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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 8. 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

15世界 1000 1000 1000 1000 1000 1000 1000 10	ACCIDENT STATEMENT
Date Of Report	09/03/2020 14:23
Date Of Accident	05/03/2020 07:35
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ2157E
Insured/Policyholder	
Name Of Registered Owner	NOOR ISKANDAR BIN SUNATOR
NRIC No	SXXXX658J
Email Address	ISKANDAR.SUNATOR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91526452
Alternative Phone No	OTHERS-91526452
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-502919-WTT
Cover Note Number	
Driver	
Name of Driver	NOOR ISKANDAR BIN SUNATOR
NRIC No	SXXXX658J
Date Of Birth	07/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1994
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-91526452

ISKANDAR.SUNATOR@GMAIL.COM

OTHERS-91526452

BLK 288G BUKIT BATOK STREET 25 Address

#02-242

Postcode 656288

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 2

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO:

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

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

Passenger 1

NAME:

: AISHABI BINTE SIDIK

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SLM6283A

Vehicle Make/Model/Colour

MITSUBISHI LANCER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

M NASER BIN JEMA'AT

NRIC/Passport Number

SXXXX400J

Contact Number

93859060

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
 - (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, involces, 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
- (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.
- 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: 09/03/9020

1230 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P

NRIC/FIN No.:

= 5LM 6283A = F8Q 2157 E SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 05/03/2020 9+ about 0745 hrs while my way to work along clementie Road Ays Vehicle 4 (SLM6283A) Syddenly E-Infront pt me BCFBQ2157E)-	and the same of
I have no time to react due his sado break. I hit vehicle A bumper and w and myself fell down from my bik	7
The Driver came down from his car a wife and apologise to us and try assist on the accident.	Vith his

DECLARATION

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

Policyholder's Signature

Date & Time: (01/03/2020

1230 hus

Driver's Signature

(If driver is not the policyholder)
Date & Time: 09/03/2020

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

ACCIDENT STATEMENT

ACCII	DENT DATE: 15 13	(DD/MM/YYY	Y). TIME: (07 : 4	(HH:MM)	
	HON: Clement	i Road	<u> </u>		
	DETAILS OF VEHICLE a) VEHICLE NUMBER: F! b) INSURANCE COMPANY: c) POLICY NUMBER: 50		<u> </u>		
	d)POLICY TYPE: (COMPRE) e)MAKE & MODEL: V a v f)TYPE: (SALOON / COUPE / g) VEHICLE CATEGORY: (PRI h)PURPOSE OF USING AT AC	MPV /VAN / LORR VATE / COMMERCI CCIDENT TIME:	Y / MOTORCYCLE,	OTHERS	e e
2.,	I) ARE YOU CLAIMING UNDE IF NO, PLEASE STATE (THIRD INSURED / POLICY HOLDER A) NAME: NOON SE	R YOUR OWN INSU	RANCE (YES/NO)	FEMALE)	÷
Birte Sidik-	CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HO	CONTACT:	152 645	
(Including driver)	DRIVER DINAME: PS DINRIC/FIN/PASSPORT: JADDRESS:	ABOVA	(MALE / I CONTACT:	FEMALE)	
f) 4. W	CONTROL OF BIRTH: (0) / OF INDOOR / DATE OF DRIVING PASSIVES AN EMPLOYER NO, RELATIONSHIP OF T	OUTOOOR) 13(03) E OF THE INSURED	MSUPED:	ES IND)	
6. W 7. a)	WEATHER CONDITIONS (CLI ROAD SURFACE: (DRY / WE AS ANYBODY INJURED (YES REPORTED TO POUCE (YES F YES, PLEASE STATE WHICH	T/OTHERS	THERS		£
(1) 9. THI	VEHICLE NUMBER: DRIVER'S NAME: N NRIC/FIN/PASSPORT: SI RD PARTY VEHICLE		MODEL: MISS Semarat CONTACT: 93	hubisi L	ancev
	VEHICLE NUMBER:		MODEL:CONTACT:	· · · · · · · · · · · · · · · · · · ·) (E
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email = iskandar. sunator (9) gmail com VIDBO - NO MSIG

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MSIG Insurance (Singapore) Pre. Ltd. (Co. Reg. No. 2004) 2212() 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)

The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 187 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/VMS/19-502919-WTT A0633-801/W0806

SUM INSURED

DWU

EXUESS

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

L. Index mark and Registration Number of Vehicle

YANAHA

\$7613658J FBQ2157E

2. Name of Policyholder

NOOR ISKANDAR BIN SUNATOR

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

4. Date of Expiry of Insurance

1046AM 16/08/2019

15/08/2020

155 c.c.

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 ir Copii of Law or by reason of any enactment or regulation in the Hotor Head Transfer and including the Motor Vehicle is registered and ficensed mater the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and its registration and licensing under the Road Traffic Act and the time of the

Limitation as to UTel: G274 2122 / G278 G717
 Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not RE-PURCHASE

1. Use for hire or reward.

- 2. Use for racing, pace-making, reliability trial or speed-testing.
- 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 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."

WIT INSURANCE ACCIES PTE LTD

29/08/2019 (M)

For MSIG Insurance (singapore) Pte. Ltd.