terms of the Company's usual form of Third Party Fire & Thift Policy applicable thereto for the

period from 12.39PM on 22 May 2018 to midnight in 21 May 2019 unless the 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

	131	TIEDUEL	
Registration No.	FBM9374U	Insured Value Pre	vailing Market Value
Fogine No.	-WH161FMK17K01562	C.C. 18	4
Chassis No.	LWBPCL1A7H1003715		
A car Manufactured	2017	Year of Registration	2018
Vlake & Model	HONDA [CB190X]		
Rider Type	Policyholder	. D. C.	

t se only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

AVI. 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.

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

(Please read important information on the reverse page.)