NATIONAL Assessment Centre Services	[well Jan'03] .	: MNA 12003	3852
Date In. 18 /3 / 20 09/55 Jeb descrip		Date & Time Completed	Done by
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	Inlm Form		
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Oli (P) Reporting Only	ilonded	1	•
Assessment	Survey Report		
11' bisurer:	t by Fax / Hand to	Owner/Wksp	
Profured Wksp / INC Assign Wksp / QW: (in the Colonian Colonian	CO STANDARDO CONTRACTOR DE CON	NO.
TP Particulars: Veh No: FBP 5365	e INC()/Non-INC()	
Owner/Driver: (07.	Tel:)
Policy No; () Period: ()	Cover Type: ()
Confirmed by : (Date:	Tlme:)
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-209	%; P: 21-79%. P: 80-10	00%]
Year of Registration: () Warranty: YES)/NO()		
Excess: (\$) Londing: \$1,000 ()/\$2,00	00()		••
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() Walk-In Customer: Customer's Information strictly C	onfidential & Stric	ally NO refer of repolter.	
() Total Loss Case : to e-mail Insurer URGENTLY	400	, * · .;	
Drive-In ()/ Towed-In (); Invoice: YES ()/	NO () ; To	wing Co: (· , '	.)
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(Guitaria) (INCatalline (GTIN)	212ASSISSISSISSISSISSISSI	issircues on trescription and a	ist white
of or one of the second)		
3) Upload Resurvey Photo [Repair Cost > \$3000] ('		
Injury :		<u> </u>	
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The second secon			
The state of the s	Tourness Assessment Color		Alexander State (3)
NA 2002090	Invoice Lie in	MUSING FRED LITTLE FOR	Thillies wheel bin
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iver/Owner:	3) TF : Towing For	. \$40/\$4	
	4) FT : Follow-Thron	igh Survey (Resurvey) 53	~
ntact No:	For claiming again	SUNC Only (world Jon 2003)	
naged Portion:	7) NI : Idao DA + SA		
4	8) NTUC Additional	Services:-	
Checked by (Engr-In-Charge):	NS: Courlesy Car	/Tpt Allowance 5	5
	*N6: Rapair Cu-or	dination 51	
Offers Economicals and the second	*N7; Fost Repair I	Excess Coordination 3	5
li	TP (N11) : TP (No	n INC) against INC 52	0
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2.7.3	Involve dated	Fee Charged	THE HAY

p.21 44 7 .75

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 <u>truthful and accurate</u> 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.
- 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

Date Of Report 18/03/2020 09:55 Date Of Accident 14/03/2020 18:35 Exact Location Of Accident PASIR RIS DR 6 ENTRANCE OF 473A Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number FN7535H Insured/Policyholder Name Of Registered Owner TEO JUN KAI NRIC No SXXXXX318I Email Address NCEMAIL Mobile Phone No (LOCAL) +65-82232948 Vehicle Particulars OFFICE-82232948 Vehicle Particulars HONDA Moddel NNSR250 Exact Purpose for which vehicle was being used at ime of accident PRIVATE USE Are you claiming under your own insurance policy or repair to your vehicle? NO Or repair to your vehicle? NO I No, Please state action to be taken THIRD PARTY Vehicle Category MOTORCYCLE Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Priver Overage THIRD PARTY Paleet Policy NO Policy Number -	aloresau.	ACCIDENT STATEMENT
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Oriving Experience 0 YEAR AND 5 MONTH Gender MALE Mobile Number (LOCAL) +65-82232948 Fax Number OFFICE-82232948	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-82232948 Fax Number OFFICE-82232948	Date Of Driving Pass	19/09/2019
Mobile Number (LOCAL) +65-82232948 Fax Number OFFICE-82232948	Driving Experience	0 YEAR AND 5 MONTH
Fax Number Contact Number OFFICE-82232948	Gender	MALE
Contact Number OFFICE-82232948	Mobile Number	(LOCAL) +65-82232948
	Fax Number	
Mail Address NOEMAIL	Contact Number	OFFICE-82232948
	EMail Address	NOEMAIL

Address

BLK 51 SUNRISE AVE #04-02

Postcode

806745

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

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

ambulance?

NO

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:

: JOCEL REYES LOH JIN YU

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200316/7028 & T/20200316/7030.

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 Vehicle Make/Model/Colour

FBP5365G

Details Of Properties

Vehicle Category

MOTORCYCLE

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

TEO JUN KAI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

JOCEL REYES LOH JIN YU

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

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.
- 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:
 - (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)

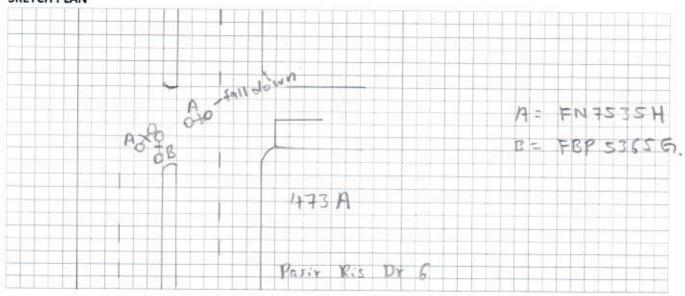
Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+。	Police	Report	
			T T	

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.:

ACCIDENT STATEMENT

13	ACCIDENT DATE:	1/3/20 (DD	/MM/YYYY), TIME:((HH:MM)
1,000		4	Entrance of	+73 D
	~_LOCATION:		54	
	1. DETAILS OF VE	HICLE .	î 🌡	ia .
	a) VEHICLE NI	UMBER:	FM 7 535 H.	35 52
		COMPANY	- MSIG.	
	c)POLICY NUM		1	
	dIPOLICY TYP	E. I COMPREHENSIVE Y	THIRD PARTY / THIRD PARTY	FIRE &THEFT
	e)MAKE & MC			A STATE OF STATE OF STATE OF
			AN LORRY / MOTORCYCLE	(OTHERS)
370			OMMERCIAL / MOTORCYC	
120		F USING AT ACCIDENT		
			OWN INSURANCE (YES/NO)	- FF
			CLAIM / REPORTING ONLY)	
14	2. INSURED / POL	Control of the Contro	SEX MINO CITE OF THE PARTY	
		Teo Jun Kai	IMALE	/ FEMALE)
	V 177	ASSPORT:	CONTACT:	8223 294
	c) ADDRESS:			
	* CONTINUE TO	3.d IF DRIVER ALSO F	POLICY HOLDER	*
Also of par Clinduding	con a.3. DRIVER	10		
CLL	a)NAME:	As Above.	(MALE	/ FEMALE)
Linduaing	driver) bINRIC/FIN/PA	SSPORT:		
(2)	C)ADDRESS:			
	· //			
	*d)DATE OF BIR	RTH: (/)(DD/MM/YYYY)	
cel Rey	es ejoccupatio	N: (INDOOR / OUTDO	OR)	10
	f)YEARS OF DRI	IVING EXPRERIENCE:		
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3 5 0		ONDITION: (CLEAR / RA		
3		CE: (DRY (WET / OTH		
×.		INJURED (YES / NO)	Rider & Pillion.	87 Q
		POLICE (YES / NO)	1.50 Particular (1.50)	,
		STATE WHICH POLICE	STATION:	
Alle of no	8. THIRD PARTY VE	E00	53 65 G MODEL:	
# He of pass.			MODEL:	
(Including	driver) b) DRIVER'S N c) NRIC/FIN/P		CONTACT:	
()	c) NRIC/FIN/P 9. THIRD PARTY VE	All and the second seco	CONTACT:	
534500 84		JMBER:	MODEL:	
* No of pas	CONGIE		MODEL:	
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1 of 3 Report No. T/20200316/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 16/03/20	Date/Time Report Made: 16/03/2020 18:27		Vide Report No.:	Station Diary No.:	
Informant's Particulars		ulars	The state of the s	MANUSCRIPTOR CONTRACTOR	
Name of TEO JUI	Informant: N KAI		Address: BLK 51 SUNRISE AVENUE #	04-02 SINGAPORE 806745	
ID Type NRIC NO	/ ID No.: D / S96243	181	Contact No.: Home/Office:	Mobile: 82232948	
Nationality: SINGAPORE CITIZEN		EN	Email: teojunkai88@gmail.com		
Sex: Male	Age: 23	Date of Birth: 11/07/1996	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupati Student	ion:		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 18:35	Type of Location Straight Road
Location: PASIR RIS D Weather:	RIVE 6	Road Surface:	R	oad Speed Limit:
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume: oderate

Details of V	ehicle Involve	d		网络沙鸡鸡		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP5365G	Motorcycle					0
FN7535H	Motorcycle	HONDA	NSR250RSP	Orange		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FN7535H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72237740	12/03/2020	11/03/2021		





2 of 3 Report No. T/20200316/7028

CONTINUATION OF REPORT

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No			
No. of Pedestrian	ns Injured: NIL	Use of Ped	estrian Cross	sing: NA
Pillion				AND THE RESERVE OF THE PARTY OF THE PARTY.
Name	JOCEL REYES LOH JIN YU	ID No.	S9709739I	
Related Vehicle	FN7535H (Motorcycle)	Contact No.	87985245	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge NIL	
No. of Days gran	ted Medical Leave 05	Degree of I		t
Rider			AR AND LESS	
Name	TEO JUN KAI		ID No.	S9624318I
Related Vehicle	FN7535H (Motorcycle)		Contact No.	82232948
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury NIL	

Brief Details.

I was riding together with my friend as my pillion along pasir ris drive 6 right before when i was about to turn right with my signal indicating right in to the carpark while still being in my lane, Motorcycle B: abruptly rode pass me from the right side of my motorcycle and collided on to my handle bar and caused me to crash and fall. The motorcycle rode off immediately upon the collision and only made a U turn after i shouted out loud to ask him to come back. About 3 passerby then came and render assistance and assist me to get the bike off me and pushed the bike to the road side.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.





3 of 3 Report No. T/20200316/7028

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2020 18:27
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:





Tel No: 65470000

1 of 3 Report No. T/20200316/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time 16/03/202	e Report M 20 18:42	Made:	Vide Report No.:	Station Diary No.
Informan	t's Partic	ulars		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T
Name of I JOCEL R	nformant: EYES LO		Address: APT BLK 467 PASIR I 510467	RIS DRIVE 6 #07-422 SINGAPORE
ID Type / NRIC NO	ID No.: / S97097	391	Contact No.: Home/Office:	Mobile: 87985245
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: jocelloh21@hotmail.com	
Sex: Female	Age: 22	Date of Birth: 21/03/1997	Type of Informant: Pillion	PAY.
Race: Chinese		Language: English	Institution / School Name:	
Occupatio Magician	on:		Driving Licence Inform Class:	ation: Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 18:35	Type of Location:	
Location: PASIR RIS D	RIVE 6				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collis	ion:		а	inyone conveyed by mbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP5365G	Motorcycle					0
FN7535H	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20200316/7030

CONTINUATION OF REPORT

Pillion		1000000		12 10 Sal	1000	CONTRACTOR DE LA
Name	JOCEL REYES LOH JIN YU			ID No		S9709739I
Related Vehicle	FN7535H (Motorcycle)			Conta	ct No.	87985245
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	05	Degree of		Sligh	t	

Brief Details.

I was the pillion on my friend bike where suddenly a motorcycle suddenly came and rode pass us on the right side and collided on to my friend's motorcycle and caused me to flew off the bike and caused my friend to crash too.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.





3 of 3 Report No. T/20200316/7030

CONTINUATION OF REPORT

SI	ke	tch	PI	an
0	10	COLI		an

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2020 18:42
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, # 21-01, 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 :

72237740

Agency

A0074-001-10147

Date : 12 Mar 2020

Name

TEO JUN KAI

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 Policy applicable thereto for the Third Party

period from

19:40PM

on

12 Mar 2020

11 Mar 2021

unless the

to midnight on 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

FN7535H	Insured Value Third Party Liability (TPL)		
MC16E1500490	C.C. 249		
MC281200485			
1996	Year of Registration 1996		
HONDA [NSR250RSP]			
Policyholder			
	MC16E1500490 MC2812U0485 1996 HONDA [NSR250RSP]		

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.

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)