VATIONAL Assessment Centre Si	ervices. [mri 1 Jan 200].	MNH411577	-
Date in: 04/1/200 12:45 1	ob description	Date & Time Completed	Done by
Ref No: N/34/M86190214011	SAS c-filling		
Veh No. 186 183	E-mail (bjala stes, AlC thes)		
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OD TP Reporting Only	l-Photo Uploaded	1	
	Assessment/Survey Report		
IP insurer:	Ass't Report by Pax / Hand	to Owner/Wksp	
Professor Wksp / INC Assign Wksp / QW: (CONTRACTOR OF THE PROPERTY OF	Yolt	Fax:
P Panticulars: Veh No:	1917M INC)/Non-INC().	
Owner/Driver: (Tel:)
Policy No: () Period:	()	Cover Type: ().
Confirmed by : (· Dater,	Times)
Insured/Driver Liability: (%) [Note	Est Status (WO): N: 0-	20%; P: 21-79%. P: 80	-100%]
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/12/2019 13:05

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- Any false reporting may be referred to the Police for investigation.
 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

ACCIDENT STATEMENT

Date Of Report

04/12/2019 12:49

Date Of Accident

26/11/2019 19:30

Exact Location Of Accident

ALONG PASIR PANJANG ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBK7133Y

Insured/Policyholder

Name Of Registered Owner

MUHAMMAD ASDI ELZARRY BIN MUHAMMAD NOOR

S9502075E

Email Address

NRIC No

MDASDIELZARRY@GMAIL.COM

Mobile Phone No

(LOCAL) +65-86918066

Alternative Phone No OTHERS-86918066

Vehicle Particulars

Manufacturer

YAMAHA

Model

SPARK-135CC

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 NO

Fleet Policy Policy Number

MSD/VMT/19-395847-CA

Cover Note Number

Driver

Name of Driver

MUHAMMAD ASDI ELZARRY BIN MUHAMMAD NOOR

NRIC No. Date Of Birth

S9502075E 16/01/1995

Occupation

OUTDOOR 11/12/2015

Date Of Driving Pass Driving Experience

3 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number Fax Number

(LOCAL) +65-86918066

Contact Number

OTHERS-86918066

EMail Address

MDASDIELZARRY@GMAIL.COM

Page 1 of 23

Address

BLK 92 HENDERSON ROAD

#05-204

Postcode

150092

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

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

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191127/2112

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Attachment(s)

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC1917M HYUNDAL

Vehicle Make/Model/Colour

Vehicle Category

TAXI

Name of Driver

REVI S/O ANTHONY FERNANDEZ

NRIC/Passport Number Contact Number

Details Of Properties

S2020318H 98569287

Address

Postcode

Insurance Company Name

Page 2 of 23

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ASDI ELZARRY BIN MUHAMMAD NOOR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK7133Y

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
- 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
- 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")
- 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.
- 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: 29 /11 /2019 1645

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Accident
10/1
DWY .
1-00

DECLARATION

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

Policyholder's Signature
Date & Time: 29/11/2019 (645)

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

Name:

NRIC/FIN No.:

PLOTE TORP DE U-TURP B)SHC 1917m 1851 784 1 PASIR PANJANG ROAD GOING STEALGHT He make a sharp lane change to uturn 1 CAR





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20191127/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2019 15:27		Made:	Vide Report No.: Station Dia 47				
Informa	ant's Partic	ulars		7/			
Name o MUHAN MUHAN	f Informant MAD ASD MAD NOO	ELZARRY BIN	Address: APT BLK 92 HENDERSON F 150092	ROAD #05-204 SINGAPORE			
ID Type / ID No.: NRIC NO / S9502075E		75E	Contact No.: Home/Office:	Mobile: 86918066			
National SINGAF	lity: PORE CITIZ	ŒN.	Email:	Wobile: 009 18006			
Sex: Age: Date of Birth: Male 24 16/01/1995			Type of Informant:				
Race: Malay			Language:	Institution / School Name:			
Occupation: DELIVEROO			Driving Licence Information: Class: 2B,2A,3	Date of Expire:			

Type of	Injury	Drink	Date/Time of	Type of Location
Accident: Attended by Pol		Drive: No	Accident: 26/11/2019 19:30	Type of Location
Along Road 1 PASIR PANJ				
Weather:		TD 10 1		
vveatner.		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:		Road Speed Limit:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of D
FBK7133Y	Motorcycle	VANALIA	The second second second	A STATE OF THE PARTY OF THE PAR	Condition	No of Passenger
,	(E)	YAMAHA	SPARK 135 M	White	Slightly Damaged	0
SHC1917M	Car			A STATE OF THE STA		0
TO DOOS SUMMA		44			Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Funis Dat
FBK7133Y	MSIG INSURANCE (SINGAPORE)	MSDTMT19395847	The Contract of the Contract o	26/02/2020
	PTE. LTD.	1,0000011	2770272019	20/02/2020





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

2 of 3 Report No. T/20191127/2112

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
N CD / N CD				Pedestria	n Cross	ing: NA
Rider			0000	r odootiidi	01033	illy. NA
Name	MUHAMMAD ASDI ELZARRY BIN MUHAMMAD NOOR		ID No).	S9502075E	
Related Vehicle	FBK7133Y (Motorcycle)		Conta	act No.	86918066	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		PITAL	Class Drivin Licen Expin	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/11/2019 Dat		Date D	ischarge		/2019
No. of Days granted Medical Leave 05			of Injury	Slight		

Brief Details.

On 26.11.2019 at about 7.30pm, I was riding my motorcycle, FBK7133Y, along Pasir Panjang Road on the most right lane. I was riding straight without no intention of turning right at the traffic junction. Initially while on the move, I saw a blue vehicle on my left but the driver was utilising the most left lane.

However, suddenly, the said vehicle swerved from the most left lane to the most right lane where I was currently utilising. I saw the incoming vehicle approaching towards me on my left but did not have time to react.

It was a blue taxi, SHC1917M which had knocked onto me. Due to the collision, I suffered injuries on my left arm, left leg and lower back. TP and Ambulance arrived and subsequently conveyed me to NUH. As for my motorcycle, there were damages on the cover set of it.

Based on my observation, I did not see the taxi driver to be injured.

I wish to state that I was given 05 days of Medical Leave by NUH and I do not have any camera mounted on my helmet.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20191127/2112

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:	Signature Of Informant:
Sgt 3 NUR AIIN BINTE JAAIS	
Signature Of Interpreter:	
Not applicable	Date/Time:
The applicable	27/11/2019 15:27
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	oldosincation of Case.
SI ONG CHEE HIEN	
Contact No.: 65476437	
Authentication Stamp	
P168	
Authentication Stamp	

HKL.

ACCIDENT STATEMENT

	ACCI	DENT DATE: (26.) .11. 2019 (DD/MM/YY	M), TIME:(19: 30)(HH:MM)
	LOCAT	TON: PASIR PANTANG ROAD	,
	١,	DETAILS OF VEHICLE a) VEHICLE NUMBER: FBK 7133Y	(1)
		CIPOLICY NUMBER: MSD VMT / 19-39584	17-CA A0074-001/10110
36		d) POLICY TYPE: (COMPREHENSIVE (THIRD P)	ARTY / THIRD PARTY FIRE &THEFT)
		OMAKE & MODEL! YAMAHA SPARK	135.
6		f)TYPE: (SALOON / COUPE / MPV / VAN / LOR g) VEHICLE CATEGORY: (PRIVATE / COMMERC	CIAL MOTORCYCLE, OTHERS)
2,82		h) PURPOSE OF USING AT ACCIDENT TIME:	TRASPORTATION
		I) ARE YOU CLAIMING UNDER YOUR OWN INS	SURANCE (YES/NO)
*	2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	reporting only)
	6500	A)NAME: MUHAMMAD ASOI ELZARRY	(MALE) FEMALE
		DINRIC/FIN/PASSPORT: S9502015E	CONTACT: 36918066
90		C) ADDRESS: 422 CLEMENT! AVE ! #10	-357 (120422)
		+ CONTINUE TO 3,d IF DRIVER ALSO POUCY H	HOLDER
to of pairs	son of 3	DRIVER .	
Induding a	driver)	DINRIC/FIN/PASSPORTE SASOLOTE	CONTACT: 86918066
(1)			0-357 (120 422)
		'd) DATE OF BIRTH: (16 01) (995)(DE	D/MM/YYYY) ·
		e OCCUPATION: (INDOOR / OUTDOOR)	
		FIDATE OF DRIVING PASS	
	4,	WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	1 1 1 1
	5.	a) WEATHER CONDITION: (CLEAR) RAINING	* +
		b) ROAD SURFACE: (DR) / WET / OTHERS	<u> </u>
52		WAS ANYBODY INJURED (YES / NO)	
		IF YES, PLEASE STATE WHICH POLICE STATIO	NL
ic of pasco	8,	THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHC 1917 M	MODELL HYUNDAI
nderglind o		b) DRIVER'S NAME: REVI S/B ANTHONY	FERNANDEZ
()		c) NRIC/FIN/PASSPORT: SZ020318 H	CONTACT: 9856 9287
··/	9.	THIRD PARTY VEHICLE	MODEL:
1.0		d) VEHICLE NUMBER;	MODEL!
no all bus	ranger.	el DRIVER'S NAME:	1 4
no at pas	ianger drover)	e) DRIVER'S NAME:	CONTACT:

email = mdasdielzarry@gmail com



Road Tax Renewal - FBK7133Y Road Tax (27 Feb 2019 - 26 Aug 2019) 20190228105045406410

Road Tax Renewal - FBK7133Y Rd Tax Late Renewal Fee - Late Fee 20190228105045406410

Sub-Total

07

The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 189 of the Revised Lettic The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Repu Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMT/15-395847-CA A0074-001/10110

SUM INSURED :

EXCESS

NIL.

 Index mark and Registration Number of Vehicle YAMAHA

FRK7133Y

Name of Policyholder

135 c.c. MUHAMMAU ASDI SUSARRY BIN MUHAMMAD NOOR

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

Date of Expiry of Insurance

0143PM 27/02/2019

26/02/2920

5. 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 Limitation as to Use.

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

- The Policy does not cover
 - 1. Use for hire or reward.
 - 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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

COMMERCIAL AGENCY

For MSIG Insurance (Singapore) Pte. Ltd.