

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MLH11908226**

Date In: 24/6/19-18.08	Job description	Date & Time Completed	Done by
Ref No: LM/MLH1901118/24	SAS e-filing		
Veh No: 5J2929J2	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/6/19-22.35	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: F0P12555	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 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

4A1904664	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	Invoice dated	Fee Charged		
	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	24/06/2019 18:08
Date Of Accident	21/06/2019 22:35
Exact Location Of Accident	BEDOK NORTH AVE 3 TWDS UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9295Z
Insured/Policyholder	
Name Of Registered Owner	MALIWAT RAFAEL DEL PRADO
NRIC No	S7267186D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97336774
Alternative Phone No	OFFICE-97336774

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80470260QMX
Cover Note Number	

Driver

Name of Driver	MALIWAT RAFAEL DEL PRADO
NRIC No	S7267186D
Date Of Birth	03/04/1972
Occupation	INDOOR
Date Of Driving Pass	22/12/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97336774
Fax Number	
Contact Number	OFFICE-97336774
Email Address	NOEMAIL

Address	201 JALAN LOYANG BESAR #01-01
Postcode	509506
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)	5
Passenger 1	NAME: : MALIWAT DIANNA MARQUESES GENDER: : FEMALE
Passenger 2	NAME: : FERRER JOJIE VALDEZ GENDER: : MALE
Passenger 3	NAME: : KEVIN RED REYES EUSEBIO GENDER: : MALE
Passenger 4	NAME: : MALIWAT ROSALINDA MARQUEZES GENDER: : FEMALE

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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190622/7003.

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	FBP1255S
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SAID BIN ABDUL AZIZ
NRIC/Passport Number	S9910747B
Contact Number	98175228
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MALIWAT RAFAEL DEL PRADO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ9295Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MALIWAT DIANNA MARQUESES
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ9295Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	FERRER JOJIE VALDEZ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ9295Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	KEVIN RED REYES EUSEBIO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ9295Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	MALIWAT ROSALINDA MARQUEZES
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ9295Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

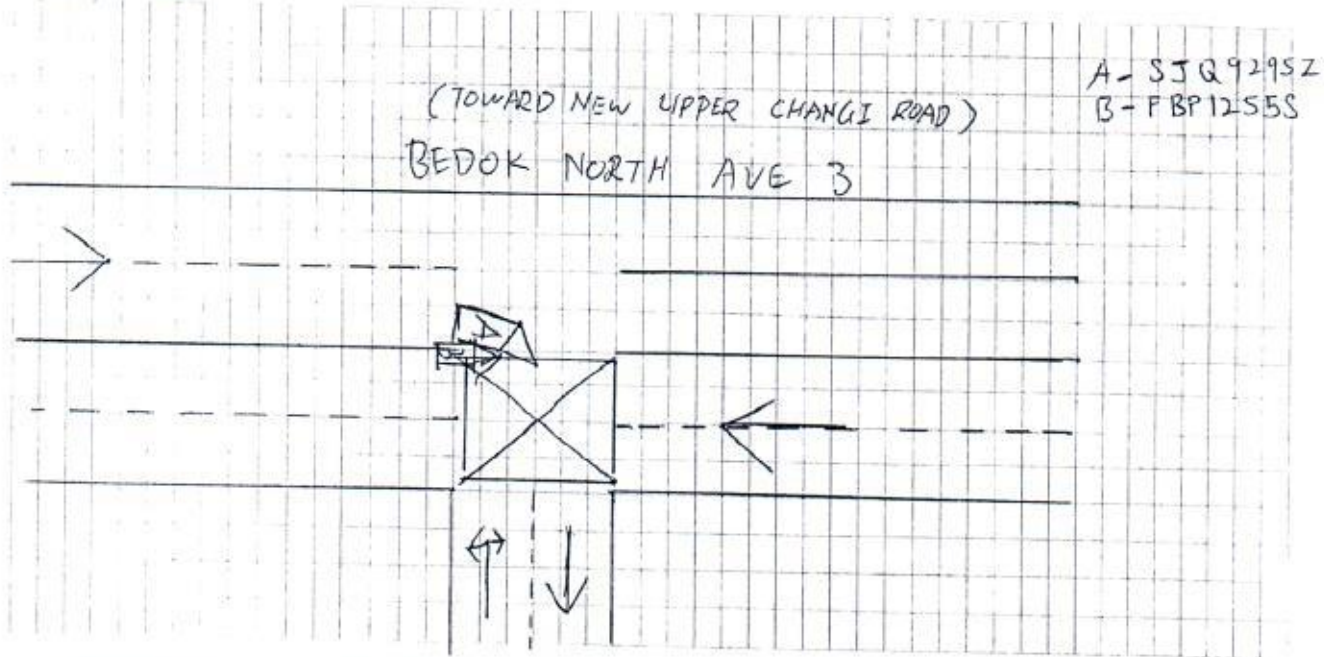
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.


Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


- REFER TO POLICE REPORT

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	21 / 6 / 2019	(DD/MM/YY)
Time of accident	21 JUNE 2019 1037 PM	(HH:MM)
Exact location of accident	BEDOK NORTH AVE 3 TOWARD UPPER CHANGI ROAD	

DETAILS OF VEHICLE

Vehicle registration number	SJG9295Z		
Vehicle make and model	HYUNDAI AVANTE		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>		Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	MSIG
Policy number	A80470260 QMX
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	MALIWAT RAFAEL DEL PRADO	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7267186D		
Contact	9733 6774		
Address	201 JALAN LOYANG BESAR #01-01 SINGAPORE 509506		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth			
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass			

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>05</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>MALIWAT DIANNA MARQUESES</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>FERRER JOJIE VALDEZ</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	<u>KEVIN RED REYES EUSEBIO</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	<u>MALIWAT ROSALINDA MARQUESES</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	FBP 1255 S
Vehicle make model	YAMAHA
Name	MUHAMMAD SAID BIN ABDUL AZIZ
NRIC / Fin / Passport number	S9910747 B
Contact	9817 5228

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20190622/7003

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

1 of 4

Report No. T/20190622/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2019 01:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MALIWAT RAFAEL DEL PRADO			Address: 201 JALAN LOYANG BESAR #01-01 SINGAPORE 509506		
ID Type / ID No.: NRIC NO / S7267186D			Contact No.: Home/Office: Mobile: 97336774		
Nationality: FILIPINO			Email: raphraf@yahoo.com.sg		
Sex: Male	Age: 47	Date of Birth: 03/04/1972	Type of Informant: Driver		
Race: Filipino			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2019 10:35	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1255S	Motorcycle		Yamaha	White	Slightly Damaged	1
SJQ9295Z	Car		Hyundai	Maroon	Seriously Damaged	5

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190622/7003

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

2 of 4

Report No. T/20190622/7003

CONTINUATION OF REPORT

Driver			
Name	MALIWAT RAFAEL DEL PRADO	ID No.	S7267186D
Related Vehicle	SJQ9295Z (Car)	Contact No.	97336774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MALIWAT DIANNA MARQUESES	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MALIWAT ROSALINDA MARQUEZES	ID No.	G0679403W
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	FERRER JOJIE VALDEZ	ID No.	G3486746T
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20190622/7003

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

3 of 4

Report No. T/20190622/7003

CONTINUATION OF REPORT

Passenger				
Name	KEVIN RED REYES EUSEBIO		ID No.	G3853358X
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious	

Brief Details.

On 21 june 2019 at around 1037pm i was travelling at bedok north ave 3 toward new upper changi road. I was in the right lane turning right into the carpark(blk 401 bedok north ave 3). Suddenly i feel a huge impact from the right side. A bike(FBP1255S) try to overtake me from the right.



**SINGAPORE
POLICE FORCE**



T/20190622/7003

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

4 of 4

Report No. T/20190622/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NOR HIDAYU BINTE ABDUL SAMAD
Contact No.: 65476423

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/06/2019 01:47

Classification Of Case:

892952

NRIC No. S7267186D

Nationality
FILIPINO

Date of issue
12-05-2008

201 JALAN LOYANG BESAR #01-01
SINGAPORE 508506

NRIC No: S7267186D Date: 15/05/2019

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7267186D

Name
MALIWAT RAFAEL DEL PRADO

Race
FILIPINO

Date of birth
03-04-1972

Sex
M

Country of birth
PHILIPPINES

S7267186D

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B Motorcycles \leq 200 cc

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE:
22 Dec 2004
22 Dec 2004

Licence No: S7267186D

P 42BA

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7267186D

Name
MALIWAT RAFAEL DEL PRADO

Birth Date: 03 Apr 1972

Issue Date: 12 Dec 2009

D01812241B

For LKK/NAC Use Only



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068907
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 80470260 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SJQ9295Z

2. Name of Policyholder
MALIWAT RAFAEL DEL PRADO

3. Effective Date of the Commencement of Insurance for the purposes of the Act
14/05/2019

4. Date of Expiry of Insurance
13/05/2020

5. Persons or Classes of Persons entitled to drive*

MALIWAT RAFAEL DEL PRADO

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.



Signature / Date

Counter-Signatory:

S & M Alliance Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

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