

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAH 19041090

Date In: 29/03/2019 15:57	Job description	Date & Time Completed	Done by
Ref No: N/A/MAH 190056214	SAS e-filing		
Veh No: FSC 59112	E-mail (4 jobs 8hrs, AIC 2hrs)		
D.O.A: 28/03/2019 16:35	1-Motor Claim Form		
OID: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FSC 8027	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NAH 1902289	Work Item No: 1902289
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: 1 day Mobile
QC Checked by (Engi-In-Charge):	10) NI: Courtesy Car / TP Allowance \$5
	11) NI: Repair Coordination \$100
	12) NI: Post Repair Inspection \$25
	13) NI: DV / Collect Excess Coordination \$5
	14) NI: TP (N-1) / TP (N-1) INC \$30
	15) NI: 1 day Mobile
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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 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	29/03/2019 15:57
Date Of Accident	28/03/2019 16:35
Exact Location Of Accident	AYE TOWARDS TUAS B/F FLYOVER, NEAR PIONEER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC5911Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHIDIN BIN RAZALI
NRIC No	S9522026F
Email Address	NIGHTSIMBA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82229253
Alternative Phone No	OTHERS-82229253

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	60835030

Driver

Name of Driver	MUHAMMAD SHAHIDIN BIN RAZALI
NRIC No	S9522026F
Date Of Birth	01/07/1995
Occupation	INDOOR
Date Of Driving Pass	10/11/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82229253
Fax Number	
Contact Number	OTHERS-82229253
Email Address	NIGHTSIMBA@GMAIL.COM

Address	BLK 428 BUKIT PANJANG RING ROAD #03-711
Postcode	670428
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSK8027 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190328/2201

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	JSK8027
Vehicle Make/Model/Colour	YAMAHA 135LC
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	THIYARGU THIAGARAJA
NRIC/Passport Number	
Contact Number	+60149334093
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHAHIDIN BIN RAZALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC5911Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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**.
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.
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:

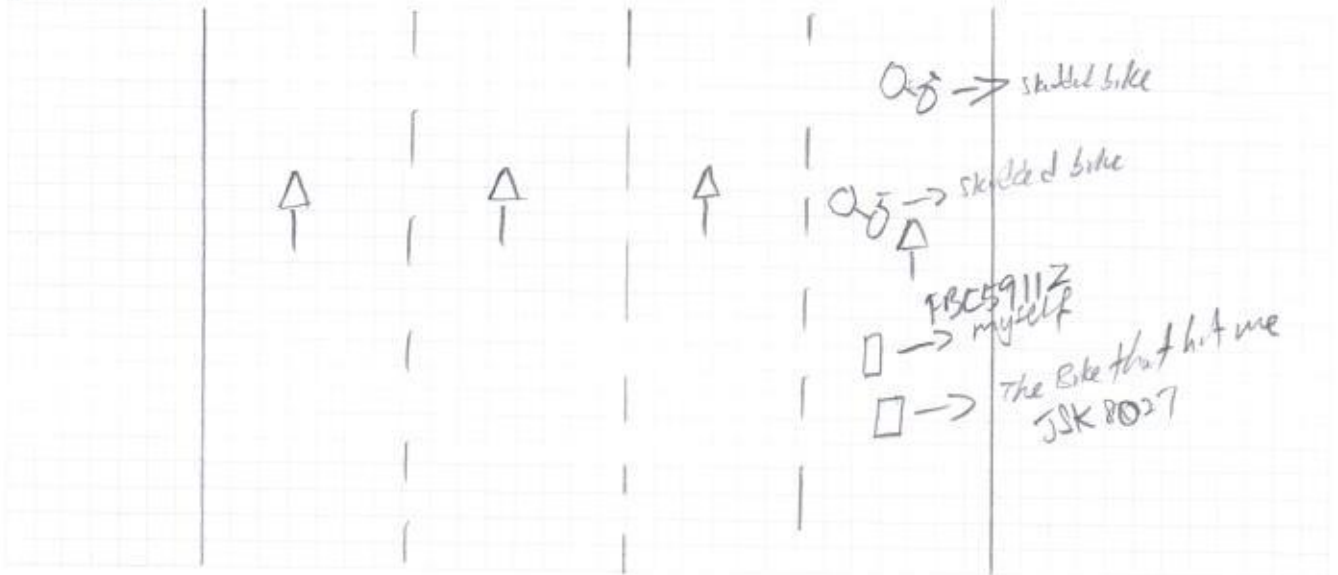
29/03/19
1423hr

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

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

29/03/2019
Keshi Luthers

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q25 Refer to Police Report.
7/20190328/2251

DECLARATION

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

Policyholder's Signature
 Date & Time: *29/03/19*

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

Reporting Centre Personnel's Signature
 Name: *29/03/2019*
 NRIC/FIN No.: *[Signature]*



SINGAPORE POLICE FORCE



T/20190328/2201

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190328/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2019 21:09		Vide Report No.:		Station Diary No.: 158	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAHIDIN BIN RAZALI			Address: APT BLK 428 BUKIT PANJANG RING ROAD #03-711 SINGAPORE 670428		
ID Type / ID No.: NRIC NO / S9522026F			Contact No.: Home/Office: Mobile: 82229253		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 01/07/1995	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: OPERATION EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 28/03/2019 16:35	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Direction towards Tuas, before flyover, near Pioneer Road exit.				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC5911Z	Motorcycle	HONDA	CB400 SUPER FOUR M	Black	Seriously Damaged	0
JSK8027	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190328/2201

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4

Report No. T/20190328/2201

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC5911Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60835030	24/12/2018	23/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHAHIDIN BIN RAZALI	ID No.	S9522026F
Related Vehicle	FBC5911Z (Motorcycle)	Contact No.	82229253
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/03/2019 at about 1635hrs, I was riding along AYE towards Tuas. It was raining heavily at that point of time. I was riding on the 1st lane.

Just before Pioneer Road exit flyover, I witnessed few motorcycles fell down due to a deep puddle of standing water just before the flyover. I immediately slowed down and moved to the left, still within the lane, to avoid a rider who had fallen. When I was about to nearly stop, I suddenly felt a strong surge coming from the rear. I managed to control my motorcycle and did not fall down. I looked behind and noticed that there is a Malaysian motorcycle fallen down on the rear right side of my motorcycle.

I parked my motorcycle and went over to help the rider up. Almost immediately, another Malaysian pulled up and told us to settle the matter by the road shoulder in a hurried manner. We then shift over to the road shoulder after the flyover. The Malaysian gave me his contact and told me to take picture of his motorcycle road tax. He refused to give me any of his identifications. Before we can come to a conclusion to settle the matter, the rider told me that he has no money, told me to contact him on WhatsApp, and they just rode off.

After that, I made a check on my motorcycle and discovered that the exhaust end can is bent upwards and there is a crack on the carbon end cap.

At about 1813hrs, the Malaysian rider contacted me via WhatsApp and asked me to send him a picture of the exhaust damages. After that, he replied that he has no money to give me for the repair of my motorcycle. When I asked him for his identification for records, he refused to give. After that, he ceased all communications with me.

I brought my motorcycle to the workshop for repair assessment and was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20190328/2201

4 of 4

Report No. T/20190328/2201

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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 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 PAY ZHIQIN

Signature Of Informant:

Plaksh

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2019 21:09

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 03 / 2019) (DD/MM/YYYY). TIME: (16 : 35) (HH:MM)

LOCATION: AYE (Towards Tuas) near pioneer flyer

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 5911 Z
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB400 SUPER FOUR M
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MUHAMMAD SHAHIDIN BIN RAZALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9522024F CONTACT: 8222 9253
 c) ADDRESS: 428 BUKIT PANJANG RING ROAD #03-71

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTY NPL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSK 8027 MODEL: YAMAHA 135LC
 b) DRIVER'S NAME: PIR THIYARU THIAGARAJA
 c) NRIC/FIN/PASSPORT: CONTACT: +6014 9334093

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = nightsimba@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9522026F



Name

MUHAMMAD SHAHIDIN BIN
RAZALI

Race

JAVANESE

Date of birth

01-07-1995

Sex
M

Country of birth

SINGAPORE

S9522026F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9522026F

Name

MUHAMMAD SHAHIDIN BIN
RAZALI

Birth Date: 01 Jul 1995

Issue Date: 07 Jan 2014



002262915J



NRIC No. S9522026F



Date of issue
30-07-2010

APT BLK 428 BUKIT PANJANG RING ROAD #03-711
SINGAPORE 670428
S9522026F

06/06/2013

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles < 200 CC	07 Jan 2014
Class 2A	Motorcycles between 201 CC and 400 CC	10 Nov 2017
Class J	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg	16 Nov 2016

S9522026F

S / No. 9000311137

NP 428A



Licence No: S9522026F

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No 2004127140)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 7800, Fax: +65 6827 7900
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: 62944759 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 60835030

Agency : A0633-001-W0881

Date : 21 Dec 2018

Name : MUHAMMAD SHAHIDIN BIN RAZALI

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 00:01AM on 24 Dec 2018 to midnight on 23 Dec 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

Registration No.	FBC5911Z	Insured Value	Third Party Liability(TPL)
Engine No.	NC42E1002234	CC	399
Chassis No.	NC421002229		
Year Manufactured	2008	Year of Registration	2008
Make & Model	HONDA [CB400 SUPER FOUR M]		
Named Rider	RAZALI BIN PARIMAN [DOB: 29 Jul 1966]		

Cue only for the following purpose: social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

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.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

40772750/E01

MSIG/MT/17-887673

(Please read important information on the reverse page.)