NATIONAL Assessment	t Centre Services.	[wel 1 Jan'05] M	JA119058691		
Date In: 7/1/19-15:38	Jeb description		Date &Time Completed	Don	ie by
Res No: NA MS MOSTER 2 Try	SAS e-filing	g		MD)	
Veh No: FBL & 177	E-mail (withi	in Shrs, AIC 2hrs)		S-Am-Ville	
D.O.A: 4/5/19 7:15	i-Motor Cla	aim Form		1528-23194.5	
OD / TP / Reporting Only	i-Motor W/	O (Within: OD 2hrs,	7'P 4brs).		
OD / 17 / Reporting Only	i-Photo Upl	loaded	1		* *** *
TP Insurer:		Survey Report	İ		
		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	0.00 50 500			ax;	
TP Particulars: Veh I	No: Unlandin	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: 30-1	00%]	*
Year of Registration: () Warranty: YES (
Excess: (\$) Load	ing: \$1,000 ()/\$2,000	0()			
General Remarks:			Maria Santa Santa	31, 6	1
() Walk-In Customer ; Custor			tiv NO refer of renairer	5.4077 - 31.1.1.1	
() Total Loss Case : to e-ma	ail Insurer URGENTLY		, To talet of repailer.		
The state of the s					
Drive-In () / Towed-In ()	: Invoice: VES() / 1	NO () · To	wing Co. (111.	1
N. Felicina			wing Co: ()
Remarks: (INC hothine: 6788	6616)		wing Co: (. Done) by
Tributa Tributa	6616)			Done) by
Remarks: , (INC hothine: 6788) / Courtesy Car (. Done) by
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car (Done) by
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Control of the control) / Courtesy Car (Done) sjby · ·
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:) / Courtesy Car (Done) Eby
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:) / Courtesy Car (Done) syby
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair (Injury: Date/Time: Actions) / Courtesy Car (Done) sby
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:) / Courtesy Car (Done) Sby
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time: Actions) / Courtesy Car (Done) sby
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time: Actions) / Courtesy Car (Done) Sby
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury : Date/Time Actions) / Courtesy Car (Done) shy
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date Time Actions) / Courtesy Car ()	Date&Tarre Completed	Done Ant (S)) Shy
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury : Date/Time: Actions Nate/Addisons) / Courtesy Car (Invoice Prepa	Date & Time Completed	32.1 A	
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury : Date/Time: Actions Nate/Addisons) / Courtesy Car ()	Date&Tame Completed ration Checklist. porting (\$30);	Ani (S)	· Amt(3)
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair (Injury): Date/Time: Actions Maigo M92 Inimant's Particulars:) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darrage As: 3) TF: Towing Fee	Pate&Time Completed ration Checklist perting (\$30); sessment (\$100); INC (\$80)	Ani((S))	· Amt(3)
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Conjury): Date/Time: Actions Maiso May Laimant's Particulars:) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darnage As. 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	pate&Time Completed ration Checklist: porting (\$30); sessment (\$100); INC (\$80 \$40/3 ugh Survey \$1 ugh Survey \$51	Anii (S)	· Amt(3)
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Conjury): Date/Time: Actions Actions Injury: Inimant's Particulars: iver/Owner:) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darnage As: 3) TF: Towing Fee 4) FT: Follow-Thro For claiming again	Date&Tirre Comple od ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/3 ugh Survey \$1 ugh Survey (Resurvey) \$ nst JNC Only (wef 10 Jan 2005)	Ani((S)) (3) Bill (45) 20 30	· Amt(3)
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Conjury): Date/Time: Actions Actions Injury: Inimant's Particulars: iver/Owner:) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darnage As. 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	Date&Time Completed ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/3 ugh Survey \$1 ugh Survey (Resurvey) \$ nst JNC Only (wef 10 Jan 2005) n	Ant (S) 19 Bill 45	· Amt(3)
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair (Injury): Date/Time: Advious: Maiso Men Liminant's Particulars: inter/Owner: ontact No: amaged Portion:) / Courtesy Car (Invoice Prepa Invoice Prepa I) AR: Accident Re 2) DA: Darrage As: 3) TF: Towing Fee 4) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 3) NTUC Additiona	Date & Tirrie Completed Patron Checklist. porting (\$30); sessment (\$100); INC (\$80; S40/3 ugh Survey (\$100); INC (\$100); ugh Survey (\$100); stinc Only (wef 10 Jan 2005) n MRT Survey \$1	Amit (S). (\$) Bill 45 20 30	· Amt(3)
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair (Injury): Date/Time: Advious: Maiso Men Liminant's Particulars: inter/Owner: ontact No: amaged Portion:) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darrage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona QD*	Date&Tarre Completed ration Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/5 ugh Survey (Resurvey) st JNC Only (wef 10 Jan 2005) n	Anii (S). Fit Bill 45 20 30 75 60	· Amt(\$)
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury : Date/Time Actions klaus Man laimant's Particulars :- river/Owner: ontact No: amaged Portion:) / Courtesy Car (Invoice Prepa Invoice Prepa I) AR: Accident Re 2) DA: Darrage As: 3) TF: Towing Fee 4) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 3) NTUC Additiona	Date&Tarre Completed ration Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/5 ugh Survey (Resurvey) st JNC Only (wef 10 Jan 2005) n	Amit (S). (\$) Bill 45 20 30	Am((t)
Remarks: (INC hothic: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Conjury: Date/Time: Actions Liminant's Particulars: river/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):) / Courtesy Car (Invoice Prepa Invoice Prepa I) AR: Accident Re 2) DA: Darrage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + S: 8) NTUC Additiona QD: *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair	Date&Tarre Completed Partion Checklist porting (\$30); sessment (\$100); INC (\$80) Septiment (\$100); INC (\$80) agh Survey (Resurvey) ast INC Only (wef 10 Jan 2005) and Septiment (\$100); Torvices:- Torvices:- Torvices:-	Ant (S) Fit Bill 45 20 30 75 60 \$5 10 25	Am((t)
Remarks: (INC hothie: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair (Injury : Date/Time: Actions Liminant's Particulars :- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Iditors! Comments :-) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darnage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S: 3) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect *N8: DV / Collect	Date&Tarre Completed Partion Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/5 ugh Survey (Resurvey) st INC Only (wef 10 Jan 2005) n	Amit (S). 7st Bill 45 20 30 75 60	Am((t)
Remarks: (INC hothine: 6788 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date Time / Advisors) / Courtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Darnage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S: 3) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect *N8: DV / Collect	Date Tirre Completed Partion Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/5 ugh Survey (Resurvey) st INC Only (wef 10 Jan 2005) n \$MRT Survey \$1 Services:- 1/ Tpt Allowance rdination \$1 Excess Coordination \$1 INC) against INC \$2 \$3 \$40/5 \$	Aut (S). Fit Bill 45 20 30 75 60 S5 10 25 53 20 30	Am((t)

Fire at 1.791

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 <u>truthful and accurate</u> 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.
- 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.

Decree are	
	ACCIDENT STATEMENT
Date Of Report	07/05/2019 10:38
Date Of Accident	04/05/2019 21:15
Exact Location Of Accident	BLK 96 ALJUNIED CRES OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL6817J
Insured/Policyholder	
Name Of Registered Owner	KHAMIS BIN ABDULLAH
NRIC No	S7042604H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88288734
Alternative Phone No	OFFICE-88288734
Vehicle Particulars	
Manufacturer	HONDA
Model	WW150 (PCX150)
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	REPORTING ONLY
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/19-998464-WTT
Cover Note Number	
Driver	
Name of Driver	KHAMIS BIN ABDULLAH

Name of Driver KHAMIS BIN ABDULLAH

 NRIC No
 \$7042604H

 Date Of Birth
 10/12/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/11/2005

Driving Experience 13 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88288734

Fax Number

Contact Number OFFICE-88288734

EMail Address NOEMAIL

Address BLK 57 LENGKOK BAHRU

#07-477

Postcode 151057

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

8

Insurance Company of Driver's Own Vehicle

7

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

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

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

SINGAPORE

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190505/2051.

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 Witness 1

Name

SULAIMAN

Phone Number

83455963

Email Address

Details of Witness 2

Name

FAHMI

Phone Number

98203692

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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.
- 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:

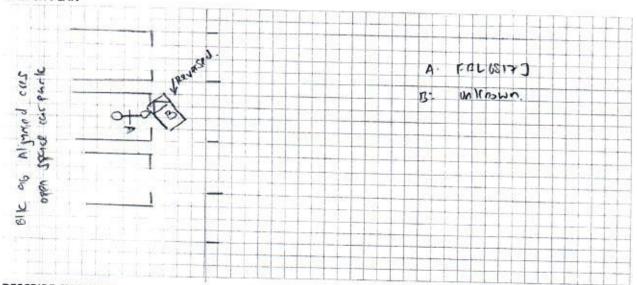
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Pers

Signature

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

poter to po	stre report - 1/2019 05/05/2051.	

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

Policyholder's Signature

THE STATE SECTION AND ADDRESS OF THE

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE GIVEHICLE NUMBER: GIVEHICLE NUMBER: DINSURANCE COMPANY: MILL CIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE BIMAKE & MODEL: (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS GIVEN AND INSURANCE / COMMERCIAL / MOTORCYCLE / OTHERS GINAME: (LORGIS DIN ADDITION / COMMERCIAL / MOTORCYCLE / OTHERS GINAME: (LORGIS DIN ADDITION / COMPANY) GIADRESS: LIK 57 LINGLON / GUIDOR /	i i	ACCIDENT DATE: 4 /5 / 14), TIME: (21 : 15)(HH:MN
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: POLICY DINSURANCE COMPANY: MIL CIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE 9) MAKE & MODEL: (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) I) JARRY YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING, ONLY) 2. INSURED / POLICY HOLDER A) NAME: Khamis Din Abdulla In (MA) E / FEMALE) DINRIC/FIN/PASSPORT: \$70 41 641 77 (K 1627) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6238-724. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTACT: 6338-724. **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 6338-724. **CONTACT: 6338-724. **C		DK 96 Alju	aid (12) cent	open some	caspark.
b)INSURANCE COMPANY: ML c POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE B)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PARTY USING i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/160). IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: [Khamis Din Abdul) & M. (MA)E / FEMALE) b)NRIC/FIN/PASSPORT: STOYLOW CONTACT: 63183714. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CANDINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: 63183714.		1. DETAILS OF VEHICLE	1 W	7	coof vic
CIPOLICY NUMBER: d)POLICY TYMBER: d)POLICY TYME: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE e)MAKE & MODEL: 1)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: piante voil (Laiming Under Your Own Insurance (YES/ICO). IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: (L'AMIS DIO Abdulle II. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 57047644 CONTACT: 6188774. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: (D)NRIC/FIN/PASSPORT: (D)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (D)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (D)NAME: (MALE / FEMALE) c)ADDRESS: "d)DATE OF BIRTH: (/ / (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1 MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (D)NICO SURFACE: (D)N/WET / OTHERS 5. G)WEATHER CONDITION: (C)EAR / RAINING / OTHERS b)ROAD SURFACE: (D)N/WET / OTHERS 7. O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: (D) VEHICLE NUMBER: (D) NEIC/FIN/PASSPORT: (D) NEIC/FIN/FIN/FIN/FIN/FIN/		DIVERICLE NUMBER:	HEC 68173		
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THE e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/IC). IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING: ONLY) 2. INSURED / POLICY HOLDER A) NAME: Chamis Dia Abdullo May Female) b) NRIC/FIN/PASSPORT: S 70 1 6 4 1		DINSURANCE COMPANY:_	Mu.		
FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: 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: [Nam:] Din Abdullo N. (MAJE / FEMALE) D) NRIC/FIN/PASSPORT: 570 100 100 100 100 100 100 100 100 100 1		C)POLICY NUMBER:			
(Induding diver) Continue to 3.d if Driver also Policy Holder Diname: Contact:		a)POLICY TYPE: (COMPREH	ENSIVE / THIRD PART	V / TUÍDO O ADDA	
in purpose of using at accident time: 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:		e)MAKE & MODEL:		17 MIRD PARTY F	IRE &THEFT)
In purpose of using at accident time: 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:		T)TYPE: (SALOON / COUPE /)	MPV /VAN / LORRY	/ MOTORCYCLE	
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: L'MANTIS DIA ADMINO N. (MA)E / FEMALE) b) NRIC/FIN/PASSPORT: 37047644 CONTACT: 46382704. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CONTACT: C) ADDRESS: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: (/ /) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUT) DOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / W) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (DW) 5. a) WEATHER CONDITION: (C) EAR / RAINING / OTHERS b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / W) 7. o) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: VALOUE A MODEL: O) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: O) ORIVER'S NAME: O) DRIVER'S NAME: O) DRIVER'S NAME: O) DRIVER'S NAME:		g) VEHICLE CATEGORY: (PRIV	ATE / COMMERCIA	/ MOTORCYCLE /	OTHERS)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING, ONLY) 2. INSURED / POLICY HOLDER A) NAME:		h) PURPOSE OF USING AT AC	CIDENT TIME	Printo ute)
2. INSURED / POLICY HOLDER A)NAME: (Cham:s) Din Abdulla M. (MA)E / FEMALE) b)NRIC/FIN/PASSPORT: 5704264 CONTACT: 461282704 C)ADDRESS: 11k 57 Luglak when 407-477 (K1/037) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: (MALE / FEMALE) DRIVER a)NAME: (MALE / FEMALE) DRIVER a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (CONTACT: CONTACT: CO		TARE TOU CLAIMING TINDER	VOUD OUT	79	_
A)NAME: Khamis Dia Abdulla N. (MAJE / FEMALE) b)NRIC/FIN/PASSPORT: \$7047644 CONTACT: 46128774 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER **DRIVER **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER **CONTACT: (MALE / FEMALE) **DINING/FIN/PASSPORT: CONTACT: CONTACT: CONTACT: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER **CONTACT: CONTACT:			PARTY CLAIM / DED	CONTROL (YES/NO).	
C)ADDRESS: 11k 57 Luglok Suhry 607-477 (161637) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINAME: DINAM		2. INSURED / POLICY HOLDER	- LIMITY KEE	CIVING, ONLY)	
C)ADDRESS: 11k 57 Luglok Suhm 607-477 (K1057) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) O) CCUPATION: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / WO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) ROAD SURFACE: (DEY) WET / OTHERS O) WEATHER CONDITION: (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: VALCOUR MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:		A)NAME: Ichamis Din	Abdullah		
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLUDING driver CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CINCLUDING driver CONTACT: CO		CANCELLINA ASSECUET.	147.Cx11	(MAJE / F	EMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) (Including driver) (Including driver) C) ADDRESS: C) ADDRE		CIADDRESS: 11k 57 Lug	lok Buhry \$07	-432 (KI-43)	88774.
(Including driver) a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: "d) DATE OF BIRTH: (/					
(Including driver) a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: "d) DATE OF BIRTH: (/	Mile of	* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLE	SED .	1
D)NRIC/FIN/PASSPORT:	And of passong		THE POLICY HOLL	JER	
CONTACT: C) ADDRESS: "d) DATE OF BIRTH: (/	(Including drive) QINAME:		1200 NO E-1000	
*d)DATE OF BIRTH: (/	C 10 3	DINRIC/FIN/PASSPORT:		(MALE / FE	EMALE)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) 5. GJWEATHER CONDITION: (C)EAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / 100) 7. GJREPORTED TO POLICE (YES / 100) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: Unicasian Model: 11 CONTACT: 12 PRESSENGER 13 VEHICLE NUMBER: MODEL: 14 PRESSENGER 15 ORIVER'S NAME: 16 DRIVER'S NAME: 17 ORIVER'S NAME: 18 OF PRESSENGER 18 OF P		c)ADDRESS:		CONTACT:	
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) 5. GJWEATHER CONDITION: (C)EAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / 100) 7. GJREPORTED TO POLICE (YES / 100) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: Unicasian Model: 11 CONTACT: 12 PRESSENGER 13 VEHICLE NUMBER: MODEL: 14 PRESSENGER 15 ORIVER'S NAME: 16 DRIVER'S NAME: 17 ORIVER'S NAME: 18 OF PRESSENGER 18 OF P		*d)DATE OF BIRTH: /			
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER DIROAD SURFACE: (DEY) WET / OTHERS OWNEROUS INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: UNION MODEL: DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:		eloccupation: (INDOOR / C	_/)(DD/MM	/YYYY)	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER. 5. C) WEATHER CONDITION: (C) EAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. C) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: VAIOUA MODEL: DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:		17 FORS OF DRIVING EVENERIE			43
5. a) WEATHER CONDITION: (C)EAR / RAINING / OTHERS_ b) ROAD SURFACE: (DEY) / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: VAICOUA MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME: c) DRIVER'S NAME:	4	WAS DRIVER AN EMPLOYEE	VCE:	¥2	
5. G)WEATHER CONDITION: (C)EAR / RAINING / OTHERS b)ROAD SURFACE: (DEY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE G) VEHICLE NUMBER: VAICOUA. MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL: G) VEHICLE NUMBER: MODEL: G) VEHICLE NUMBER: MODEL:		IF NO, RELATIONSHIP OF TH	OF THE INSURED'S	S COMPANY? (YE	5/(ND)
b)ROAD SURFACE: (DEY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: VALOUDA. MODEL: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	5	a) WEATHER CONDITION: (A)E	C SIGNER WITH IN	NSURED: OWI	ner.
7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. af Passenger a) VEHICLE NUMBER: VALOUA. MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE 4. VEHICLE NUMBER: MODEL: 6. DRIVER'S NAME: 6. DRIVER'S NAME:		DIROAD SUPEACE INC.	KAINING / OTH	ERS)
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. of passenger a) VEHICLE NUMBER: Unland A MODEL: 5. Including driver b) DRIVER'S NAME: 6. ONTACT: 7. THIRD PARTY VEHICLE 40 of passenger a) VEHICLE NUMBER: 6. DRIVER'S NAME: 6. DRIVER'S NAME: 6. DRIVER'S NAME:	6,	TIMO ANTIBUITY IN HIDER IVER	10-1		
8. THIRD PARTY VEHICLE 40 of passenger a) VEHICLE NUMBER: Unitrody A MODEL: 40 of passenger b) DRIVER'S NAME: 40 of passenger a) VEHICLE NUMBER: Unitrody A MODEL: 40 of passenger a) VEHICLE 40 of passenger a) VEHICLE NUMBER: MODEL:	7.	AIREPORTED TO POLICE IN			
of passenger a) VEHICLE NUMBER: VALOUA MODEL: Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:		IF YES, PLEASE STATE WHICH B	01105.02		
DRIVER'S NAME: MODEL: MO	8.	THIRD PARTY VEHICLE	OLICE STATION:		
O NRIC/FIN/PASSPORT:	we of passenger	O VEHICLE VILLAGES			
9. THIRD PARTY VEHICLE 10 of pressenger d) VEHICLE NUMBER:MODEL:	Including driver)	b) DRIVER'S NAME	MM	ODEL:	
7. THIRD PARTY VEHICLE (0 of passenger d) VEHICLE NUMBER:MODEL:MODEL:	()	C) NRIC/FIN/PASSPORT			
do of passenger d) VEHICLE NUMBER:MODEL:MODEL:		THIRD PARTY VEHICLE	c	ONTACT:	
ndudice de la Vivers NAME:	to el nocon	d) VEHICLE NUMBED			
TICHENA ALLA ALA MANAGEMENTE.	i prosenger	e) DRIVER'S NAME	MC	DDEL:	
f) NRIC/FIN/PASSPORT	reluding driver) fl NIDIO (FILLIO			-
() NRIC/FIN/PASSPORT:CONTACT:		INKIC/FIN/PACCDORT			

email =

fax =

VIDEO =





1 of 3-

Report No. T/20190505/2051

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

REPORT OF A TRAFFIC ACCIDENT

05/05/2019 13:50		Made:	Vide Report No.:	Station Diary No.:		
Informant's Particulars			10			
Name of Informant: KHAMIS BIN ABDULLAH			Address: APT BLK 57 LENGKOK BAH	PLI #07 477 SINGARORE 45 405		
ID Type / ID No.: NRIC NO / S7042604H Nationality: SINGAPORE CITIZEN		04H	APT BLK 57 LENGKOK BAHRU #07-477 SINGAPORE 151 Contact No.: Home/Office: Mobile: 88288734			
		EN	Email:			
Sex: Male	Age: 48	Date of Birth: 10/12/1970	Type of Informant:	27		
Race: Boyanese Occupation: Electronics engineering technician (general)		=	Language: English	Institution / School Name:		
		ring technician	Driving Licence Information: Class: 2B	Date of Expiry:		

General Information Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident:	Type of Location Car Park
Location: Along Road 1 ALJUNIED CI Motorcycle lot Weather: Clear			04/05/2019 21:15	Road Speed Limit:
Traffic Flow: Traffic Control: Two Way Not Controlled				raffic Volume:
Type of Collisi Moving Vehicl	on: e Against - Parked Ve	hicle	A	nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	N. CO.
FBL6817J	Motorcycle	HONDA	COCKET TO STATE OF THE PARTY.	and the state of t	Condition	No of Passenger
1215-326-30-321-438-3	Motorcycle	HONDA	(PCX150)	Red	Slightly	0
SLK5426Y	Car		1. 0/1/00/		Damaged	
(Not Accurate)	- Cui					0

Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date
Details of Vehicle Insurance	St. Physics of the Control of the Co		- professional and the second



Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20190505/2051

CONTINUATION OF REPORT

	ehicle Insurance			
	Insurance Company	Insurance No	Effective	
FBL6817J	MSIG INSURANCE (SINGAPORE)		Control of the Contro	Expiry Date
PTE. LTD.	PTE. LTD.	60841860	03/02/2019	02/02/2020

Any Pedestrian I	nvolved: No					
No. of Pedestrial	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Name	KHAMIS BIN ABDU	JLLAH	Show of problem of the party	ID No).	S7042604H
Related Vehicle	(motorcycle)		Contact No.		88288734	
Hospital/Clinic			D		of g ce & / Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Disc				
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 04/05/2019 at about 1615hrs, I had parked my motorcycle (Blue Honda PCX 150, FBL6817J) at the carpark of blk 96 Aljunied Crescent lot number 13. Everything was intact when I had left my motorcycle. On 05/05/2019 at about 1030hrs, I had went back to my motorcycle and found a note on my handlebar. The note was from a witness, Sulaiman(Hp:83455963) and his friend Fahmi(Hp:98203692). According to Sulaiman on 04/05/2019 at about 2115hrs, while they were sitting at the shelter area near my motorcycle and saw one dark color sedan car had reverse and hit on to my motorcycle which caused my motorcycle to fell on to the left side. The said car did not stop and had drove off after my motorcycle had fell. They then helped to pick up my motorcycle and left the note on my motorcycle. Sulaiman also mentioned that the car plate number is SLK5426Y. I made a check on my motorcycle and found scratches on the left side





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

3 of 3 Report No. T/20190505/2051

CONTINUATION OF REPORT

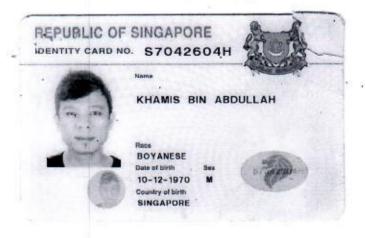
Sketch Plan

Informant is not able to provide sketch plan

X/Ni.

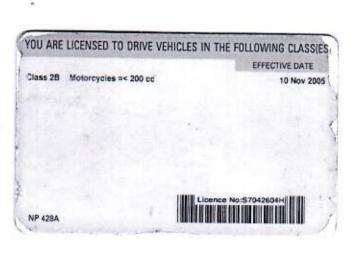
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt AHMAD SALLEH BIN RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2019 13:50
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp	1











W713195 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)

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) Rules, 1959 (Federation of Malaysia)
or 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/VMS/19-998464-WTT A0633-001/W0857

SUM INSURED :

EXCESS

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

HONDA

S7042604H

Index mark and Registration Number of Vehicle

FBL6817J

2. Name of Policyholder

KHAMIS BIN ABDULLAH

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

03/02/2019

02/02/2020

150 c.c.

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

Provided that the person directing 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 the Motor Vehicle is registered and licensed under the Road Traffic Act and its the Motor Vehicle is registered and licensed under the Road Traffic Act and its the Motor Vehicle is registered and licensed under the Road Traffic Act and its the licensing under the Road Traffic Act has not been cancelled at the registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

 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. '' for hire or reward.

- 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).

Repl CN: 60841860 13/02/2019 (CT)

WTT INSURANCE AGENCIE ICIES PTE LTD

For MSIG Insurance (Singapore) Pte. Ltd.