

# NATIONAL Assessment Centre Services

|                            |  |                        |          |
|----------------------------|--|------------------------|----------|
| Date In: 19/06/2019 14:26  | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/MSG 19010849/K4 | E-mail (within 8hrs. AIC 2hrs):          |                        |          |
| Veh No: FB03167M           | i-Motor Claim Form                       |                        |          |
| D.O.A: 12/06/2019 19:00    | i-Motor W/O (Within: OD 2hrs. TP 4hrs)   |                        |          |
| OD: TP / Reporting Only    | i-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: SKF6020R 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%; F: 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

**Injury:** \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
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|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1904538

| Claimant's Particulars :-       | Invoice Preparation Checklist                   |                      |
|---------------------------------|---|----------------------|
|                                 | Amt (\$)<br>1st Bill                            | Amt (\$)<br>Add Bill |
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |                      |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |                      |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |                      |
| Auditors' Comments :-           | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |                      |
| Cat. 2/3:                       | 6) TR : Re-inspection \$75                      |                      |
|                                 | 7) NI : Idac DA + SMRT Survey \$160             |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |
|                                 | OD*:  |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |
|                                 | TP (N11) : TP (N-in INC) against INC \$20       |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |
|                                 | Invoice dated                                   | Fee Charged          |

## 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             | 19/06/2019 14:26   |
| Date Of Accident           | 12/06/2019 19:00   |
| Exact Location Of Accident | TAMPINES STREET 21 |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | FBD3167M                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | MUHAMMAD SYAHRIL ELFY BIN MASRANI |
| NRIC No                     | S9511129G                         |
| Email Address               | SYAHRILELFY@GMAIL.COM             |
| Mobile Phone No             | (LOCAL) +65-92209040              |
| Alternative Phone No        | OTHERS-92209040                   |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | YAMAHA         |
| Model  | X-1R           |
| 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                          |
| Fleet Policy              | NO                                   |
| Policy Number             | MSD/VMT/19-998202-WTT                |
| Cover Note Number         |                                      |

### Driver

|                      |                                   |
|----------------------|-----------------------------------|
| Name of Driver       | MUHAMMAD SYAHRIL ELFY BIN MASRANI |
| NRIC No              | S9511129G                         |
| Date Of Birth        | 21/03/1995                        |
| Occupation           | OUTDOOR                           |
| Date Of Driving Pass | 01/12/2016                        |
| Driving Experience   | 2 YEARS AND 6 MONTHS              |
| Gender               | MALE                              |
| Mobile Number        | (LOCAL) +65-92209040              |
| Fax Number           |                                   |
| Contact Number       | OTHERS-92209040                   |
| EMAIL Address        | SYAHRILELFY@GMAIL.COM             |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 121A EDGEDALE PLAINS<br>#11-247 |
| Postcode  | 821121                              |
| 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   | SIDE SWIPE |
| 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?   | 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                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190614/2145

#### 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 | SKF6020R                |
| Vehicle Make/Model/Colour   |                         |
| Details Of Properties       |                         |
| Vehicle Category            | PRIVATE CAR             |
| Name of Driver              | SHANTHEN S/O N RAMASAMY |
| NRIC/Passport Number        | S8311154B               |
| Contact Number              | 90705042                |
| Address                     |                         |
| Postcode                    |                         |
| Insurance Company Name      |                         |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                                   |
|---|-----------------------------------|
| Name  | MUHAMMAD SYAHRIL ELFY BIN MASRANI |
| Approximate Age                                     |                                   |
| Injuries Sustain                                    | SLIGHT                            |
| Injured person in which vehicle?                    | FBD3167M                          |
| Were seat belts worn?                               |                                   |
| Was this injured conveyed to hospital by ambulance? |                                   |
| 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:

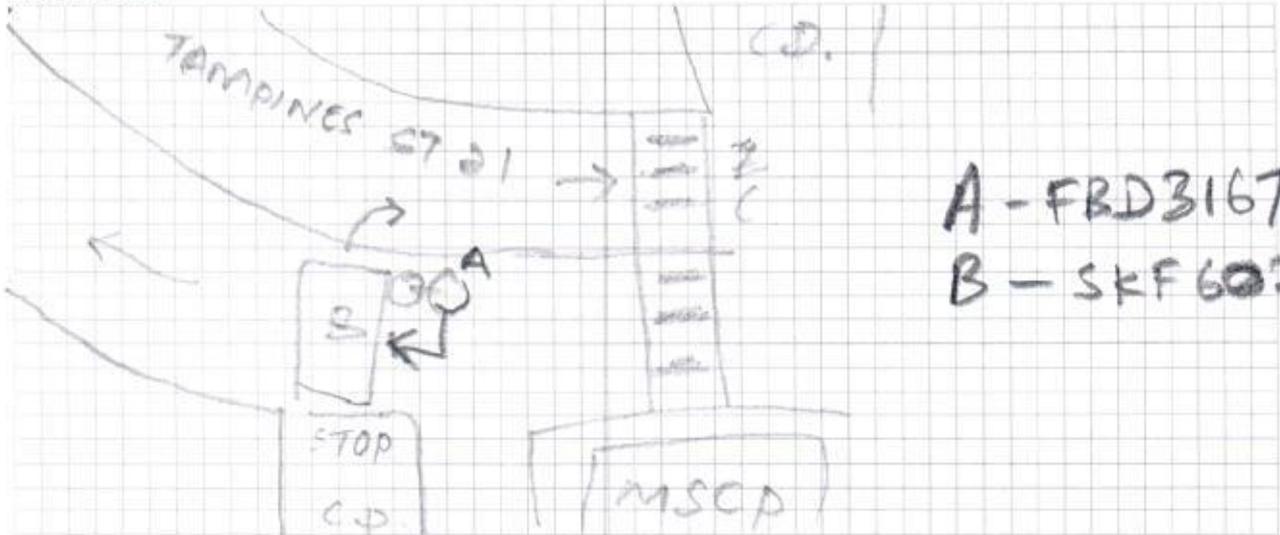
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

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

SKETCH PLAN



A - FBD3167M  
B - SKF6020R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls Refer to the Police Report - T/20190614/2145*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 19/6/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190614/2145

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>14/06/2019 18:17 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars                                 |            |   |                             |
|---|------------|---|-----------------------------|
| Name of Informant:<br>MUHAMMAD SYAHRIL ELFY BIN MASRANI |            | Address:<br>APT BLK 121A EDGEDALE PLAINS #11-247 PUNGGOL<br>EDGE SINGAPORE 821121 |                             |
| ID Type / ID No.:<br>NRIC NO / S9511129G                |            | Contact No.:  | Mobile: 92209040            |
| Nationality:<br>SINGAPORE CITIZEN                       |            | Email:  |                             |
| Sex:<br>Male  | Age:<br>24 | Date of Birth:<br>21/03/1995  | Type of Informant:<br>Rider |
| Race:<br>Boyanese                                       |            | Language:   | Institution / School Name:  |
| Occupation:<br>GRAB FOOD RIDER                          |            | Driving Licence Information:<br>Class:  | Date of Expiry:             |

| General Information of the Accident  |                  |                       |   |                   |
|--|------------------|-----------------------|---|-------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>12/06/2019 19:00 | Type of Location: |
| Location:<br>Along Road 1<br>TAMPINES STREET 21<br><br>TAMPINES STREET 21. |                  |                       |   |                   |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry  | Road Speed Limit:                             |                   |
| Traffic Flow:  |                  | Traffic Control:      | Traffic Volume:                               |                   |
| Type of Collision:   |                  |                       | Anyone conveyed by<br>ambulance:<br>No        |                   |

| Details of Vehicle Involved |            |        |   |       |           |                 |
|-----------------------------|------------|--------|---|-------|-----------|-----------------|
| Vehicle No.                 | Type       | Make   | Model                                   | Color | Condition | No of Passenger |
| FBD3167M                    | Motorcycle | YAMAHA | X-1R                                    | Red   |           | 0               |
| SKF6020R                    | Car        | AUDI   | A4<br>ATTRACTIO<br>N 1.8 TFSI<br>MU(PI) | Grey  |           | 0               |

| Details of Vehicle Insurance |                   |              |           |             |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No.                  | Insurance Company | Insurance No | Effective | Expiry Date |
|                              |                   |              |           |             |

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190614/214

2 of 2

Police Station  
Traffic Police  
10 Ubi  
Tel

CONTINUATION OF REPORT

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                    | Insurance No | Effective  | Expiry Date |
|-------------|--------------------------------------|--------------|------------|-------------|
| FBD3167M    | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60840810     | 26/01/2019 | 25/01/2020  |

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Rider**

|                                   |                                   |  |                                   |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| Name                              | MUHAMMAD SYAHRIL ELFY BIN MASRANI | ID No.                                 | S9511129G                         |
| Related Vehicle                   | FBD3167M (Motorcycle)             | Contact No.                            | 92209040                          |
| Hospital/Clinic                   | PUNGGOL POLYCLINIC                | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 13/06/2019                        | Date Discharge                         | 13/06/2019                        |
| No. of Days granted Medical Leave | 03                                | Degree of Injury                       | Slight                            |

**Driver**

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name                              | SHANTHEN S/O N RAMASAMY | ID No.                                 | S8311154B                         |
| Related Vehicle                   | NIL                     | Contact No.                            | 90705042                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I WAS RIDING MY MOTORBIKE OF PLATE NUMBER FBD3167M ALONG TAMPINES STREET23. AFTER TURNING LEFT TO TAMPINES ST 21, I CHECKED AND ENSURE THAT THERE IS NO ONE CROSSING THE ZEBRA CROSSING SO I PROCEED STRAIGHT WHEN A CAR OF PLATE NUMBER SKF6020R EXIT FROM MULTI STOREY CARPARK 202A FROM MY LEFT. THE CAR DROVE OUT FROM THE CARPARK AND BLOCK MY PATH, BOTH OF US COLLIDED. I SUFFERED FROM MINOR BRUSIES AND I WENT TO PUNGGOL POLYCLINIC FOR A CHECKUP. I WAS GIVEN 3 DAYS OF MC.

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190614/2145

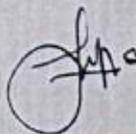
CONTINUATION OF REPORT

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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Informant:  


Signature Of Interpreter:  
Not applicable

Date/Time:  
14/06/2019 18:17

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
 SINGAPORE  
POLICE FORCE

Authentication Stamp  
168

Signature: Eugene



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
(Co. Reg No: 209412212L)  
4 Shenton Way, #21-01, SGX Centre 2,  
Singapore 058807  
Tel +65 6827 7888 Fax +65 6827 7800  
www.msig.com.sg

Agency  
Endorsement No  
Vehicle No  
Policy No  
Name

R0632-001/W0857  
MSD-VMT/19-E165411-WT  
FBD3167M  
MSD-VMT/19-998203-WT  
MUHAMMAD SYAHRIL ELFY BIN MASRANI

Effective Date  
Expiry Date  
Effective Time

26-01-2019  
25-01-2020  
1714PM

Notwithstanding anything within stated to the contrary, it is hereby declared and agreed that as from the above stated effective date, the following amendment(s) is/are made to this policy :-

(1) OTHERS

THE POLICY IS HEREBY EXTENDED TO COVER COMMERCIAL USE AND FOOT DELIVERY SERVICES ONLY

In view of the above change(s), the undermentioned charge(s) is/are payable to the company.

\*\*\*\*\* NIL Charges \*\*\*\*\*

Subject otherwise to the terms, conditions and exception of this policy.

For MSIG INSURANCE (SINGAPORE) PTE LTD

WTF Insurance Agents Pte Ltd  
Incorporated in Singapore

PAGE : 1  
DATE : 18/01/2019

15/6/2019 @ 1330HRS  
\* Start call for repn → she will send the picture report?

Reported on 14/6/2019 @ 1525HRS

### ACCIDENT STATEMENT

ACCIDENT DATE: (12/6/2019) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: Tampines St 21

Call Center no response on 15/6/19 @ 1345HRS

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD3167M
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- 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/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

#### 2. INSURED / POLICY HOLDER

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

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92209040
- c) ADDRESS: \_\_\_\_\_
- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: \_\_\_\_\_

#### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF6020R MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: SHANTHEN S/O N RAMASAMY
- c) NRIC/FIN/PASSPORT: S831154B CONTACT: 90705042

#### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ 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 = syahrilelly@gmail.com

fax = syahrilelly@gmail.com ✓

VIDEO =

Waiting for Police Report? ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9511129G




Name  
**MUHAMMAD SYAHRIL ELFY  
BIN MASRANI**

Race  
**BOYANESE**

Date of birth: **21-03-1995** Sex: **M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9511129G**  
Name: **MUHAMMAD SYAHRIL ELFY BIN  
MASRANI**

Birth Date: **21 Mar 1995**  
Issue Date: **01 Dec 2016**

002634757K

4 5 4 1 2 7 2




NRIC No: **S9511129G**

Date of issue  
**08-03-2010**

APT BLK 121A EDGE DALE PLAINS #11-247  
SINGAPORE 821121  
NRIC No: S9511129G Date: 13/10/2017

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

|   | EFFECTIVE DATE |
|---|----------------|
| Class 2B<br>Motorcycles < 250 CC                  | 01 Dec 2016    |
| Class 2A<br>Motorcycles between 251 CC and 400 CC | 01 Feb 2018    |
| Class 2<br>Motorcycles > 400 CC                   | 22 Mar 2019    |

S / No. 9000321065

9511129G

NP 428A

Licence No: S9511129G



W 712888

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No. 20641/2019)  
4 Shenton Way, # 27-01, SGX Centre 2, 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, 1997 (Federation of Malaysia)  
The Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) of the Revised Edition (Republic of Singapore)  
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1998 Edition (Republic of Singapore)  
the any amendments, Act or Act passed in substitution thereof.

1. Policy Number: **MSD/VNT/15-990202-WTT A0533-001/W085T**

2. Coverage: **TPL**  
3. Class: **NII**

4. Index mark and Registration Number of Vehicle: **S9511129G**  
**FBD3167M**

5. Name of Policyholder: **YAMAHA** **135 c.c.**  
**MUHAMMAD SYAHREIL ELFY BIN MASZANI**

6. Effective date of the commencement of Insurative  
for the purposes of the Act: **17:4PM 26/01/2019**

7. Date of Expiry of Insurance: **25/01/2020**

8. 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.

b. Limitations as to Use:  
Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

c. The Policy does not cover:  
1. Use for hire or reward.  
2. Use for racing, pace-making, reliability trial or speed-testing.  
3. Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1. 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: 69640310  
28/01/2019 (T)  
WTT Insurance

WTT INSURANCE AGENCIES PTE LTD  
Underwriting Agent  
For MSIG Insurance (Singapore) Pte. Ltd.