

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119149531**

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In: <b>11/11/19-11:58</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA119149531</b>     | SAS e-filing                             |                       |         |
| Veh No: <b>1FV8305</b>         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>11/11/19-10:20</b>   | i-Motor Claim Form                       |                       |         |
| OD: <b>(TP)</b> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                | 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: **SL29139X** 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   |                       |
|---------------------------------|---|-----------------------|
|                                 | Am't (\$)<br>for Bill                           | Am't (\$)<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    |                       |
| Date 1:                         | For claiming against INC Only (wef 10 Jan 2005) |                       |
| Date 2/3:                       | 6) TR: Re-inspection \$75                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |
|                                 | QJ*:  |                       |
|                                 | *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 (Non INC) against INC \$20         |                       |
|                                 | 9) N12: Idac Mobile \$0                         |                       |
|                                 | 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             | 12/11/2019 11:58                    |
| Date Of Accident           | 11/11/2019 10:20                    |
| Exact Location Of Accident | GUILLEMARD RD BEFORE LOR 22 GEYLANG |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FV8301S              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ROSLAN BIN SALLEH    |
| NRIC No                     | S1656009Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-84975101 |
| Alternative Phone No        | OFFICE-84975101      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | PHANTOM     |
| 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   | MOTORCYCLE  |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                          |
| Fleet Policy              | NO                                   |
| Policy Number             | MSD/VMT/19-500821-WTT                |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ROSLAN BIN SALLEH     |
| NRIC No              | S1656009Z             |
| Date Of Birth        | 19/07/1964            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 14/02/1992            |
| Driving Experience   | 27 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-84975101  |
| Fax Number           |                       |
| Contact Number       | OFFICE-84975101       |
| EEmail Address       | NOEMAIL               |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 296 TAMPINES STREET 22<br>#02-538 |
| Postcode  | 520296                                |
| 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   | COLLISION - HEAD TO REAR |
| 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?  | YES  |
| Was any other material or property damaged?   | YES  |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO   |
| Number of Passengers (Including Driver)   | 2  |
| Passenger 1   | NAME: : SUHAIZAH BTE RAHIMAN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | KAMPONG UBI NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-7479999 - FAX NO: 67453410  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191111/2102.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLZ9139X    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ROSLAN BIN SALLEH

Approximate Age

Injuries Sustain HAND & LEG

Injured person in which vehicle? FV8301S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name SUHAIZAH BTE RAHIMAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? FV8301S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

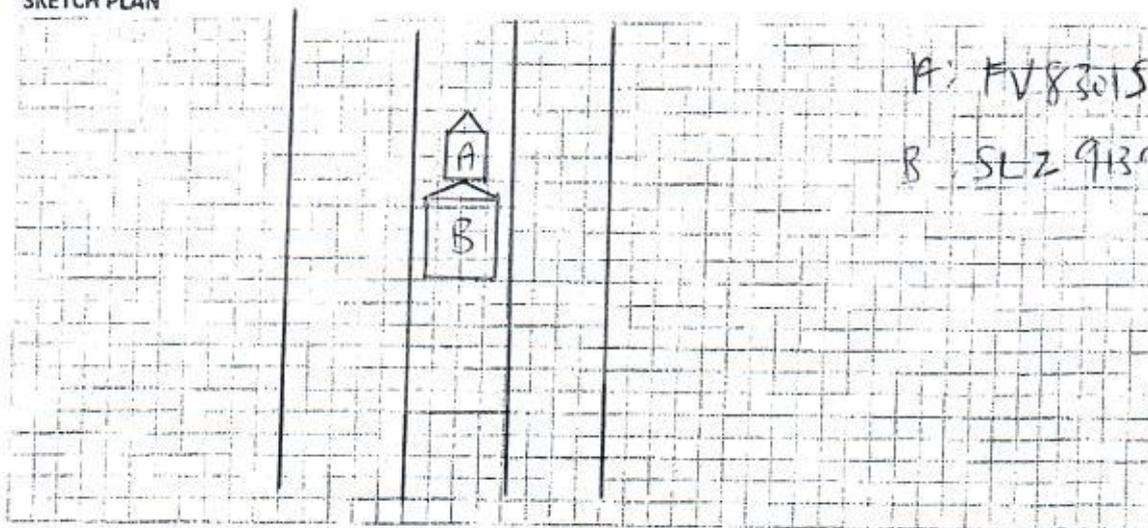
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT

**DECLARATION**

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



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.:

## 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 willful 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 and time of accident  | Date: 11/11/2019 (DD/MM/YY) Time: 10:20 (HH:MM)                        |
| Exact location of accident | AT VILLEMAROD ROAD TOWARDS GUILLEMAROD CRUISE REFURER LORONG 22 44 ykg |

### Details of vehicle

|  |   |
|--|---|
| Vehicle registration number                        | FV 83015  |
| Vehicle make and model                             | HONDA / PHANTOM   |
| Type of vehicle                                    | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input 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 checked="" type="checkbox"/> if no, please select:<br>Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>  |

### Insurance information

|                   |  |
|-------------------|--|
| Insurance company | MSIG   |
| Policy number     | MSD/VMT/19-500821-WTT  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

### Insured / Policy holder

|                              |   |  |
|------------------------------|---|--|
| Name                         | ROSLAN BIN SALLEH                         | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S16560092                                 |  |
| Contact                      | 8497 5101                                 |  |
| Address                      | BLK 296 TAMPINES ST 22 #02-538<br>5520296 |  |

### 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                | 14/07/1964  |   |
| Occupation                   | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |   |
| Driving date pass            | 14/02/1992  |   |

**General information of the accident**

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input checked="" type="checkbox"/> No <input 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                                  | 2 (Inclusive of driver)  |

**Passenger 1**

|        |  |
|--------|--|
| Name   | ROS YAN BIN SALLEH   |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

**Passenger 2**

|        |  |
|--------|--|
| Name   | SUHAIZAH BTE RAHMAN  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

**Passenger 3**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**Passenger 4**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input 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 type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Details of police action**

|                     |   |
|---------------------|---|
| Reported to police? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name |   |

Third party vehicle 1

|                              |            |
|------------------------------|------------|
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  | SLZ 9139 X |
| Vehicle make model           |            |

Third party vehicle 2

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 3

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 4

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 5

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Third party vehicle 6

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

Witness 1

|      |  |
|------|--|
| Name |  |
|------|--|

Witness 2

|      |  |
|------|--|
| Name |  |
|------|--|

Injured person 1

|  |   |
|--|---|
| Name   | ROLAN BIN SALLEH  |
| Injuries sustained                             | HANDS & LEGS  |
| Which vehicle person in?                       | DRIVER  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

|  |   |
|--|---|
| Name   | SYHAIZAH RIE RAHIMAN  |
| Injuries sustained                             | BACK & NECK   |
| Which vehicle person in?                       | Pillion   |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input checked="" 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"/> |



**SINGAPORE  
POLICE FORCE**



T/20191111/2102

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20191111/2102

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>11/11/2019 16:47 | Vide Report No.:<br>G/20191111/0081 | Station Diary No.:<br>23 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |  |                             |
|--|------------|--|-----------------------------|
| Name of Informant:<br>ROSLAN BIN SALLEH  |            | Address:<br>APT BLK 296 TAMPINES STREET 22 #02-538 SINGAPORE<br>520296 |                             |
| ID Type / ID No.:<br>NRIC NO / S1656009Z |            | Contact No.:   | Mobile: 84975101            |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                             |
| Sex:<br>Male                             | Age:<br>55 | Date of Birth:<br>19/07/1964   | Type of Informant:<br>Rider |
| Race:<br>Malay                           |            | Language:<br>English   | Institution / School Name:  |
| Occupation:<br>Aetos officer             |            | Driving Licence Information:<br>Class: 2B                              | Date of Expiry:             |

**General Information of the Accident**

|   |                           |   |  |                                    |
|---|---------------------------|---|--|------------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>11/11/2019 10:20 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>GUILLEMARD ROAD<br><br>Along Guillemard Road towards Mountbatten Road near Guillemard Crescent |                           |   |  |                                    |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way  |                           | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |                           |   | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model   | Color | Condition | No of Passenger |
|-------------|------------|-------|---------|-------|-----------|-----------------|
| FV8301S     | Motorcycle | HONDA | PHANTOM | Black |           | 0               |
| SLZ9139X    | Car        |       |         |       |           | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                       | Insurance No   | Effective  | Expiry Date |
|-------------|---|----------------|------------|-------------|
| FV8301S     | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | MSDTMT19500821 | 23/05/2019 | 22/05/2020  |



**SINGAPORE  
POLICE FORCE**



T/20191111/2102

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Report No. T/20191111/2102

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                          |  |                                   |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                          |  |                                   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |                                   |
| <b>Rider</b>                      |                          |  |                                   |
| Name                              | ROSLAN BIN SALLEH        | ID No.                                 | S1656009Z                         |
| Related Vehicle                   | FV8301S (Motorcycle)     | Contact No.                            | 84975101                          |
| Hospital/Clinic                   | GALILEE CLINIC           | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL  |
| Date Treatment                    | 11/11/2019               | Date Discharge                         | 11/11/2019                        |
| No. of Days granted Medical Leave | 04                       | Degree of Injury                       | NIL                               |
| <b>Pillion</b>                    |                          |  |                                   |
| Name                              | Suhaizah Rahiman         | ID No.                                 | S1653875B                         |
| Related Vehicle                   | FV8301S (Motorcycle)     | Contact No.                            | NIL                               |
| Hospital/Clinic                   | Raffles Medical Hospital | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 11/11/2019               | Date Discharge                         | 11/11/2019                        |
| No. of Days granted Medical Leave | 02                       | Degree of Injury                       | NIL                               |

**Brief Details.**

On the 11 November 2019 at about 1020hrs I was riding my motorcycle FV8301S with my wife as my pillion along Guillemard Road near Guillemard Crescent waiting for traffic light. Suddenly a vehicle SLZ9139X had knocked me from the rear causing my wife and I to inch forward. The driver of vehicle SLZ9139X had came down to check on us. The collision had caused my wife to feel pain on her back and neck, and I felt pain on all 4 limbs . My wife was conveyed to Raffles hospital by ambulance and was given 2 days MC. My motorcycle box was damaged and the vehicle SLZ9139X's front bonnet was slightly damaged. I had seek medical treatment at Galilee Clinic and was given 4 days MC. There is no government property damage in this accident.



**SINGAPORE  
POLICE FORCE**



T/20191111/2102

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20191111/2102

**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:

G /

Sr Staff Sgt LOI JUN FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/11/2019 16:47

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476395

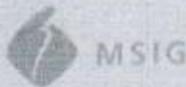
Classification Of Case:

Authentication Stamp

NP168



SIGNATURE



W715941  
 MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)  
 4 Shenton Way, # 21-01, Singapore, Singapore 068807  
 Tel +65 6827 7800, Fax +65 6827 7800  
 msig.com.sg

**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
 The Motor Vehicles (Third Party Risks) Rules, 1989 (Federation of Malaysia)  
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)  
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)  
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO: MSD/VNT/19-500821-WTT A8633-001/W0003  
 SUMINSURED: TPL  
 EXCESS: NIL  
 316560092  
 1. Index mark and Registration Number of Vehicle: PV83015  
 HONDA PHANTOM 197 c.c.  
 2. Name of Policyholder: ROSLAN BIN SALLEH  
 3. Effective date of the Commencement of Insurance for the purposes of the Act: 0001AN 29/05/2019  
 4. Date of Expiry of Insurance: 22/05/2020

5. Persons or Classes of Persons entitled to drive  
 a. The Policyholder.  
 b. MUHAMMAD ABDUL HALIM BIN MOHD YUSOF ONLY  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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

7. The Policy does not cover  
 1. Use for hire or reward.  
 2. Use for racing, pace-making, reliability trial or speed-testing.  
 3. Use for the carriage of goods (other than samples) in connection with any trade or business.  
 4. Use for any purpose in connection with the Motor Trade.

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

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).

14/05/2019 (L)  
 WTT-CI-010/14

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