| NATIONAL Assessment Centre | Services. [well sortes] | I W WI UUU | |
|--|---|--|--|
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| Veh No: (X 4921 D | E-mail (within thes, AIC 2hrs | , i | |
| D.O.A: DYOX 2019 10,572 | i-Motor Claim Form | | |
| | I-Motor W/O (Withla: OD | There TP 4hrs). | |
| OD / TP / Reporting Only | I-Photo Uploaded | 1 | |
| | Assessment/Survey Repor | , | · |
| TP Insurer: | Ass't Report by Pax / Hay | | |
| Proforred Wksp / INC Assign Wksp / QW: (| Ass't resport by Phay The | Tol: | Fax: |
| A No. | LOWN WERY. INC | ()/Non-INC(|) |
| Owner / Driver: (| your way. | Tel: |) |
| | iod: (|) Cover Type: (|). |
| Confirmed by : (| · Dates | Timer |) |
| Insured/Driver Liability: (%) [N | Note-Est Status (WO): N: | 0-20%; P: 21-79%. P: | 80-100%] |
| | Varranty: YES ()/NO (| | |
| Excess: (\$) Loading: \$1,00 | | | |
| TELLANDES DE SERVICIO DE LA COMPANSIONE DE LA CO | MARY TO MET DATE OF THE | MP480181810194513 | 233324 |
| () Walk-In Customer : Customer's Infor | mation strictly Confidential & | Strictly NO refer of repa | irer. |
| () Total Loss Case : to e-mail Insure | | 5 | |
| | | Towing Co: | , |
| Dalan In / Named In / Named | | I TOWING COLL | |
| Drive-In ()/Towed-In (); Invoice | : YES()/ NO() | CHARLES CO. V. TANGER CO. V. V | Was de la Contraction de la Co |
| nembras servicing allomnes of spipotomis | | TOWING CO. | MANUFACTION by |
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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.
- 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.

| THE RESERVE OF THE PROPERTY OF THE PARTY OF | ACCIDENT STATEMENT |
|---|---|
| Date Of Report | 28/02/2019 11:20 |
| Date Of Accident | 22/02/2019 20:25 |
| Exact Location Of Accident | BLK 116 BUKIT MERAH VIEW OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FX4931P |
| Insured/Policyholder | |
| Name Of Registered Owner | SEAH HENG HONG |
| NRIC No | S9404925C |
| Email Address | SEAHHENGHONG1994@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91072129 |
| Alternative Phone No | OTHERS-91072129 |
| Vehicle Particulars | |
| Manufacturer | KAWASAKI |
| Model | KRR ZX150 M-149CC (M) |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE, LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |

Fleet Policy NO

Policy Number MSD/VMT/18-380352-CA

Cover Note Number

Driver

Name of Driver SEAH HENG HONG

 NRIC No
 \$9404925C

 Date Of Birth
 16/02/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 15/09/2012

Driving Experience 6 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91072129

Fax Number

Contact Number OTHERS-91072129

EMail Address SEAHHENGHONG1994@HOTMAIL.COM

Address

BLK 32 TELOK BLANGAH RISE

#06-275

Postcode

090032

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?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

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)

NO 0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

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 T/20190222/2195

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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.
- 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.
- 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
- 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.
- 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: 27 / 02 / 2019

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

Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

| SKETCH PLAN | BIK 116 | BT MERAH VIEW | OPEN SPACE CERTIFIC |
|--|-------------------------------------|--|--|
| A) FX 493 B) UNIKMON WARY | N | B REURES | LOT 192021 A A A A A A A A A A A A A A A A A A A |
| DESCRIBE CIRCUMSTAN | CES OF THE ACCI | DENT | |
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| DECLARATION I/We declare the foregoing in | particulars <mark>are</mark> true i | n every respect. | 2002/2019 |
| Policyholder's Signature Date & Time: | | Signature r is not the policyholder) Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |





1 of 3

Report No. T/20190222/2195

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

| | e Report M 19 23:02 | ade: | Vide Report No.: | Station Diary No.: |
|--------------------|--------------------------|---------------------------|--|----------------------------|
| Informa | nt's Particu | ilars | | |
| | Informant: ENG HONO | 3 | Address: APT BLK 32 TELOK BLANG 090032 | 6AH RISE #06-275 SINGAPORE |
| ID Type NRIC NO | / ID No.: D / S940492 | 25C | Contact No.: Home/Office: | Mobile: 91072129 |
| National SINGAP | ity: ORE CITIZ | EN . | Email: | |
| Sex: Male | Age: 25 | Date of Birth: 16/02/1994 | Type of Informant: Rider | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupa | | | Driving Licence Information: Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Date/Time of Drive: Accident: No 22/02/2019 20:25 | | Type of Location Car Park | |
|--|----------------------------------|---|---|-------------------------------|--|
| Location: Along Road 1 BUKIT MERA BLK 116 BUK Weather: | | N SPACE CARPARK Road Surface: | F | Road Speed Limit: | |
| Traffic Flow: Traffic C | | Traffic Control: | 1 | raffic Volume: | |
| Type of Collis Moving Vehic | sion: cle Against - Parked Ve | hicle | a | Anyone conveyed by ambulance: | |

| Details of V | ehicle Involve | d | | | | |
|--------------|----------------|----------|---------------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FX4931P | Motorcycle | KAWASAKI | KRRZX150 M | Green | Slightly Damaged | 0 |

| Details of V | ehicle Insurance | | | 1 |
|--------------|----------------------------|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FX4931P | MSIG INSURANCE (SINGAPORE) | MSDTMT18380352 | 19/03/2018 | 18/03/2019 |





2 of 3

Report No. T/20190222/2195

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|-------------------|-------------------|-----|------------|-------------------------------------|-----------|-----------------------------------|
| Any Pedestrian In | nvolved: No | | _ >0 | | | |
| No. of Pedestrian | s Injured: NIL | | Use of Ped | destriar | Cross | sing: NA |
| Rider | | | | | | |
| Name | SEAH HENG HONG | 3 | | ID No | | S9404925C |
| Related Vehicle | NIL | | Conta | ct No. | 91072129 | |
| Hospital/Clinic | NIL | | | Class Drivin Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On the 22/02/19 at about 8am I parked my motorbike FX 4931P, Kawasaki KRR 150, at 116 Bukit Merah View open space carpark, motorcycle lot 19. At about 4pm, I came back to my bike and it was still intact.

At about 8.30pm, when i returned back to my bike lot, i saw 3 motorbikes, including my motorbike FX 4931P, were all toppled down on the ground next to one another. I did not know who knocked the motorbikes down. And there were no suspected vehicles around.

I made a check on my motorbike and there were several damages. The bike's front visor is shattered. The front right mirror has been broken. The signal light is not working. The right-side handlebar is dented. And several scratches on other parts of the motorbike.

I do not have an in-built camera on my motorbike. However, i noticed that two other cars in the carpark, facing my motorbike lot, had their in-built camera switched on and blinking. One of the vehicle is SLP 2725C and the other is SJB 2599Y. I managed to contact both the car drivers as I personally knew the drivers. One of them told me that he will get back to me after seeing the camera footage and the other driver from SLP 2725C was able to provide me with his camera footage.

I discovered from the footage that at 8.26pm, a white coloured lorry was doing a parallel parking next to the motorcycle lot and subsequently hitting my motorbike causing the other motorbikes to topple down. The footage was not very clear and i am unable to figure out the lorry's plate number. When i was at the carpark at 8.30pm, the white lorry was not at the location.

I am still waiting for other footages to get a clearer view of the accident. I will also be contacting the carpark's 24 hour hotline to retrieve the CCTV footage of the accident.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 3 of 3 Report No. T/20190222/2195

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-3779999

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: D / Sgt 2 SHARMILAH BINTE MUHAMMAD SALIM | Signature Of Informant: |
|---|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 22/02/2019 23:02 |
| Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079 | Classification Of Case: |
| Authentication Stamp | |

ACCIDENT STATEMENT

| | MM/YYY), TIME: (20: 30) (HH:MM) |
|--|--|
| LOCATION: 116 Bukit Merah | view open-air carpure |
| 1. DETAILS OF VEHICLE | |
| a) VEHICLE NUMBER: FX493 | 31P |
| | SIG |
| | 7/18-380352-CA |
| | |
| e)MAKE & MODEL: Fausati | HIRD PARTY / THIRD PARTY FIRE &THEFT) |
| FITYPE-/SALOON / COURT (AP) | FREZX NOM |
| GIVEHICLE CATEGORY (PRIVATE / OC | N / LORRY / MOTORCYCLE / OTHERS) |
| .g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT T | DIMMERCIAL / MOTORCYCLE) |
| ILA PE YOU CLAIMING HADER YOUR | IIME: |
| I) ARE YOU CLAIMING UNDER YOUR O | OWN INSURANCE (YES/NO) |
| 2. INSURED / POLICY HOLDER | CAIM / KEPORTING ONEY) |
| A) NAME: SEAH HENG HOM | VG WALE FEMALES |
| b) NRIC/FIN/PASSPORT: \$940492 | MVIALE / FEMALE |
| C) ADDRESS: 32 Telox Blan | |
| , cop par | 1917 110 H 10 213 3(01003) |
| * CONTINUE TO 3.d IF DRIVER ALSO PO | OLICY HOLDER |
| -No of passanges DRIVER | OLIOTHOLDER |
| Including a giNAME: As above | (1.1.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5 |
| hindically diver | (MALE / FEMALE) |
| C)ADDRESS: | CONTACT: |
| \$15.5 Spring Providence 5 | |
| . "d) DATE OF BIRTH: (16 / 02 / 1991 | 4)(DD/MM/YYYY) |
| e)OCCUPATION: (INDOOR / OUTDOO | OR) / / |
| 1) DATE OF DRIVING PASC | 15/09/2012 |
| 4. WAS DRIVER AN EMPLOYEE OF THE | INSURED'S COMPANY? (YES / NO) |
| IF NO, RELATIONSHIP OF THE DRIV | ER WITH INSURED: Owner |
| | |
| 5. a) WEATHER CONDITION: (CLEAR) RAI | INING / OTHERS |
| 5. d) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER | INING / OTHERS |
| 5. DIWEATHER CONDITION: (CLEAR) RAI bIROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES /(NO)) | INING / OTHERS |
| 5. d) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. d) REPORTED TO POLICE (YES / NO) | INING / OTHERSRS |
| 5. G)WEATHER CONDITION: (CLEAR) RAI b)ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE S | INING / OTHERSRS |
| 5. d) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. d) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE S 8. THIRD PARTY VEHICLE | STATION: BUEIT METAL WEST N. |
| 5. G)WEATHER CONDITION: (CLEAR) RAI b)ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10. OF PASSENGER G) VEHICLE NUMBER: (WKNOWN) | STATION: BUEIT METAL WEST N. |
| 5. a) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10. of passenger a) VEHICLE NUMBER: WKNOWN INCluding driver) b) DRIVER'S NAME: | STATION: BUEIT METAL WEST N. |
| 5. G)WEATHER CONDITION: (CLEAR) RAI b)ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE S 8. THIRD PARTY VEHICLE 10. of passenger G) VEHICLE NUMBER: WKNOWN MICHIGAN CONTROL OF THE PROPERTY OF THE PROPE | STATION: BUEIT METAL WEST N. |
| 5. G)WEATHER CONDITION: (CLEAR) RAI b)ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10 of passenger G) VEHICLE NUMBER: (WKNOWN) 11 passenger G) VEHICLE NUMBER: (C) NRIC/FIN/PASSPORT: 12 C) NRIC/FIN/PASSPORT: 13 THIRD PARTY VEHICLE | STATION: BUEIT METAL WEST N. LOCKY MODEL: CONTACT: |
| 5. a) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10 of passenger a) VEHICLE NUMBER: (WKNOWN) INDUSTRIAL CONTROL OF PASSENGER C) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: | STATION: BUEIT METAL WEST N. WOODEL: CONTACT: |
| 5. G)WEATHER CONDITION: (CLEAR) RAI b)ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10 of passenger G) VEHICLE NUMBER: (WKANOUN) Induding driver) b) DRIVER'S NAME: (C) NRIC/FIN/PASSPORT: (C) VEHICLE NUMBER: (D) DRIVER'S NAME: (D) DRIVER'S NAME: (D) | STATION: BUELT METAL WEST N. CONTACT: |
| 5. a) WEATHER CONDITION: (CLEAR) RAI b) ROAD SURFACE: (DRY) WET / OTHER 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 10 of passenger a) VEHICLE NUMBER: (WKNOWN) 11 DRIVER'S NAME: 12 O) NRIC/FIN/PASSPORT: 13 OF PASSENGER AND PARTY VEHICLE 14 OF PASSENGER AND PARTY VEHICLE 15 OF PARTY VEHICLE 16 OF PASSENGER AND PARTY VEHICLE 17 OF PARTY VEHICLE 18 OF PASSENGER AND PARTY VEHICLE 18 OF PASSENGER AND PARTY VEHICLE 19 OF PARTY VEHICLE 19 OF PASSENGER AND PARTY VEHICLE 20 OF PASSENGER AND PARTY VEHICLE 21 OF PASSENGER AND PARTY VEHICLE 22 OF PASSENGER AND PARTY VEHICLE 23 OF PASSENGER AND PARTY VEHICLE 24 OF PASSENGER AND PARTY VEHICLE 25 OF PASSENGER AND PARTY VEHICLE 26 OF PASSENGER AND PARTY VEHICLE 27 OF PARTY VEHICLE AND PARTY VEH | STATION: BUEIT METAL WEST N. LOCKY MODEL: CONTACT: |

email = Sanhherghong 1994 @hotmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9404925C





SEAH HENG HONG





CHINESE

16-02-1994

SINGAPORE





Number S9404925C

SEAH HENG HONG

birth Date 16 Feb 1994 Issue Date 15 Sep 2012



4478807



21-10-2009

APT BLK 32 TELOK BLANGAH RISE #06-275 SINGAPORE 090032

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

EFFECTIVE DATE

MOTORCY CLES NOT EXCEEDING 200 CC MOTORCY CLES BETWEEN 201 CC AND 400 CC

15 Sep 2012 17 Jun 2016

554047250

S / No 9000262205

NP 428A

Licence No. S9404925C

CA 518423



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 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (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) Acts (1996 Edition) (Republic of Singapore)

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

CERTIFICATE NO :

MSD/VMT/18-380352-CA A0074-001/10001 E623419

SUM INSURED :

TPL

EXCESS

NIL

1. Index mark and Registration Number of Vehicle

FX4931P

KAWASAKI

SEAH HENG HONG

149 c.c.

2. Name of Policyholder

3. Effective date of the Commencement of Insurance for the purposes of the Act

1257PM 04/01/2019

Date of Expiry of Insurance

18/03/2019

Persons or Classes of Persons entitled to drive
 The Policyholder.

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

6. 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.
 - 2. Use for racing, pace-making, reliability trial or speed-testing.
 - 3. 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 the Moto Vehicles (Third-Party Risks issued in accordance with the provisions of and Compensation) Act (Chapter W the Road Transport Act, 1987 (Malaysia).

04/01/2019 (CG) CA/CI-03 (05/13)

CYAL AGENCY PTE. LTD. COMME Underwriting

For MSIG Insurance (Singapore) Pte. Ltd.