NATIONAL Assessment Co	entre Services	(wat 1 Jan 55)			
Date In: 03/04/19	Job description		Date & Time Completed	Done	by.
Rei No. NA/MS4/9005780	/rs SAS e-filing	g			
Veh No FB J 5617 L		m 8hrs, AIC 2hrs)			
DOA 01/04/19 1	900 i-Motor Cla				
OD (TP) Reporting Only	i-Motor W/	O (Within: OD 2hrs	s. TP 4hrs)		** !=
	i-Photo Upl	loaded			
TP Insurer:		Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW		by Fax / Hand t			
TP Particulars: Veh No:	58088820	DIO/	Tel: Fa	x:	
Owner / Driver: (2008889	INC ()/Non-INC()		
Policy No: (Period: (Tel:)	-
Confirmed by : (r criod. (Date:	Cover Type: (
	9/A) Diota Est Status		Time:)	
Year of Registration: () Warranty: YES ()/NO(0%; P: 21-79%. F: 80-10	·U%]	
Excess: (S) Loading :)		
General Remarks:-					
() Walk-In Customer: Customer:	s information strictly C	onfidential & Str	ictly NO rafer of sensings	0.1	
() Total Loss Case : to e-mail I			iony NO talet of repealer.		
			awina Ca /		
		NO();10	owing Co. (
Remarks:- (INC horline: 6788 66)	16)		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()		20000000000	Volling Control
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ()			
Injury:					
Date/Time Actions					
				0.46(3.45)	
				2270	
				0-0-0	
-1				Amt (\$)	Amt (\$)
NA1902:	554	277 LOB (1978) 348	paration Checklist	1st Bill	Add Bill
laimant's Particulars :-		1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)			
Priver/Owner:		3) TF : Towing Fee \$40/\$45			
ontact No:		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
amaged Portion:		6) TR : Re-inspec 7) N1 : Idae DA +		60	
		8) NTUC Additio	nal Services		
C Checked by (Engr-In-Charge):	*N5; Courtesy	The state of the s	\$5		
uditors' Comments	a company of the section	*N6: Repair Co *N7: Post Repa	This is a second of the control of t	25	
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
at. 2 / 3:		Invoice dated	Fee Charged	January Mark	mary of
1.2/3:					

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.
- 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	02/04/2019 11:34		
Date Of Accident	01/04/2019 19:00		
Exact Location Of Accident	TANJONG KATONG RD ESSO PETROL KIOSK		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBJ5617L		
Insured/Policyholder			
Name Of Registered Owner	NASRI BIN HAMZAH		
NRIC No	S8521131E		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-86159309		
Alternative Phone No	OTHERS-86159309		
Vehicle Particulars			
Manufacturer	YAMAHA		
Model	Manager Company		
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH		
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/18-993313-WTT		
Cover Note Number			
Driver			
Name of Driver	NASRI BIN HAMZAH		
NRIC No	S8521131E		
Date Of Birth	05/07/1985		
Occupation	OUTDOOR		
Date Of Driving Pass	04/12/2003		
Driving Experience	15 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-86159309		
ax Number			
Contact Number	OTHERS-86159309		

NOEMAIL

BLK 11 HAIG ROAD Address

#09-393

Postcode 430011

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 COLLIDED INTO PARKED VEHICLE

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

2

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 0

Number of Passengers (Including Driver)

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

I PARKED MY VEH INSIDE TANJONG KATONG RD ESSO PETROL KIOSK BESIDE THE AIR PUMP, WHEN I CAME BACK I SAW MY MOTORCYCLE LAY ON THE FLOOR.1 GENTLEMEN WAITING FOR ME AND TOLD ME THAT WHILE HE WAS REVERSING, HIS VEH HIT ONTO MY MOTORCYCLE. I ASK HIM DID YOU WANT TO PRIVATE SETTLE BUT HE SAY JUST PROCEED WITH THE INSURANCE CLAIMS.

Attachment(s)

Are accident photos available for attachment? YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBC8882D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98188938

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: 1 4 14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

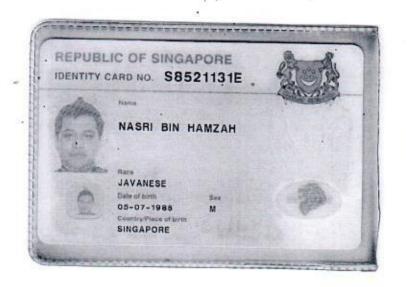
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	TANSONG	KATONG DO
A-FB.	J5617L ESSO PETR	AIR AIR
B-5B	C88830	B T
		<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
DESCRIBE CIRCUMSTANCES	50 Miles (1970 - 1970 -	
Pls refer	to the statem	ient.
V		
ECLARATION We declare the foregoing particu	llars are true in every respect.	Ayu 02/04/19
olicyholder's Signature	Driver's Signature	
ate & Time: 2/4/19.	(If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

2









04/12/2003



MSIG insurance (Singapore) Pte. Ltd. (ca. Reg. No. 2004) 22120, 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) ment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMS/18-993313-WTT A0633-001/W0801

SUM INSURED

EXCESS

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

1. Index mark and Registration Number of Vehicle

YANAHA

FBJ5617L 134 C.C.

2. Name of Policyholder

NASRI BIN HAMZAH

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

23/07/2018

4. Date of Expiry of Insurance

22/87/2019

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 Pood Traffic Act has not been senselled at the registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage,

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

CIES PTE LTD WIT INSURANCE AC gapore) Pte. Ltd.

12/07/2018 (L) WTT-CI-04(04/14)