

# NATIONAL Assessment Centre Services.

(part 1 Jan'03)

MMAY19052586

Date In: 23/04/2019 16:07	Job description	Date & Time Completed	Done by
Ref No: NGA/MSG/900728/4	SAS e-filing		
Veh No: EX 335A	E-mail (up to 2hrs, ATC 2hrs)		
D.O.A: 09/04/2019 17:30	1-Motor Claim Form		
OID: TP Reporting Only	1-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 567 75454	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 ( )	

General Remarks:
( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.
( ) 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: _____
Location: _____	Weather: _____
Witness: _____	Signature: _____

NA1902987	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claim against INC Only (over 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	9) NI: 1 day DA + SMRT Survey \$160
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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	23/04/2019 15:25
Date Of Accident	09/04/2019 17:30
Exact Location Of Accident	AYE TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX3315A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HADI BIN TAIB
NRIC No	S9513771G
Email Address	HADIKUTTI95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87495968
Alternative Phone No	OTHERS-87495968

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO SCHOOL
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-392742-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HADI BIN TAIB
NRIC No	S9513771G
Date Of Birth	18/04/1995
Occupation	INDOOR
Date Of Driving Pass	06/02/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87495968
Fax Number	
Contact Number	OTHERS-87495968
EEmail Address	HADIKUTTI95@GMAIL.COM

Address	BLK 62 TEBAN GARDENS ROAD #08-625
Postcode	600062
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSD4188 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2129

#### 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	SLG7545U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSD4188  
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)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD HADI BIN TAIB  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FX3315A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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.

261  
Policyholder's Signature

Date & Time: 23/04/2019  
12:19 12.17 pm

Driver's Signature

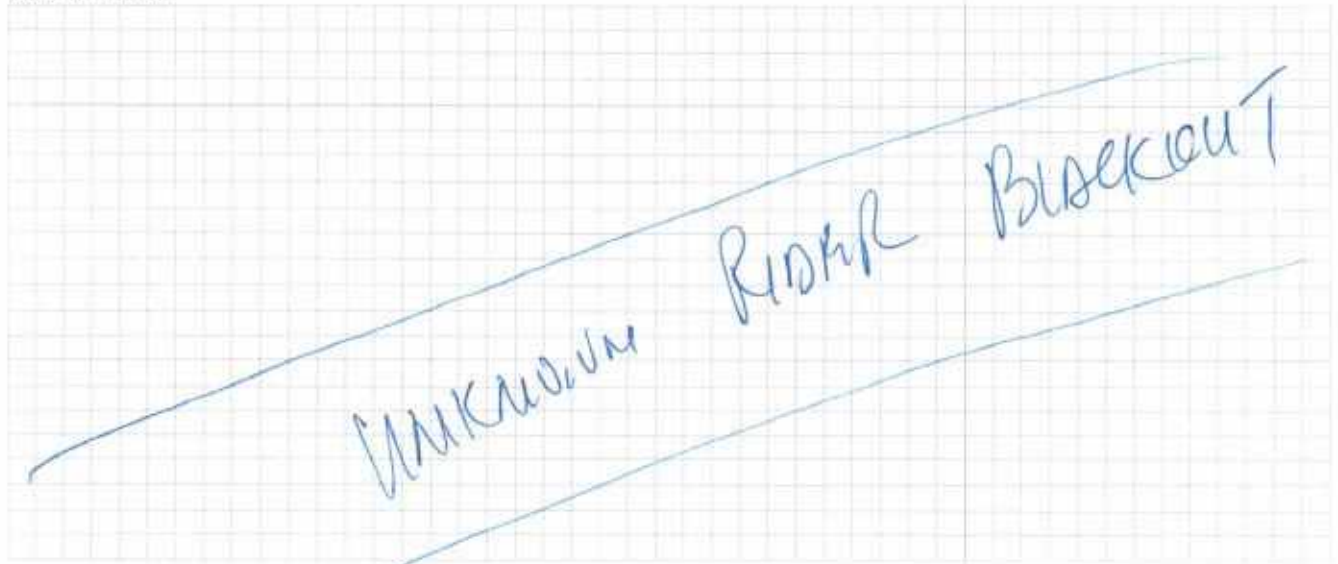
(If driver is not the policyholder)  
Date & Time:

23/04/2019  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in blue ink across the grid area:

PLS REFER TO POLICE REPORT  
1/20/2010/2129

DECLARATION

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

211  
Policyholder's Signature  
Date & Time: 23/04/2019  
1218 pm

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

23/04/2019  
Reporting Centre Personnel's Signature  
Name: Rishi Kumar  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190410/2129

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20190410/2129

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2019 14:45	Vide Report No.:	Station Diary No.: 114
<b>Informant's Particulars</b>		
Name of Informant: MUHAMMAD HADI BIN TAIB	Address: APT BLK 62 TEBAN GARDENS ROAD #08-625 SINGAPORE 600062	
ID Type / ID No.: NRIC NO / S9513771G	Contact No.: Home/Office:	Mobile: 87495968
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 23	Date of Birth: 18/04/1995
Type of Informant: Rider		
Race: Malay	Language:	Institution / School Name:
Occupation: Student	Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/04/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JURONG TOWN HALL ROAD Near Exit to Depot Road				
Weather: Raining	Road Surface: Wet	Road Speed Limit: 90 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Unsure of how the collision happened			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX3315A	Motorcycle	KAWASAKI	KRRZX150 M	Black		0
JSD4188						0
SLG7545U	Car					0

**Details of Vehicle Insurance**

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



T/20190410/2129

2 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20190410/2129

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX3315A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18392742	19/12/2018	18/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HADI BIN TAIB	ID No.	S9513771G
Related Vehicle	FX3315A (Motorcycle)	Contact No.	87495968
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	09/04/2019	Date Discharge	10/04/2019
No. of Days granted Medical Leave	09	Degree of Injury	Slight

**Brief Details.**

On 09/04/2019 at about 1730hrs, I was riding my motorcycle bearing registration FX3315A along AYE towards Jurong Town Hall at the second land. I could not recall what had happened subsequently as I only remembered that I had blacked out. I woken up from my black out for a short duration and found myself lying on the road. I then blacked out again. The next time that I woke up, I found that I was in the ambulance before I blacked out again. I then discovered myself to be in the Hospital.

On 10/4/2019 at about 1205hrs, I received a call from a traffic Police IO name Faizal who informed me that I was involved in a chain collision accident and I will need to lodge a report. However, I could not recall how the accident happened as I had blacked out throughout the incident.





**SINGAPORE  
POLICE FORCE**



T/20190410/2129

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20190410/2129

**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 /  
Staff Sgt LIM KAR LEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2019 14:45

Officer In Charge Of Case:

TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:

SI 24

Authentication Stamp

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: (09.04.2019) (DD/MM/YYYY). TIME: (17:30) (HH:MM)

LOCATION: AYK WWARDS TUBAN'S TOWN HALL ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX3315A  
 b) INSURANCE COMPANY: M516  
 c) POLICY NUMBER: MSD/VMT/18-392742  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Kawasaki KRR 150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE))  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going back from school  
 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 Hadi bin Taib (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 545137716 CONTACT: 87445968  
 c) ADDRESS: Blk 62 Taman Gardens RD #08-625 5601062

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: (19 / 04 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / (OUTDOOR)

f) DATE OF DRIVING PASS: 06 Feb 2014

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: Jurong East N.P.C

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SL67545M MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: JSD4188 MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = HadiKutti95@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9513771G



Name

MUHAMMAD HADI BIN TAIB

محمد هادي بن طيب

Race  
MALAY

Date of birth

18-04-1995

Country/Place of birth  
SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9513771G

MUHAMMAD HADI BIN TAIB

Birth Date: 18 Apr 1995

Issue Date: 06 Feb 2014



5247888

NRIC No. S9513771G



Date of issue  
28-11-2013

Address

APT BLK 62 TEBAN GARDENS ROAD  
#08-025  
SINGAPORE 600062

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

06 Feb 2014

NP 429A



**MSIG**

CA 517440  
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412272C)  
 4 Shenton Way, # 21-01, SGX Centre 2, 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) 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

CERTIFICATE NO

MSD/VMT/18-392742-CA A0074-001/10001

SUM INSURED

TPI

EXCESS

NIL

1. Index mark and Registration Number of Vehicle **FX331SA**  
**KAWASAKI** 149 c.c.
2. Name of Policyholder **MUHAMMAD HADI BIN TALIB**
3. Effective date of the Commencement of Insurance  
 For the purposes of the Act 1201AM 19/12/2018
4. Date of Expiry of Insurance 18/12/2019
5. Persons or Classes of Persons entitled to drive  
 a. 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 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.
  2. 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).

**COMMERCIAL AGENCY PTE. LTD.**  
 Licensing Agent  
 MSIG Insurance (Singapore) Pte. Ltd.



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MAU05X86 Vehicle Registration No: FX8315A  
Name (as shown in NRIC) : Muhammad Haziq Bin Yusoff NRIC/FIN/Passport No : S95137719

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 87495968

Email Address : \_\_\_\_\_

Date of Accident : 27/04/2019 Time of Accident : 17:30

Place of Accident : AYK ROAD, JURONG TOWN HAW PAO

Insurance Company : M&G

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSUREE INJURED PARTY

" Police Report 2/20190410/2125

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Poh Weng  
NRIC/FIN No.: 111111111  
Date: 23/04/2019