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1) Apply for Transport Allowance ()/C	ourtesy Car ()	***	•
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2.C. Charled by Claren In Charnell	OD:	ory Cer / Tpt Allowance	33
QC Checked by (Engr-In-Charge):	•N6: llans	r Co-ordination Repair Inspection	\$10
Auditors Comingnisce	TOTAL TOTAL TOTAL TOTAL	Called Ryons Coordinstion	\$30
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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	31/05/2019 17:46
Date Of Accident	31/05/2019 03:00
Exact Location Of Accident	AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9825R
Insured/Policyholder	
Name Of Registered Owner	KUAH CHI SENG
NRIC No	S7775202A
Email Address	CSK6960@GMAIL.COM
Mobile Phone No	(FOREIGN) +601-27735005
Alternative Phone No	OTHERS-81092414

Veh	icle	Part	icu	lar	S
-----	------	------	-----	-----	---

Manufacturer YAMAHA

Model SNIPER T150-150CC

Exact Purpose for which vehicle was being used at

time of accident

BIKE WAS PARKED

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

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/19-398795-CA

Cover Note Number

Driver

Name of Driver KUAH CHI SENG NRIC No S7775202A

Date Of Birth 31/08/1977 Occupation OUTDOOR Date Of Driving Pass 22/11/2007

Driving Experience 11 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (FOREIGN) +601-27735005

Fax Number

Contact Number OTHERS-81092414

EMail Address CSK6960@GMAIL.COM

BLK 521 WOODLANDS DRIVE 14 Address

#05-335

Postcode 730521

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 THEFT Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

NO

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

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

Police Station Address 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 D/20190531/2044 AND TRAFIK SETIS INDAH/007053/19

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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: Beporting Centre Personnel's Signat

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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7
FCI ADATION

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:



D/20190531/2044

190531/2044

Report No. D/20190531/2044

POLICE REPORT (NP299)

Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Date/Time Report Made 31/05/2019 16:33	Vide Rep	oort No.		Station Diary No. 65
Name Of Informant KUAN CHI SENG			DLANDS DRIVE	14 #05-335
ID Type / ID No. NRIC NO / S7775202A	Contact Home/O		Mobile 81092414	
Nationality MALAYSIAN	Email A			
Occupation SMRT BUS DRIVER	Sex Male	Age 41	Date of Birth 31/08/1977	Race Chinese
Institution/School Name	Languag			
Date/Time Of Incident 30/05/2019 18:00 - 31/05/2019 03:00	08-21 A	81100 JO	nt TE APARTMENT HOR BAHRU	TAMAN MOUNT

Brief details.

On 30/05/2019 at about 1800hrs, I parked my motorbike, registration number FBL9825R, at the motorbike parking lot located at 08-21 Austin Suite Apartment Taman Mount Austin 81100 JB. During that point of time, my motorbike was intact. On 31/05/2019 at about 0300hrs, I came to my motorbike but I could not find my motorbike. I made a searched but to no avail. I made a check with the security officer at my apartment but was told that they are not aware of the stolen bike. Two weeks ago, I sent my

Signature Of Informant:
1 0.
Date/Time: 31/05/2019 16:33
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190531/2044

motorbike for servicing at Jalan Austin Perdana 2/24 Taman Mount Austin (unknown workshop name). The issue is about damaged keyhole.

I made a police report in JB ref {Setiaindah/007053/19}. I am lodging this report for claiming purposes. My motorbike is one, Yamaha Sniper, Red Color, T150.

S/N	Vehicle	Engine No.	Chasis No.	S'pore Car	Status
	Registration		NAME OF THE OWNER OWNE		
	Number				
1	FBL9825R	G3E6E0235780	MH3UG0740G003 9000	Yes	Stolen Overseas

Signature Of Officer Recording The Report:

D / Sgt 1 NOORHIDAYAT BIN WAHID

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt JAZREEL WEE JIA YAN Contact No.: 68727230

Authentication Stamp

Signature Of Informant:

V.

Date/Time: 31/05/2019 16:33

Classification Of Case:



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: SETIA INDAH

Daerah

: J/BAHRU SELATAN

Kontinjen

JOHOR

No Repot

: SETIAINDAH/007053/19

Tarikh Waktu

31/05/2019

: 0435 AM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: NORSHAHIRAH BINTI SUHAIMI

No Personel: S24079

Pangkat: KONST/S

Butir-butir Jurubahasa (Jika Ada)

No K/P (Baru) : ---

No Polis/Tentera: ---

Nama : ---No Paspot: ---

Alamat: ---

Bahasa Asal: ---

Butir-butir Pengadu

Nama: KUAN CHI SENG

No K/P (Baru): 770831145595

No Polis/Tentera : ---

No Paspot: S7775202A

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 31/08/1977 Warganegara: Malaysia

Umur: 41 tahun 9 bulan

Keturunan: Cina

Pekerjaan: PEMANDU BAS (SMRT)

Alamat Tempat Tinggal: 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU

Alamat Ibu/Bapa: NO 4 JALAN WANGSA 1/4 TAMAN WANGSA CHERAS 43200 KAJANG SELANGOR

MALAYSIA

Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 012-7735005

Emel : ---

Pengadu Menyatakan:-

PADA 30/05/2019 JAM LIKURANG 1830 HRS SAYA TELAH MELETAKKAN MISIKAL JENIS YAMAHA SNIPER (T150) NO PENDAFTARAN FBL 9825R DI KAWASAN PARKING M/SIKAL YAMAHA WARNA PUTIH MERAH DI KAWASAN PERUMAHAN 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU DALAM KEADAAN BAIK DAN BERKUNCI.PADA 31/05/2019 JAM L/KURANG 0300 HRS SEMASA SAYA MAHU MENDAPATKAN SEMULA M/SIKAL DAN SAYA TELAH SEDARI M/SIKAL TELAH TIADA,PUAS SAYA CARI TETAPI TIDAK JUMPA UNTUK MAKLUMAN SAYA ADA BERTANYAKAN KEPADA PENGAWAL KESELAMATAN DI PONDOK LALUAN KELUAR /MASUK APARTMEN TERSEBUT KEMUDIAN PENGAWAL KESELAMATAN MENGATAKAN TIDAK TAHU. SEBELUM INI 2 MINGGU LEPAS SAYA ADA MENGHANTAR SERVIS M/SIKAL DI BENGKEL MOTORSIKAL DI JALAN AUSTIN PERDANA 2/24 TAMAN MOUNT AUSTIN (NAMA BENGKEL TIDAK PASTI) BERTANYAKAN MASALAH UNTUK MEMASUKKAN KUNCI DI M/SIKAL.TUJUAN SAYA BUAT LAPORAN HILANG M/SIKAL DAN MAHU TINDAKAN PIHAK SELANJUTNYA DAN RUJUK PIHAK BERKENAAN.

Butir-butir Kenderaan Hilang:

No: 1

Buatan: YAMAHA

Nama Kenderaan : SNIPER T150 No Pendaftaran : FBL9825R Model (Tahun dikeluarkan): 2017

Jenis: MOTOSIKAL Warna: PUTIH Sukatan: 150

No. Cesis JPJ: MH3UG0740G0039000 No. Injin JPJ: G3E6E0235780

Berkunci: Ya

Tanda-tanda yang Jelas : TONG HITAM

SEKIAN LAPORAN SAYA

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

Salinan Repot Pertama

EJABAT PERTANYAAN BALAI POLIS TAMAN SETIA INDAH JOHOR BAHRU SELATAN

S JN AIMAN

ACCIDENT STATEMENT

	CATION: 08-21, AUSTIN SUITE APARTMENT, 19100 TIMEN MOUNT AN
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: FBL 9875 R
	C)POLICY NUMBER: MSD / VMS / 19 - 398795 - CA A 0074 - 001/10110
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT))
	B)MAKE & MODEL: YAMAHA SNIPER 7 150
	[]TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: BIKE WAS SPARK
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A) NAME: KUAH CHI SEHA (MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: 57775202 A CONTACT: 81097414 / 160
	C)ADDRESS: APT BLK 521, WOULAND DR 14 # US - 335
	. s' poré 730521
Λ	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
of passanger	DRIVER
cluding driver)	a)NAME:(MALE / FEMALE)
	(MALE / FEMALE)
7	DINNC/FIN/PASSPORT:CONTACT:
(_)	b)NRIC/FIN/PASSPORT:CONTACT:C)ADDRESS:
(_)	c)ADDRESS:CONTACT:
()	*d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY)
(_)	"d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR)
()	e)OCCUPATION: (INDOOR /OUTDOOR) f)DATE OF DRIVING PACC 22/11/2007
()	e)OCCUPATION: [INDOOR /OUTDOOR) (1)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) (1)DATE OF DRIVING PASS 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
() 4.	"d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) f)DATE OF DRIVING PACE 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
() 4.	CONTACT: C)ADDRESS: "d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)OME OF DRIVING PACE WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR/ RAINING / OTHERS
4. 5.	CONTACT: C)ADDRESS: "d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASC 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 00 NER a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS
4. 5. 6.	CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PACS 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO)
4. 5. 6.	CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASC 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G) REPORTED TO POLICE (YES / NO)
4. 5. 6. 7.	CONTACT: c) ADDRESS: c) ADDRE
4. 5. 6. 7.	CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PACS 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO)
4. 5. 6. 7. 8. passenger	CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PACS was driver an employee of the insured's company? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) d) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: D) VEHICLE NUMBER: MODEL:
4. 5. 6. 7. 8. passenger	CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: G) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME:
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4. 5. 6. 7. 8. ding driver) 9. of passenger	CONTACT: c) ADDRESS: d) DATE OF BIRTH: (31 / 08 / 1937) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PACC 22/11/2007 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: D) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: MODEL: MODEL:
4. 5. 6. 7. 8. passenger ding driver) 9.	CONTACT: c) ADDRESS: c) ADDRESS: c) ADDRES

email = csk6960 @ gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7775202A



KUAN CHI SENG







CHINESE Date of birth 31-08-1977 Country of birth

MALAYSIA





For LKK/NAC Use Only



MALAYSIAN 12-02-2009

APT BLK 521 WOODLANDS DRIVE 14 #05-335 SINGAPORE 730521

NRIC No:

S7775202A Date:

27/02/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Omnibuses

10 Oct 2016

NP 428A



Road Tax (30 May 2019 - 29 May 2020) 20190509105156280887

30 2004122120 e 068807

Sub-Total

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Mulaysia)

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

le/Moped

CERTIFICATE NO :

MSD/VMS/19-398795-CA

A0074-001/10110

SUM INSURED :

EXCESS

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

1. Index mark and Registration Number of Vehicle

FBL9825R

Varie of Policyholder

KUAN CHI SENG

YAMAHA

150 c.c.

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

4. Date of Expiry of Insurance

1201AM 31/05/2019

30/05/2020

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 time of the accident loss or damage.

Limitation as to Use

18/05/2019 (88)

/CI-03 (05/13)

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

- The Policy does not cover
 - 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 used in accordance with the provisions of the Notor behicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act.

COMMERCIAL

AGENCY P Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

use Enquire Road Tax Payable for fee(s) payable.

cle to the new registered owner when its ownership is being transferred.

GST Amount Amount After GST (5\$)(5\$) 25.00

25.00

Print

https://vrl.lta.gov.sg/lta/vrl/action/enquireTransferFeeDetailsProxy?FUNCTION_ID=F0501015ET