[met + Jan'05] NATIONAL Assessment Centre Services. Done by Date & Time Completed Job description Date In: SAS c-Illing Ref Nos E-mail (Spale thes, AlC thes) Veh No: I-Motor Claim Form DOA I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP ! Reporting Only I-Photo Uploaded Assessment/Survey Report Ass't Report by Pax / Hand to Owner/Whan TP Insurer: Fax: Profested Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: Tcl: Owner / Driver: (Cover Type: (Period: (Policy No: (Thues Dates Confirmed by 1 (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: ()/52,000 (Loading: \$1,000 (Execus: (\$ Control Helitalities & K. China Winds Har) Walle-In Customer's Customer's Information strictly Confidential & Strictly NO refer of repairor, : to c-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: (); Invoice: YES () / NO ()/Towed-in (Drive-In () / Courtesy Car 1) Apply for Transport Allowance (2) QC Chook / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>\$3000] Injury i (\$30) 1) All 1 Apeldent Reporting 2) DA 1 Demare Assessment (\$100) NG (110) 3) TF : Towing Fee \$120 4) PT : Follow-Throatgh Survey 3) FT : Pullow-Through Eurycy (Resurvey) 230 Driver/Owner: Perelaiming stainst Dig Only fyer 10 Jan Contact No: 6) TR : Re-largestion \$160 7) NI 1 Idao DA + SMRT Survey Darnaged Portion: 1) NTUC Additional Services:-23 NS: Courlesy Car / Tpt Allowance QC Checked by (Engr-In-Charge): 510 *Not Repair Co-ordination *NY Post Repeir Inspection *NS: DV / Collect Excess Coordination 33 TP (NII) : TP (Nan INC) against INC P) NI2: Ideo Mobile Antilitory Commun Fee Chorge at 11 enastive. Involve dated Pas Charges Involce dated . 3/2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to
- 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. repudiate policy liability.

- 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

late Of Report late Of Accident late Of Of Accident late Of Accident late Of Of Accident la	foresaid.	ACCIDENT STATEMENT
Accordant Of Accident 12/10/2019 14:45 Exact Location Of Accident ALONG YISHUN RING ROAD BUS STOP :59631 SINGAPORE DETAILS OF OWN VEHICLE /ehicle Registration Number FBH8401H Insured/Policyholder /ehicle Registration Number REDUAN BIN ALIAS NRIC No S811927E REDSOULZ81@HOTMAIL.XCOM (LOCAL) +65-81011857 OTHERS-81011857 Vehicle Particulars Manufacturer BAJAJ Model Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy No Policy Number Orver Note Number Driver Name of Driver	Date Of Report	14/10/2019 18:16
ALONG YISHUN RING ROAD BUS STOP :59631 SINGAPORE Pehicle Registration Number FBH8401H Insured/Policyholder Name Of Registered Owner NRIC No S8114927E REDIAN BIN ALIAS Model Pulsar 200 NS-200CC REDIAN BIN ALIAS REDIAN BIN ALIAS S8114927E REDIAN BIN ALIAS S8114927E REDIAN BIN ALIAS S8114927E REDIAN BIN ALIAS REDIAN BIN ALIAS S8114927E REDIAN BIN ALIAS S8114927E NO REDIAN BIN ALIAS REPORTING ONLY MOTORCYCLE Insurance Company Name of Insurance Company REDIAN BIN ALIAS S8114927E NO REDIAN BIN ALIAS S814927E NO Date Of Driver NAME of Driver NAME of Driving Pass Driving Experience MALE (LOCAL) +65-81011857 REDIAN BINSTRACE Contact Number OTHERS-81011857 REDIAN BINSTRACE OTHERS-81011857 REDIAN BINSTRACE OTHERS-81011857 REDIAN BINSTRACE REDIAN BINSTRACE OTHERS-81011857	note Of Accident	
Details of Loss Details OF OWN VEHICLE Part P	TOTAL PROPERTY (1997) (ALONG YISHUN RING ROAD BUS STOP :59631
Pehide Registration Number Insured/Policyholder Name Of Registered Owner Name Of Insurance Owner Name Of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver	Country/State of Loss	50 50 1-22 4 N A MARINE 1
Vanice Registration Number Insured/Policyholder Name Of Registered Owner NRIC No Email Address REDSOULZ81@HOTMAIL.XCOM (LOCAL) +65-81011857 OTHERS-81011857 Valierative Phone No OTHERS-81011857 Valierative Phone No OTHERS-81011857 Valierative Phone No Vohicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. THIRD PARTY FIRE AND/OR THEFT Pleat Policy Policy Number Cover Note Number T2207500 Driver Name of Driver Sating Experience OSCIONALIAS OSCIONA	DE CONTRACTOR DE	ETAILS OF OWN VEHICLE
Name of Registered Owner REDUAN BIN ALIAS	Vehicle Registration Number	FBH8401H
Name Of Registered Owner NRIC No S8114927E REDSOULZ81@HOTMAIL.XCOM (LCCAL) +65-81011857 OTHERS-81011857 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at ree of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Nore of Insurance		
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Contact Number OTHERS-81011857 EMail Address REDSOULZ81@HOTMAIL.XCOM		
REDSOULZ81@HOTMAIL.XCOM	ALDERSO LUNION (1772) (II	

Address

BLK 350 YISHUN AVENUE 11

#03-223

Postcode

760350

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191013/2030

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

GBH3938J

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMMAD HAIKAL BIN RAIMI

NRIC/Passport Number

S9105564C

Contact Number

98188940

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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)
 - (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
 - 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. (c)
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Seporting Centre Personnel Signature

NRIC/FIN No .:



1 of 3

Report No. T/20191013/2030

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT O	F A TRAFFIC	ACCIDENT		
Date/Time Report Made: 13/10/2019 11:44		Vide Report No.:	Station Diary No.: 32	
Informa	nt's Particu	ılars	PERMENTEN	intermier engin Sil Elkin
Name of Informant: REDUAN BIN ALIAS		Address: APT BLK 350 YISHUN AVENUE 11 #03-223 SINGAPORE 760350		
ID Type / ID No.: NRIC NO / S8114927E		Contact No.: Home/Office: Mobile: 81011857		
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 38	Date of Birth: 06/06/1981	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: CUSTOMER SERVICE REVENUE OFFICER		Driving Licence Information Class:	ation: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2019 14:45	Type of Location Straight Road	
Location: Along Road 1 YISHUN RIN Bus Stop nur Weather:	G ROAD	Road Surface:		Road Speed Limit:	
Heavy rain		Wet		Interview Control Construction	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Light	
One Way		NOT COULTIONED			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8401H	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Red	Slightly Damaged	0
GBH3938J	Van				Slightly Damaged	1

Details of V	ehicle Insurance		West of the second	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insulance NO	Lifective	LAPIN



2 of 3

Report No. T/20191013/2030

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Tr. Ma	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	The state of the s	
FBH8401H MSIG INSURANCE (SINGAPORE)	72207500	10/10/2019	09/10/2020	

etails of Person					
ny Pedestrian In	volved: No	Use of Ped	ostrian (rossi	na: NA
lo. of Pedestrians	s Injured: NIL	Use of Fed	estriaire	710001	118.
Rider			ID No.	-	S8114927E
Name REDUAN BIN ALIAS			ID No.		33.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
			Contac	No	81011857
Related Vehicle	NIL		Contac	is in the control	0.1011.220
AND			Class	f	Class: NIL
Hospital/Clinic	NIL		Driving Licence & Expiry Date		Date of Expiry: NIL
- VIII	NIL	Date Disc	harge	NIL	
Date Treatment	ted Medical Leave NIL	Degree of	f Injury	NIL	
No. of Days gran	ted Medical Leave NIL				
Name	Mohammad Haikal Bin Raimi		ID No.		S9105564C
Name	Morrow				
Related Vehicle	NIL		Contact No.		98188940
Related verificit					21 1111
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
CONTRACTOR VANCANCIANOS A	NIII.	Date Dis		NIL	
Date Treatment	nted Medical Leave NIL	Degree o		NIL	

Brief Details.

On 12/10/2019 at about 1445hrs, I was riding my motorcycle bearing the plate number FBH8401H along Yishun Ring Road heading towards Yishun Ave 11 behind a vehicle bearing the plate number GBH3938J. Suddenly a tree had fallen on the road causing the vehicle in front of me to make an emergency brake, I also made an emergency brake however I did not manage to stop in time resulting me to collide sideswipe with the vehicle in front and fell off my motorcycle. Both vehicles suffer slight damages. No police attended at scene.

Lodging this report is for insurance claimant purposes.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20191013/2030

3 of 3

Tel No: 1800-2689999

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 Record D / Sgt 2 FAIZUL BIN NENWAR	11	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 13/10/2019 11:44	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:	
		Police Force	





HIA ga/14/10/2019

ACCIDENT'STATEMENT

ACC	IDENT DATE: 12, 10 , 2019)(DD/MM/YYYY), TIME;(_	14: +5)(HH:MM)
	ATION: YISHUN PING Read,		*
1	DETAILS OF VEHICLE a) VEHICLE NUMBER: FBH8 1 b) INSURANCE COMPANY: M c) POLICY NUMBER: 72207	SIG	
200	d)POLICY TYPE: (COMPREHEN	SIVE / THIRD PARTY / THIR	
(i)	O MAKE & MODEL: BAZAZ (
۵	9) VEHICLE CATEGORY: (PRIVA h) PURPOSE OF USING AT ACC	TE / COMMERCIAL / MOT	TORCYCLE)
Ti-	I) ARE YOU CLAIMING UNDER Y IF NO, PLEASE STATE (THIRD P	OUP OWN INSURANCE (YESYNO)
2.	A) NAME: REDUCK BIN A	LI4S.	MALEY FEMALE
*	DINRIC/FIN/PASSPORT: S811 CIADDRESS: BLK 350 YOUR SPORE 760350	ION AVENUE 11 #0	ACT: 21011854
6 11 . D	* CONTINUE TO 3.d IF DRIVER		1
역 No of passenger	DRIVER AS above	O .	(MALE / FEMALE)
(Including driver)	b NRIC/FIN/PASSPORT: c)ADDRESS:	CONT	
5. 6. 7. Ne of passinger	*d) DATE OF BIRTH: (OC) OC 6) OCCUPATION: [INDOOR O 1) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF THE D) WEATHER CONDITION: (CLE. D) ROAD SURFACE: (DRY / WEI WAS ANYBODY INJURED (YES / C) REPORTED TO POUCE (YES / IF YES, PLEASE STATE WHICH FOR THIRD PARTY VEHICLE D) VEHICLE NUMBER: GBH D) DRIVER'S NAME: MODAW C) NRIC/FIN/PASSPORT: SQ	OF THE INSURED'S CONSIDER OF THE INSURED'S CONSIDER WITH INSURE OF THE INSURED'S CONSIDER OF THE INSURE OF THE INSURED OF THE	MPANY? (YES KNO) LED: OWNER WEST N.P.C.
(. <u> </u>	THIRD PARTY VEHICLE	O3284C CON	ACI: 18188 TO
tho of passenger	d) VEHICLE NUMBER:	MODE	Li
Including driver	e) DRIVER'S NAME:	CONT	'ACT::
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email = redsoulz 81 A hotmail. com



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-D1, SGX Centre 2. Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd 23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72207500

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

Agency

A0074-001-10225

Date : 01 Oct 2019

Name

REDUAN BIN ALIAS

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of Third Party Fire & Theft Policy applicable thereto for the

period from

00:01AM

on

10 Oct 2019

to midnight on

09 Oct 2020

unless the

cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

		0.000
Registration No.	FBH8401H	Insured Value Prevailing Market Value
Engine No.	JLZCDF17015	C.C. 200
Chassis No.	MD2A36FZ1DCF20441	
Year Manufactured	2013 Year of Registration 2013	
Make & Model	BAJAJ [PULSAR 200 NS MANUAL]	
Rider Type	Policyholder	

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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.

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762

TEL: 62782029 FAX: 62732039

Approved Insurer

MSD/VMS/18-388465-CA

(Please read important information on the reverse page.)